

Community Impact Grant Application

Fiscal Year 2025-2026
Please refer all questions to Brian Thompson, Director of Community Impact
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860-346-8695 (ext. 17)

# Eligibility

The following requirements must be met for an applicant to receive Community Impact Grant funds and remain in good standing with the Middlesex United Way:

1. The organization must be a 501(c)(3) or have a fiscal sponsor that is a 501(c)(3).
2. The proposed program must serve the constituents of the communities of the Middlesex United Way: Chester, Clinton, Cromwell, Deep River, Durham, East Haddam, East Hampton, Essex, Haddam, Killingworth, Middlefield, Middletown, Portland, Old Saybrook, and Westbrook. All funds must be used serving only these communities and their residents.
3. Programs must align with Middlesex United Way’s Vision, Values, and Commitment to Diversity. Applicants will need to serve the goals of at least one Community Impact Area: Racial Equity & Inclusion, Education, Financial Stability, Housing, Wellness, and Youth Development.
4. Funds must be expended between July 1, 2025, and June 30, 2026. Year-End Reports will be due May 29, 2026.
5. Middlesex United Way Community Impact Grant funds cannot fund capital expenditures, scholarship programs, or any third party or contract. All grant funds must be spent on the intended purpose.
6. Applicants must demonstrate that they are not financially reliant on MUW Community Impact Grant funds. MUW funds must be a part of a plurality of revenue streams; overreliance on MUW will disqualify the applicant.
7. Applications must have a minimum request of $5,000 and a maximum of $30,000.
8. Applicants must commit to attending four quarterly trainings during the grant cycle. These trainings will focus on enhancing program impact, providing essential resources, and fostering collaboration among partners.
9. Partners funded for FY24-25 must be in good standing with MUW. Reports must be submitted on time and illustrate that Community Impact Grant Funded Partners met all goals or worked to address causes that impeded success. Funded Partners must have delivered on all parts of the *Funding Partner Criteria and Agreement FY2024-2025*, including promoting Middlesex United Way and participating in Workplace Campaigns.

**Grantee Commitments**

As part of the Middlesex United Way partnership, grantees are required to:

* Participate in four quarterly trainings designed to enhance program delivery and collaboration.
* Submit timely and complete reports detailing progress and outcomes.
* Promote Middlesex United Way through organizational communications.

# Organization Information

* Organization Name:
* Organization Address:
* Organization Phone:
* Organization Web Presence:
	+ Website Link:
	+ Twitter Handle:
	+ Instagram Handle:
	+ LinkedIn Link:
* Employer Identification Number (EIN):

*If using a fiscal agent:*

* Fiscal Agent Name:
* Fiscal Agent Address:
* Fiscal Agent Employer Identification Number:
* Fiscal Agent Contact (Name, Email, Phone):

*Contact Information:*

**You are required to update MUW when there are changes to any of this information. Please indicate which person is designated to receive requests for Quarterly Reports.**

* Executive Director/President/CEO Name:
	+ Email:
	+ Phone:
* Primary Contact Name & Title:
	+ Email:
	+ Phone:
* Secondary Contact Name & Title:
	+ Email:
	+ Phone:

# Program/Project Justification

1. Name of program to be funded:
2. What is your organization’s Mission?
3. Provide a brief description of your organization including the organization’s history, scope of work, and how the project/program aligns with your organization.
4. Provide a 1–3-page program/project narrative describing the scope of your work, a high-level timeline and budget for how grant funds will be spent, and major program benchmarks for the 2025 – 2026 Grant Year.
5. How does your program/project advance the Mission of Middlesex United Way’s*?* How does your organization’s Mission and project fit within Impact Area you are applying for?
6. Please provide a Needs Statement describing the focus population(s) served and describe the specific need(s) your focus population faces. Please share quantitative and qualitative data specific to your focus population’s demographics as well, including the number of unduplicated clients served, and where they live. Needs Statement must include evidence that the work your organization addresses a specific and documented need. We encourage you to provide data and references from as local to your area of service as possible such as zip codes, neighborhoods, and/or local cities, instead of macro level data. This can include reference to municipal or regional studies, plans, assessments, or other documentation.

# Goals, Objectives, Outcomes, and Metrics

Please complete the matrix below and consider the following questions:

What are the overall program goals, specific objectives, and desired outcomes in FY25-26? Metrics: How will you know if you are successful? What metrics will you use? Evaluators will be looking to see that each Goal and corresponding Objectives, Outcomes, and Metrics are S.M.A.R.T: Specific, Measurable, Attainable, Relevant, and Time-Based. Be sure each row reflects S.M.A.R.T goal making criteria.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Goal | Objective(s) | Outcome(s) | Metric(s) |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |

1. Please describe your plan to collect data necessary to meet the expectations of this grant. This includes demographic data of clients, and may pre- and post- intervention surveys or evaluations, surveys, or other specific data collection tools.
2. What other services or agencies do you refer clients? In the past year, how many successful referrals were made and to where?

# Organizational Expectations

1. In what ways do you promote your services to reach your populations?
2. How many paid staff members do you have dedicated full-time or part-time to this work?
3. What were some of the challenges you faced in the last 12 months, and how did you overcome those?
4. What improvements will be made to this program/project from last year?
5. What new funding sources have you applied for in the past 12 months? If so, which were you awarded?
6. An expectation of all funded partners is to publicly acknowledge that you’ve received Middlesex United Way Community Impact Funds. What is your plan to announce that you’ve received funds and promote Middlesex United Way?
7. What support can the Middlesex United Way staff, board, or volunteers provide to help your organization, project, or program be successful?

# Racial Equity & Inclusion

Middlesex United Way supports community partners who share our commitment to racial equity and inclusion. Advancing equity and dismantling systemic racism is a long-term journey that requires taking action, confronting difficult questions, and not being afraid to learn along the way. The following questions are a way for us to better understand current efforts; if you cannot answer a question, please share what resources or support you may need to respond.

1. What is your organization’s philosophy or vision on racial equity and inclusion, and how has it impacted the work you do and clients you serve?
2. What is your approach to ensuring that Black, Indigenous, People of Color (BIPOC) leaders and staff are part of decision making? What are your benchmarks around leadership development and retention of people of color?
3. What resources have you devoted to racial equity and inclusion?
4. What tools or resources does your organization need to effectively start or continue this work? Do you have the financial resources and capacity to do so?

[*Attachment:* *Leadership,* *Staff & Board Demographics Chart]*

# Letters of Support

Please attach two letters of support from either an organization you partner with, organization you are funded by, a local elected official, or another community stakeholder familiar with your organization’s impact.

# E. Financial Information

* Grant amount requested FY2025-26:
* Grant amount received in FY2024-25:

*Attachments:*

* *Organization budget for FY2025-26 – any format*
* *Organization’s audit, audit review, or budget to actuals for most recently completed fiscal year – any format*
* *Program specific budget for which funding is requested- any format*

# Submission

I hereby agree that all information provided in this application is accurate and true.

Name:

Title:

Date: