

THE COUNCIL REIMAGINE & REVITALIZE GRANT PROGRAM APPLICATION GUIDANCE



IMPORTANT NOTICE ABOUT THIS GUIDANCE DOCUMENT

This Application Guidance Document is intended solely to support applicants in preparing and submitting an application through the United Way Coastal and Western Connecticut (UWCWC) e-CImpact grants management system for the Connecticut Council Reimagine & Revitalize (R2) Grant Program.

This document is provided for informational and technical assistance purposes only. It cannot be used to apply for funding and will not be accepted as an application submission.

To apply for funding, applicants may choose to submit their application and all required documents in one of two ways:

1. Through the **e-CImpact** Grants Management Portal; or;
2. Through **email** to communityimpact@unitedwaycwc.org

Where necessary for system functionality and ease of submission within e-CImpact, some application sections, formatting, or question sequencing may appear differently in this guidance document and within the online system than in the original application materials. These adjustments are administrative and technical in nature and are intended solely to facilitate the electronic submission process. All applicants remain responsible for reviewing and complying with the official Notice of Funding Opportunity (NOFO), application instructions, eligibility requirements, and submission requirements issued by UWCWC.

Submission of this guidance document, in whole or in part, does not constitute an application for funding.

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APPLICATION FORMS BEGIN

QUALIFICATION FORM



Your organization must complete this form prior to gaining access to the full application in e-CImpact. It will help your organization identify if you are eligible for this grant process and, if eligible, connect you to the application forms.

If you select ‘Yes’ or the green-shaded boxes, you are eligible to apply.

If you select ‘No’, for any of these questions you are not eligible to apply.

Legal Entity Type		
Is the applicant applying through a Fiscal Sponsor?	No – Applicant is the legal entity and fiscal agent	Yes – Applicant is fiscally sponsored
Eligibility Certifications		
Applicant (or its Fiscal Sponsor) certifies that it has Federal Nonprofit Status	Yes	No
Applicant certifies at least three (3) years of experience delivering programs aligned with R2 priorities in the Target Region	Yes	No
Applicant certifies services are provided and located within one (1) of the ten (10) designated R2 Target Regions	Yes	No
Applicant (or its Fiscal Sponsor) can attach proof of registration with the Connecticut Secretary of the State	Yes	No
Applicant certifies that 90-100% of program/project participants are residents from the Target Region being applied for.	Yes	No

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FORM 1: LEGAL APPLICANT & ORGANIZATION INFORMATION



All questions in red will autofill based off information provided in the agency or program profile and/or other applications/reports in e-ClImpact. If fields are missing or cannot be edited in the application, please update your agency and/or program profiles. Please reach out to a member of the Community Impact Team if you have any questions.

Questions with an * are required.

If there is a discrepancy in language between this NOFO and that found in the online application, default to the language used in the online application.

Please note the following Applicable Definitions:

- The **Applicant** is the agency or organization, which is legally and financially responsible and accountable for the use and disposition of any awarded funds.
- **Region** refers to the Target or Disproportionately Impacted Area (DIA) region which the applicant intends to serve if awarded a contract.
- **Authorized Official** refers to the applicant’s employee authorized to submit this NOFO and to execute documents in relation to the NOFO and any subsequent awards.

1.1 Legal Entity Type & Fiscal Sponsorship

Is the applicant applying through a Fiscal Sponsor? **(Select one)*

No – Applicant is the legal entity and fiscal agent	Yes – Applicant is fiscally sponsored
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If **‘Yes’**, provide the Fiscal Sponsor’s legal information below. A signed **Fiscal Sponsorship Agreement / MOU** must be attached.

Fiscal Sponsor Legal Name: ** (Limit up to 150 characters)*

Fiscal Sponsor FEIN: ** (Numbers only)*



Fiscal Sponsorship Clarification: *If applying through a fiscal sponsor, the fiscal sponsor is the legal applicant, fiscal agent, contract signatory, and entity solely responsible for financial management, compliance, monitoring, and audit of R2 funds. The sponsored organization may serve as the service provider only.*

Please note that a signed Fiscal Sponsorship Agreement/MOU must be attached in ‘FORM 2: ORGANIZATION ATTACHMENTS.’

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1.2 Applicant's Information



If fiscally sponsored, provide information for the sponsored organization below, unless otherwise noted.

Applicant's Legal Name: * *(Limit up to 150 characters)*

Applicant's Street Address: * *(Address/City/Town/State/Zip Code) (Select from dropdown, or enter a new address)*

Applicant FEIN: * *(Numbers only)*



What are we looking for? Your Federal Employer Identification Number (EIN or FEIN). If you are applying with a Fiscal Sponsor, please enter their EIN here.

If applying with a Fiscal Sponsor, enter your Fiscal Sponsor's FEIN again here.

Applicant Date of Incorporation (if applicable): *(Date only)*

Applicant State of Incorporation: *(Limit up to 150 characters)*

Headquarters Location (if different from above Street Address): *(Limit up to 150 characters)*

Applicant's Phone Number: * *(Numbers only)*

Applicant's Fax Number (if applicable): *(Numbers only)*

Applicant's Web Address: *

Primary Contact Name: * *(Select from dropdown, or enter a new Contact)*

Primary Contact Title: * *(Limit up to 150 characters)*

Primary Contact Email Address: *

Primary Contact Phone Number: * *(Numbers only)*

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1.3 Applicant Certifications

- I certify that our organization (or our Fiscal Sponsor) is a non-profit entity located and provides services in the Targeted Region being applied for.
- I certify that our organization (or our Fiscal Sponsor) is registered with the CT Secretary of State.
- I certify that 90-100% of our project/program participants are residents of the Targeted Region being applied for.
- I certify that our program/project has operated within the Targeted Region for at least 3 years and is aligned with at least one of the R2 Program Priorities.
- Applicant certifies that all R2-funded activities will occur in the selected Target Region.
- Applicant certifies requested funding is commensurate with organizational capacity and staffing.
- Applicant certifies compliance with all NOFO requirements.
- Applicant certifies **no R2 funds will be used for prohibited purposes**, including lobbying, travel, loan funds, political activity, or other restricted uses.
- I certify that to the best of my knowledge and belief, the information contained in this application is true and correct. The application has been duly authorized by the governing body of the applicant, the applicant has the legal authority to apply for this funding, the applicant will comply with applicable state and federal laws and regulations, and I am a duly authorized signatory for the applicant.

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FORM 2: ORGANIZATION ATTACHMENTS



The e-CImpact system only allows one document upload per attachment. Please submit all materials in a single PDF/Word/Excel document, as necessary. If you are unable to upload documents in one file, please email the attachments to communityimpact@unitedwaycwc.org.

If fiscally sponsored, provide information for the sponsored organization below unless otherwise stated.

Required:

- Attachment A - Statement of Assurances:** A copy of Attachment A can be found in the e-CImpact 'Resource Center' or on the UWCWC '[Grant Opportunities](#)' webpage.
- Attachment B - Conflict of Interest Disclosure:** A copy of Attachment B can be found in the e-CImpact 'Resource Center' or on the UWCWC '[Grant Opportunities](#)' webpage.
- Audit Documents:** Please provide **ONE** of the following financial documents. **If applying with a Fiscal Sponsor**, please provide one of the following for the Fiscal Sponsor.
 - Two (2) years of most recent annual audited financial statements; OR
 - Two (2) years of CPA-Prepared Financial Statements
- Organizational Budget:** We are looking for the total operating expenses for your organization for the fiscal year in whatever format or documentation you normally use. **Do not submit a Fiscal Sponsor Organizational Budget here, this is just for the sponsored organization.**
- Current Organizational Chart
- Current Board of Directors or Advisory Committee List
- Proof of CT Secretary of State Registration
- (If applicable)* - **Fiscal Sponsorship Agreement/MOU** – Please submit a copy of the signed Fiscal Sponsorship Agreement between your Fiscal Sponsor and the Community-Based Organization.

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FORM 3: PROGRAM SECTIONS

2.0 Region, Priority Area & Funding Tier Selection



Tier 1 is not available for Economic Development.
Tier 4 is not available for Youth Initiatives.

Please select the R2 Target Region you are applying for: * (Select one)

Danbury	Norwalk	Stamford
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Please note that if you are looking to apply in another R2 Target Region you must apply through that Target Regions Grant Manager. For more information on which Grant Managers cover which R2 Target Regions, please refer to the [Council's website](#).

Select the R2 Program Priority you are applying for: * (Select one)

Economic Development	Reentry Initiatives	Youth Initiatives
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If 'Economic Development' is selected, are you applying for a Shovel-Ready Project? * (Select one)

Yes	No
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Shovel-Ready Projects are only eligible to apply for **Tier 4** of Economic Development.

Select the Funding Tier level you are applying for: * (Select one)

Tier 4 (\$100K/yr)	Tier 3 (\$67K-72K/yr)	Tier 2 (\$35K-50K/yr)	Tier 1 (\$25K/yr)
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Tier 1 is not available for Economic Development.
Tier 4 is not available for Youth Initiatives.

Briefly explain how the requested tier aligns with organizational capacity, staffing levels, administrative systems, and demonstrated performance in the selected program priority. * (Limit up to 3,000 characters)

If you're not rewarded with your first choice of Tier level, please let us know another tier that you can operate the program with? * (Select one)

Tier 1	Tier 2	Tier 3
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3.0 Project Information

Project Title: * *(Limit up to 150 characters)*

Project Overview/Executive Summary:

Please describe the primary services or activities to be funded. * *(Limit up to 3,500 characters)*

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4.0 Program Narrative

Statement of Need

Describe the community's need in the targeted region, including municipal/local statistics, client-specific surveys, and other data sources to support the need for this project. * *(Limit up to 4,000 characters)*

Explain how your organization and program/project are equipped to address the Targeted Region's needs. * *(Limit up to 4,000 characters)*

4.1 Project Sustainability/Longevity

What are your plans to sustain funding for the program/project over the next three years and beyond? * *(Limit up to 4,000 characters)*

What are your plans to scale or adapt the program/project if needed over the next three years and beyond? * *(Limit up to 4,000 characters)*

How do you plan to keep community members and stakeholders aware and engaged of your program/project over the three-year period? * *(Limit up to 4,000 characters)*

4.2 Program Design & Goals

Give a brief description of the program/project and its connection to the R2 Program Priority you are applying for. Reference your organization's quantitative and qualitative data including client feedback, past results, community conversations, etc., to support connection to the R2 Program Priority. * *(Limit up to 4,000 characters)*

List your program/project's goals for the three-year period of the grant and how they connect to the R2 Program Priority you are applying for. * *(Limit up to 4,000 characters)*

4.3 Existing Programs & Services

Provide a short description of any additional programs/projects that your organization provides in the Targeted Region under the R2 Program Priority you are applying for. * *(Limit up to 4,000 characters)*

How do you evaluate and continue to improve your additional programs/projects? * *(Limit up to 4,000 characters)*

List at least three (3) measurable outputs or outcomes collected/utilized over the past three years and they are used to measure and/or inform your programming. * *(Limit up to 4,000 characters)*

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4.4 Programmatic Data



As part of reporting for the R2 Program, you will be asked to submit quarterly programmatic reports that include a variety of indicators. You will have the opportunity to select the indicators that you will most likely be able to report on if funded in 'ATTACHMENT D: PROGRAMMATIC INDICATOR SELECTION.'

State your projected total number of clients to be served in the program/project over the three-year period:
(Numbers only)

5.0 Resources to Carryout Contracts

Explain the resources and technical assets your organization and program/project have to successfully complete the program/project you are proposing. * *(Limit up to 4,000 characters)*

List the staff that will help to run the program/project including a short description of their role in the program/project. Additionally, please attach resumés for the key personnel. * *(Limit up to 2,000 characters)*



You are required to attach resumes for the key personnel listed here in 'FORM 4: PROGRAM ATTACHMENTS.'

Has your organization and program/project managed funding of at least the amount you are applying for? * *(Select one)*

Yes	No
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If 'Yes', please provide a description of the funding and how you successfully managed the funds. * *(Limit up to 4,000 characters)*

If 'No', please explain and describe organization capacity to adequately manage funds. * *(Limit up to 4,000 characters)*

Provide details on your internal financial controls and how you track finances. * *(Limit up to 3,500 characters)*

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6.0 Shovel-Ready Projects Narrative



Note: All construction activities under this funding shall be completed within 3 years.

Describe the shovel-ready project you are proposing and how it will benefit the Targeted Region, residents, and connect to the R2 Program Priority. * (Limit up to 4,000 characters)

Has your project already been approved by municipal zoning bodies? * (Select one)

Yes	No
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If **'Yes'**, do you have a proposed start date? If so, what is the date? * (Limit up to 150 characters)



You must attach a copy of the municipal approval in 'FORM 4: PROGRAM ATTACHMENTS.'

If **'No'**, please explain what needs to happen to move this project forward. * (Limit up to 4,000 characters)

Explain how the shovel-ready project could affect economic growth for the Targeted Region. * (Limit up to 4,000 characters)

6.1 Shovel-Ready Project Feasibility

Provide the shovel-ready project's three-year timeline. * (Limit up to 4,000 characters)

Has your organization ever completed construction project(s) in the past? * (Select one)

Yes	No
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If **'Yes'**, please describe the project(s). * (Limit up to 4,000 characters)

If **'No'**, please explain. * (Limit up to 4,000 characters)

What risks have you identified and what is your plan to mitigate them? * (Limit up to 4,000 characters)

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7.0 BUDGET NARRATIVE



Administrative Costs: May not exceed 10% of total award

All costs must be fully itemized. **Flat-rate administrative percentages are prohibited.**

Total Three-Year Funding Request: * *(Numbers only)*

Please provide an explanation of expenses for your funding request, the total program budget, and the organizational budget. * *(Limit up to 4,000 characters)*



Definitions:

- **Funding Request** - means the funds requested under this funding opportunity;
- **Total Program Budget** - means the combination of all expenses and funding sources to support the program subject of your Funding Request;
- **Organizational Budget** - means the total budget for all programs carried out by the organization.

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FORM 4: PROGRAM/PROJECT ATTACHMENTS



The e-CImpact system only allows one document upload per attachment. Please submit all materials in a single PDF/Word/Excel document, as necessary. If you are unable to upload documents in one file, please email the attachments to communityimpact@unitedwaycwc.org.

If fiscally sponsored, provide information for the sponsored organization below unless otherwise stated.

Required:

- Attachment C - Detailed Funding Request Budget Summary, Justification, & Position Schedule:** Include costs for planned subcontractors, if applicable. A copy of Attachment C can be found in the e-CImpact 'Resource Center' or on the UWCWC '[Grant Opportunities](#)' webpage.
- Attachment D - Programmatic Indicator Selection:** A copy of Attachment D can be found in the e-CImpact 'Resource Center' or on the UWCWC '[Grant Opportunities](#)' webpage.
- Overall Program/Project Budget:** We are looking for the total program/project budget that your organization created for the current fiscal year, in whatever format or documentation you normally use. We are not looking for the Funding Request Budget or how you plan to spend funds if awarded by the R2 Grant Program.
- Two (2) Letters of Support
- Resumés for Key Personnel

Shovel-Ready Projects Required:

- Copy of Municipal Approval for Project