Middlesex United Way-Women United

# Grant Application Form

## Eligibility

1. Women United (WU) at Middlesex United Way offers grants to eligible programs that support one or more of the following priority areas:
• **Childhood and Youth Development** – Parents and children (0–18 years old) have the resources they need for healthy development.
• **Empowering Women** – Women have the resources and support they need to make healthy life choices.
• **Financial Stability** – Women of all ages have the education and resources to be independent and self-sufficient.
2. Programs must serve women and/or children within Middlesex United Way’s 15-town service area:

Chester

Clinton

Cromwell

Deep River

Durham

East Haddam

East Hampton

Essex

Haddam

Killingworth

Middlefield

Middletown

Old Saybrook

Portland

Westbrook

1. Applying organizations must have IRS tax-exempt status. If another organization will serve as a fiduciary, please provide a letter confirming the arrangement with this application. Organizations currently receiving funding from a Middlesex United Way Community Impact Grant are not eligible to apply.

## Grant Size and Frequency

• Awards range from $100 to $1,000.
• Organizations may receive funding for two consecutive years, after which they must take one year off before reapplying.
• Applications are reviewed by the Women United Leadership Council in early December and awards are announced shortly thereafter.

## Submission Instructions

Please complete this application and email it, along with all required attachments, directly to:
Brian Thompson; Director of Community Impact
brian.thompson@middlesexunitedway.org
Subject line: Women United Grant

## Required Attachments

[ ]  IRS tax-exempt letter (or fiduciary letter if applicable)
[ ]  Program budget showing how funds will be used
[ ]  Completed W-9

## Guidelines and Expectations

If awarded funding, your organization agrees to:

• Submit a completed Report Form by the deadline provided in the award letter.

• Use awarded funds only for the approved project or program.

• Acknowledge Middlesex United Way-Women United in communications, publications, events, and social media related to the funded project.

• Provide photos and/or stories that highlight the funded project, with appropriate permissions obtained.

• Return unspent funds if the project does not occur as described.

## Section 1: Organization Information

Legal Name of Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Primary Contact (Name/Title): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
IRS Tax-Exempt Status: ☐ Yes ☐ No
 - If no, name of fiduciary organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Section 2: Funding Request

Amount Requested: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Brief Budget Summary (how funds will be used):
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Section 3: Project/Program Details

1. What is the community challenge you are working to address?
Please provide evidence or context that demonstrates this need.

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2. What is the objective of your project/program in relation to this need?

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3. What would be the outcome if this project/program occurred?

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4. How will you measure success? What metrics will you use?
(e.g., number served, changes observed, survey feedback, milestones achieved)

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5. What are the key activities and timeline for your project/program?
Please outline the major steps and when they are expected to occur.

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6. Have you solicited and/or obtained additional funding from another source?
If yes, please list source(s) and amount(s).

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## Section 4: Participants Served

Town(s) Served: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Estimated Number of People Served: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age Group(s) Served (check all that apply):

☐ 0–5 years ☐ 6–12 years ☐ 13–18 years

☐ 19–29 years ☐ 30–59 years ☐ 60+ years

Gender(s) Served (check all that apply):

☐ Female/Women ☐ Male/Men ☐ Non-binary/Gender diverse

☐ Prefer not to say

Race/Ethnicity Served (check all that apply):

☐ Black/African American ☐ Hispanic/Latino(a)

☐ White/Caucasian ☐ Asian/Pacific Islander

☐ Native American/Indigenous ☐ Multiracial

☐ Other: \_\_\_\_\_\_\_\_\_\_\_ ☐ Prefer not to say

## Section 5: Additional Opportunities

☐ I would like to receive year-round information about Middlesex United Way-Women United.
☐ I would be interested in sharing about my organization’s goals at a Women United event.

**Does this project/program require volunteers?**
If yes, would you like to connect with Women United volunteers? ☐ Yes ☐ No
If yes, please describe the type of volunteer support needed:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_
Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*This section for use by Women United only:*

**Date Request Received:**

**Action on funding request: Approved / Disapproved**

**If approved, amount of approval: $ Date Approved:**