Social Equity Council

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.

Eligibility

1. The organization is a 501(c)3 or community-based organization or is applying through a Fiscal Agent or Sponsor. * *(Note: Organization must be able to provide their or their Fiscal Agent's IRS Determination Letter.)*
   a. Nonprofit 501(c)3 organization
   b. Community-Based Organization with Fiscal Agent/Sponsor

Note: If you are applying for this grant with a Fiscal Agent/Sponsor, the following questions may be worded slightly different in the e-CImpact platform.

2. The organization is legally allowed to operate in the State of Connecticut. *   Yes   No

   Note: Organization must be able to provide an Annual Certificate of Registration with CT Department of Consumer Protection.

   2a. If yes, the organization has been registered to conduct business at least 12 months prior to applying for this grant. *   Yes   No

3. At least 50% of the organization's employees are residents of the State of CT. *   Yes   No
4. The organization is in good standing with all State and Local taxes and with all state agencies. *   Yes   No
5. Are you applying for the City of: *
   a. Bridgeport
   b. Stamford
   c. Both

   5a. The organization serves clients and/or communities in at least one of the following eligible DIA census tracts for Bridgeport. Please select all census tracts that apply. *

Bridgeport Census Tracts			
704	705	703	702
710	711	712	709
720	719	716	714
713	706	744	2572
735	736	739	738
743	737	740	734
729	728	731	732
733			

   5b. The organization serves clients and/or communities in at least one of the following eligible DIA census tracts for Stamford. Please select all census tracts that apply. *

Stamford Census Tracts			
223	222.02	222.01	221.01
214.01	215.02	215.01	

6. The organization acknowledges that funding shall be used exclusively in the development, expansion, and support of programs that uplift communities and strengthen families disproportionately impacted by the War on Drugs in the following categories:
   a. Youth Education, Recreation and Arts.
   b. Reentry/Reintegration
   c. Both

Certifications

The organization, and its Fiscal Agent or Sponsor, understands that, if awarded funds, it will be required to do the following:

1. To expend all funding by June 30, 2024. *   Comply   Do Not Comply
2. To complete quarterly reports, as stated in the Reporting Requirements section of the NOFA *
         Comply   Do Not Comply
3. May have to provide additional reporting as requested by the Social Equity Council. *   Comply
         Do Not Comply
4. Understand and will comply with all requirements stated in the proposed Grant Agreement. *
         Comply   Do Not Comply
5. Contact UWCWC as soon as possible if there are any major program changes * Comply   Do Not Comply
6. Maintain all records related to the administration of this grant for three years through June 30, 2027 *
         Comply   Do Not Comply

The Social Equity Council

Community Reinvestment Grant Application

<mark>Due Date: August 5, 2023</mark>

All questions in red will autofill based off information provided in the program profile in e-CImpact. If fields are missing or cannot be edited in the application, please update your agency and/or program profiles. Please reach out to Victoria Scofield, if you have any questions.

Questions with an * are required.

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

Form 1: Agency Information

Organization Name *   EIN *

Primary Address Line 1 *   Primary Address Line 2

City *   State *   Zip *

Organization Phone *   Organization Fax

Executive Director & Contact Information *   Organization Website

Organization Mission Statement * *(Limit up to 2,000 characters)*

Organization Social Media:

- Facebook:
- Twitter:
- Instagram:
- YouTube:
- Other:

Primary Agency Contact for this Grant Information

Primary Contact for this Grant: *

Primary Contact Title: *

Primary Contact Phone Number: *

Primary Contact Email: *

Are you applying for this grant with a Fiscal Agent or Sponsor? *(Choose one)* *   Yes   No

If yes, please complete the following information on the Fiscal Agent or Sponsor: *

Fiscal Agent for this Grant:

Fiscal Agent Address:

Fiscal Agent Phone Number:

Fiscal Agent Email:

Diversity, Equity, and Inclusion

The UWCWC defines equity as offering varying levels of support depending upon the need to achieve greater fairness of outcomes. We deeply value and respect diverse cultures and multiple perspectives to drive our goal. We strive to have every aspect of our organization, especially our staff and board, represent the diversity of our communities and those we serve, while being inclusive in our practices. Therefore, we will review how your organization and programs advance racial equity through its initiatives and leadership.

Following the approach & guidance of United Way Worldwide, we will use these questions related to diversity, equity, and inclusion to help inform grant decisions.

Why are we doing this? In short, two things:

1. It's part of evaluating each individual grant application according to the grant program criteria.
2. With the aggregate data from all grant applications, it's also part of how United Way will evaluate ourselves as a grant maker at the end of the year.

In what ways does your organization demonstrate that cultural competency and humility (in race, religion, ethnicity, socioeconomic, gender, disability, etc.) are priorities and ongoing efforts? * *(Limit up to 2,000 characters)*

> *(Note: Cultural competency: an ongoing process of learning about the patterns of behavior, beliefs, language, values, and customs of specific groups. Cultural humility: an ongoing process of self-exploration and self-critique combined with a willingness to learn from others.)*

Does your organization have written procedures to increase the recruitment, retention, and promotion of people of color? Please describe these procedures in detail. * *(Limit up to 2,000 characters)*

Has your organization developed, maintained, and publicly supported an organizational position opposing all forms of racism and discrimination? * *(Choose one)*   Yes   No

> If yes, please provide a link to where your statement is publicly shared. * *(Website link only)*

> If no, what are the specific action steps you plan to take to develop and publicize such a position and become more vocal and strategic against all forms of racism and discrimination? * *(Limit up to 1,000 characters).*

In your written racial equity policy and/or plan, how are communities of color incorporated into ongoing implementation efforts? * *(Limit up to 1,000 characters)*

Agency Narratives

What is the TOTAL amount you are requesting in this application? (Must include each individual program/project requested amounts). * *(Numbers only)*

Total Agency Budget for Current Fiscal Year: * *(Numbers only)*

Is your organization currently undergoing, been notified of, or completed a Federal, State or Regulatory Audit within the last three years? * *(Choose one)*   Yes   No

> If yes, please describe the situation and if completed, attach an Executive Summary of the findings in 'Form 3: Agency Attachments'. * *(Limit up to 1,000 characters)*

Is there anything that you would like to share about your agency that you believe may affect this application? *
(Limit up to 1,000 characters)

> *(Note: Examples could include, but are not limited to, loss of or new executive director or CEO, loss of or newly acquired major funding source, a merger, etc. Explain how these have or may impact your agency and/or clients.)*

Form 2: Organization Demographics

Please provide a race/ethnicity and gender breakdown of organizational staff, leadership, and Board of Directors. This consistent, quantitative data is important to collect. It shows us how we are doing and allows us to make changes to do better. Is our grantmaking representative of our community? Are we funding organizations led by people of color? Are we funding organizations whose leadership reflects the people they serve? With this data, we can be accountable to our board, and to our community – including all of you – to keep advancing equity in and through the work of UWCWC.

	Number of Organization Staff Identifying As	Number of Organization Leadership Identifying As	Number of Organization Board of Director's Identifying As
Race/Ethnicity			
American Indian or Alaska Native			
Asian or Asian American			
Black or African American			
Hispanic/Latino/Latina/Latinx			
Middle Eastern or Northern African			
Native Hawaiian or Pacific Islander			
White (non-Hispanic)			
Two or More Races			
Other			
Prefer not to answer			
Gender			
Female			
Male			
Non-Binary			
Other			
Prefer not to answer			

Form 3: Agency Attachments

All attachments are required, unless otherwise stated. If applying through a fiscal agent or sponsor, please submit all required attachments for your SPONSOR, unless otherwise indicated.

Some attachments must be uploaded in the 'Compliance' section in the Agency Profile. These documents will be saved for use across multiple grant processes on our e-CImpact platform. If you have previously applied for the United Way of Western Connecticut Community Impact grants, please review the documents currently saved in the 'Compliance' section and update as needed.

**Please note that the upload for these documents may not be visible immediately after requesting access to the application. Please allow us a few days to connect the Compliance section to your account.

Documents to upload in the 'Compliance' section:

- IRS 501c3 Determination Letter
- Most Recent Audit –
    - o Organizations that have only been in existence for 12 months: Submit a copy of your last Fiscal Year financials, your current year budget to actuals, balance sheet and profit and loss statements.
    - o Organizations with revenues less than $500K: Submit your most recent independent review by a Certified Public Accountant.
    - o Organizations with revenues more than $500K: Submit your most recent audit.
- Most Recent IRS Form 990, or 990 EZ -
    - o If your organization does not complete either Form 990 or 990 EZ, please attach your organization's Balance Sheet & Income Statement as of December 31, 2022.
- ACH Form & Voided Check - Will only be used if your agency is funded by the UWCWC. This will help us to expedite the award process at the end of the application period. Please complete the ACH form provided in the 'Resource Center' under 'UWCWC Grant Document.'
- W9 Form – for organizations that have not previously received funding from United Way of Western Connecticut.
- Anti-Terrorism Form - Please complete the Anti-Terrorism Form provided in the 'Resource Center' under 'UWCWC Grant Documents.'

Other Agency Attachments:

- Most Recent Organizational/Agency Budget
- Board Adopted Non-Discrimination Policy
- Annual Certificate of Registration with CT Dept. of Consumer Protection
- *(As Needed)* Executive Summary from Federal, State, or Regulatory Audit: If you answered yes to the question of "Is your organization currently undergoing, been notified of, or completed a Federal, State, or Regulatory Audit within the last three years?", please attach a copy of the Executive Summary from this audit.

At least one program must be connected to this application. You will have the opportunity in e-CImpact to select what program you want to connect and complete a short qualification form for the program.

The Program Qualification Form* is as follows:

What City will this program be covering for purposes of this grant funding? *(Choose one)* Bridgeport   Stamford

*Please note that this question will not disqualify any program from being connected to this grant process. We are using it to easily connect you to the corresponding Cities program Forms as they are shown below.

Form 4: Program Information & Narratives

Name of Program *

Priority Category *   Youth Education, Recreation, and Arts   Reentry/Reintegration

Program Address* *(Will autofill with Program Profile Address, but you can update if you need to)*

Please indicate all Disproportionally Impacted Area (DIA) Census Tracts that your program serves:

Stamford Census Tracts			
223	222.02	222.01	221.01
214.01	215.02	215.01	

Bridgeport Census Tracts			
704	705	703	702
710	711	712	709
720	719	716	714
713	706	744	2572
735	736	739	738
743	737	740	734
729	728	731	732
733			

Program Staff: *(Numbers only)*

Number of Full Time Staff*   Number of Part Time Staff*

Number of Seasonal Staff*   Number of Volunteers*

Funding Request

Funding Amount Requested: * *(Numbers only)*

How many clients do you currently serve? * *(Numbers only)*

How many clients will you be able to serve if you receive the full amount of your request? * *(Numbers only)*

If you cannot receive the entire award, is there an amount of funding that would still enable you to move forward on your project? * *(Numbers only)*

Please explain the impact a funding amount less than what is requested, or no funding would have on program delivery. Will the program be able to continue? * *(Limit up to 2,000 characters)*

Program Narratives

Is this program new or existing? *(Choose one)*   New   Existing (longer than 1 year)

Please explain the purpose of the program for which you are seeking funding. What are you trying to accomplish? How will your clients be better off as a result of this program/project? * *(Limit up to 1,500 characters)*

Describe the target population (demographics, number of beneficiaries, disadvantaged, etc.) that you will be serving with this funding. * *(Limit up to 1,000 characters)*

Please describe how you plan to use funds if awarded. Be specific, include a timeline, key staff, etc. * *(Limit up to 1,500 characters)*

List key agency/program partners and the specific roles they play. * *(Limit up to 1,000 characters)*

What steps will your organization take to ensure the future success and sustainability of the proposed project beyond the completion of the SEC grant award (future financial support, continued community interest, staff requirements, or one-time project)? * *(Limit up to 1,000 characters)*

In 400 characters or less, please describe how you will use funds to achieve the purpose of the Social Equity Council to "uplift communities and strengthen families disproportionately impacted by the War on Drugs?" (Please use non-technical language where possible). *

> *(Note: The answer to this question will be used in our report to SEC if your agency is recommended for funding through this grant. SEC purpose of grant: Funding shall be used exclusively for the development, expansion, and support of Projects that uplift communities and strengthen families disproportionately impacted by the War on Drugs in the categories of Reentry/Reintegration Projects and Youth Education, Recreation, and Arts.)*

Form 5: Outcome Measures

State your outcome measures that you will be measuring for FY 23-24, and your goals for the program with Social Equity Council funding. You must have at least one of each type of Performance Measure. Please refer to the **'Outcome Forms Manual'** for how to complete this form.

How Much? Performance Measure		Goals for FY 2023-2024	Number Served Quarter 1	Number Served Quarter 2	Number Served Quarter 3	Number Served Quarter 4	Total Number Served FY 2023-2024
(State the Performance Measure here)	# of Clients Served or # Activities Provided		*(For Reports Only)*				
Describe the Performance Measure, if necessary:							
How Well? Performance Measure							
(State the Performance Measure here)	# of Clients Served		*(For Reports Only)*				
	# of Clients Achieving		*(For Reports Only)*				
Describe the Performance Measure, if necessary:							
Better Off? Performance Measure							
(State the Performance Measure here)	# of Clients Served		*(For Reports Only)*				
	# of Clients Achieving		*(For Reports Only)*				
Describe the Performance Measure, if necessary:							

Form 6: Program Demographics

If your program existed during FY 2022-2023, please provide demographic information for the individuals served in your program.

If your program is new (in existence for less than a year), this form is optional, and you are not required to provide demographic information. Please note what you would have to collect for reporting purposes.

Demographic	Number Served FY 2022-2023 *(optional for programs that are not newly formed)*	Number Served Quarter 1	Number Served Quarter 2	Number Served Quarter 3	Number Served Quarter 4	Total Number Served FY 2023-2024
Total Unduplicated Clients						
Unduplicated Clients Served		*(You will only need to report on the first column during this application).*				
Total						
ALICE Threshold						
Above ALICE Threshold						
ALICE Threshold						
Federal Poverty Level						
Unknown/Untracked						
Total						
Gender						
Woman						
Man						
Non-Binary						
Another Option Not Listed						
Unknown/Untracked						
Total						
Race						
American Indian or Alaska Native						
Asian or Asian American						
Black or African American						
Middle Eastern or Northern African						
Native Hawaiian or Other Pacific Islander						
White						
Two or More Races						
Another Option Not Listed						
Unknown/Untracked						
Total						
Hispanic Origin						
Hispanic, Latino, Latina, or Latinx						
Non-Hispanic/Latino/Latina/Latinx						
Unknown/Untracked						
Total						

Age		
0-5 years (Preschool age)		
5-10 years (Elementary School K-5 age)		
11-13 years (Middle School grades 6-8)		
14-17 years (High School grades 9-12)		
18-24 years		
25-34 years		
35-44 years		
45-54 years		
55-64 years		
65 years and over		
Unknown/Untracked		
Total		

City of Residence		
Stamford		
Bridgeport		
Other Cities/Towns		
Unknown/Untracked		
Total		

Form 7: Program Attachments

All attachments are required, unless otherwise stated.

- Program Budget – Please ensure that your program budget clearly shows how SEC funds will be utilized for this program. Include a budget narrative for the different line items covered with these funds to provide justification for the expense. For a template of a program budget and narrative, please check the 'Resource Center' under 'Social Equity Council Grant Resources'.
- *(If available)* Program Flyer/Brochure – Please provide a copy of the flyer or brochure you use to market the program to clients.
- *(As Needed)* Other Materials – Feel free to provide additional materials that you feel will add to your application. Please submit any additional materials in one document.

Social Equity Council Grant Process

Application Submission Review Form

We have created the following checklist to help you be successful in submitting all pieces of the Community Reinvestment Grant application. A similar version of this checklist will be used by UWCWC Staff during the Technical Review of your application to ensure your application is complete and ready for the Review teams.

Eligibility Criteria	Yes/No
1. The organization has identified as a 501(c)3 organization and has submitted the IRS Determination Letter.	Yes/No
a. If the organization identified as a CBO with a Fiscal Agent/Sponsor, a copy of the Fiscal Agent/Sponsors IRS Determination Letter was submitted.	Yes/No
2. The organization is legally allowed to operate in the State of Connecticut and has submitted an Annual Certificate of Registration with CT Department of Consumer Protection.	Yes/No
a. Is the Certificate up to date for this year, 2023?	Yes/No
b. If the organization is applying with a Fiscal Agent, did they provide the Annual Certificate of Registration with CT Department of Consumer Protection for the Fiscal Agent?	Yes/No
3. The organization and/or Fiscal Agent has been registered to conduct business at least 12 months prior to applying for this grant. *(12 months prior to this grant would be June 2022.)*	Yes/No
4. At least 50% of the organization's and/or Fiscal Agent's employees are residents of the State of CT.	Yes/No
5. The organization and/or Fiscal Agent is in good standing with all State and Local taxes and with all state agencies	Yes/No
6. The organization has identified that it serves clients and/or communities in at least one eligible DIA census tract for either Bridgeport or Stamford.	Yes/No
7. The organization has applied for a program(s) which provide service in at least one of the following categories: a. Youth Education, Recreation and Arts: - Enrichment programs for young people and their families that assist in preparing the future workforce. - STEM/STEAM - Financial Literacy - Promoting physical and mental health wellness - Sports - Mentoring - Youth and parent leadership and empowerment - Creative culture programs (i.e. performance arts, music, dance, instruments, etc.) - Community uplifting - Organizing and empowerment b. Reentry/Reintegration Programs: - Programs that support formerly incarcerated individuals and their families (i.e. fatherhood/parenthood/grandparents initiatives) - Civil legal aid - Justice involved youth - Expungement/criminal record erasure - Homelessness - Family stability - Community uplifting - Organizing and empowerment	Yes/No

Application Attachments	Yes/No
1. Did the organization submit their Anti-Terrorism Form?	Yes/No
2. Did the organization submit their Board Adopted Non-Discrimination Policy?	Yes/No
3. Did the organization submit a Program Budget for all programs being applied for?	Yes/No
a. For each program being applied for, does the Program Budget total request match the total requested in 'Form 4: Program Information & Narratives'?	Yes/No
b. For each program being applied for, does the Program Budget include a budget narrative showing justification for each line item in which SEC funding is requested?	Yes/No
The following two attachments are optional.	
4. Did the organization submit a Program Flyer/Brochure for at least one of the programs being applied for?	Yes/No
5. Did the organization submit any Additional Materials for review by the committee?	Yes/No

Financial Attachments	Yes/No
1. Did the organization submit their Most Recent IRS Form 990 or 990EZ? **Note:** For organizations that do not complete a full Form 990 or 990EZ, did they submit the organization's Balance Sheet and Income Statement as of December 31, 2022?	Yes/No
a. Is the 990 or 990EZ for either FY ending June 30, 2021, or FY ending June 30, 2022?	Yes/No
b. If an organization does not complete a full Form 990 or 990EZ, is the organization's Balance Sheet and Income Statement as of December 31, 2022?	Yes/No
c. If the organization is applying with a Fiscal Agent, did they provide the 990 or 990EZ for their Fiscal Agent?	Yes/No
2. Did the organization submit their Most Recent Audit? **Note:** For organizations with revenues less than $500K, did they submit their most recent independent review by a Certified Public Accountant?	Yes/No
a. If the organization is applying with a Fiscal Agent, did they provide the Audit for their Fiscal Agent?	Yes/No
b. If the organization has only been in existence for 12 months, did they submit a copy of their last Fiscal Year financials, their current year budget to actuals, balance sheet and profit and loss statements?	Yes/No
3. Did the organization submit their IRS Form W-9?	Yes/No
a. If the organization is applying with a Fiscal Agent, did they provide the IRS Form W-9 for their Fiscal Agent?	Yes/No
4. Did the organization submit their ACH Form?	Yes/No
a. Did the organization submit a Voided Check along with the ACH form?	Yes/No
b. If the organization is applying with a Fiscal Agent, did they provide the ACH Form and Voided Check for their Fiscal Agent?	Yes/No
5. Did the organization submit their Organizational/Agency Budget?	Yes/No
a. Is the Organizational/Agency Budget for the current Fiscal Year 2023-2024?	Yes/No
6. Did the organization answer, 'Yes' to the following question from Form 1 – 'Is your organization currently undergoing, been notified of, or completed a Federal, State or Regulatory Audit within the last three years?'	Yes/No
a. If the organization selected 'Yes', did they submit the Executive Summary from the Federal, State, or Regulatory Audit?	Yes/No
Agency Score An agency will receive a 'fail' if any (other than highlighted areas) are circled 'no'.	**Pass/Fail**

Agency Missing One or More of the Required Documents and Must be Contacted	Yes/No
Comments:	

Note: If any of the Attachment sections were answered 'no', that agency will be contacted by a member of the Community Impact Team to request any missing documents and update the agency's application accordingly. If all required documents are submitted after this request, the Community Impact Team will reevaluate the agency's application for a Pass or Fail status.