



Neighbor-to-Neighbor LifeLine

United Way of Greater New Haven  
Jewish Federation of Greater New Haven

## 2010 APPLICATION FOR FUNDING

### Cover Sheet

#### CONTACT INFORMATION

Organization Name:	
Address:	
Phone:	Fax:
Executive Director:	Email:
Program Name:	
Program Site Address:	
Program Contact:	
Phone:	Email:

#### GRANT REQUEST

Funding Area (check only <u>one</u> area)	<input type="checkbox"/> Food	<input type="checkbox"/> Housing	<input type="checkbox"/> Emergency Relief
Amount Requested (\$1,000 up to \$50,000):			
Total Anticipated Program Budget from 1/1/10 to 12/31/10 (not including N2N LifeLine request):			

#### SERVICE AREA

Areas that will benefit from services (check all cities/towns that apply)

- |                                     |   |                                       |
|-------------------------------------|---|---------------------------------------|
| <input type="checkbox"/> Bethany    | <input type="checkbox"/> Guilford       | <input type="checkbox"/> Old Lyme     |
| <input type="checkbox"/> Branford   | <input type="checkbox"/> Hamden         | <input type="checkbox"/> Old Saybrook |
| <input type="checkbox"/> Cheshire   | <input type="checkbox"/> Killingworth   | <input type="checkbox"/> Orange       |
| <input type="checkbox"/> Chester    | <input type="checkbox"/> Madison        | <input type="checkbox"/> Wallingford  |
| <input type="checkbox"/> Clinton    | <input type="checkbox"/> Milford        | <input type="checkbox"/> West Haven   |
| <input type="checkbox"/> Deep River | <input type="checkbox"/> New Haven      | <input type="checkbox"/> Westbrook    |
| <input type="checkbox"/> East Haven | <input type="checkbox"/> North Branford | <input type="checkbox"/> Woodbridge   |
| <input type="checkbox"/> Essex      | <input type="checkbox"/> North Haven    |                                       |

### Narrative

Please provide responses to all of the following questions. Please note that answers are limited to the space available in the box following each question.

1. Please describe the needs in the community that your program will address.

2. Provide information on the specific activities/services you will provide, the target population of the people you will serve, your experience with the target population, and a timeframe for the delivery of services.

3. Please describe your program's capacity to provide services that you have identified (e.g. information about staffing/volunteers levels and expertise, experience in serving a specific population, capacity to expedite the delivery of new or enhanced emergency services, experience with similar services and/or with grant management).

4. How will your organization help the individuals/families you serve access and receive other related public/private services and benefits?

5. There are services available from local, state, and federal governments that assist individuals with emergency needs (for example, SNAP/Food Stamps, Emergency Food and Shelter Program, and the Homeless Prevention and Rapid Re-housing Program). Please tell us how the services that you plan to provide will complement and/or partner with services funded by those sources.

6. Please tell us how your organization plans to use volunteers to help address the identified need(s), if using volunteers is appropriate/applicable, and whether or not you have posted these opportunities to United Way's website ([.uwgnh.org/](http://uwgnh.org/)).



# Verifications and Assurances

Organization eligibility. Applicants must certify that they meet the following eligibility criteria:

- Serve individuals and families in the greater New Haven region, including the towns of Bethany, Branford, Cheshire, Chester, Clinton, Deep River, East Haven, Essex, Guilford, Hamden, Killingworth, Madison, Milford, New Haven, North Branford, North Haven, Old Lyme, Old Saybrook, Orange, Wallingford, West Haven, Westbrook, and Woodbridge.
- Be a nonprofit, government institution, or faith-based organization.
- Have a volunteer board, if a private not-for-profit.
- Practice non-discrimination in the provision of services and in employment practices consistent with applicable Connecticut statutes, including, but not limited to Connecticut General Statutes Section 46a-60.
- Have the capacity to deliver food, housing, and/or emergency relief services.
- Agree to use funds to supplement and extend existing resources and not utilize N2N LifeLine funds in support of existing programs and services.

\_\_\_ I certify that my organization meets the eligibility criteria.

## Financial capacity and status.

- Upon notification of award, funded entities must provide to United Way of Greater New Haven (“UWGNH”) within five business days 1) a copy of the organization’s current operating budget 2) a copy of the organization’s 501(c)3 determination letter (if applicable) 3) organizations with revenue of \$100,000 or more must provide a copy of their most recent audit or review by an independent auditor and 4) organizations with revenues of \$100,000 or less must provide a financial report for the most recent fiscal year (available at [.n2nlifeline.](#)).
- Agree to expend grant funds only on costs associated with delivery of services detailed in the application for funding.
- Agree not to provide cash payments to clients.
- Agree to expend all funds by December 31, 2010 and to return any unused funds to UWGNH.

\_\_\_ I certify that my organization meets the financial capacity and status requirements.

## Reporting requirements.

- Agree to post two stories about the impact of the grant on the individuals and families who are served on the N2N LifeLine website. The first story must be posted within the first month after receiving the grant award; the second story must be posted during the subsequent two weeks.
- Agree to submit a final report at the close of the grant period, December 31, 2010. Failure to comply with the reporting requirements may jeopardize future funding.

\_\_\_ I have read and agree to the reporting requirements.

\_\_\_ Yes By submitting this application I certify that all N2N LifeLine funds will be used in a manner consistent with all applicable anti-terrorist financing and asset controls laws, statutes, and executive orders.

\_\_\_ I understand that awards are contingent upon review by UWGNH and The Jewish Federation of Greater New Haven (“JFGNH”) of the organization’s financial documents and confirmation that the organization meets all of the above Verifications and Assurances, and may be rescinded, at the sole discretion of UWGNH and JFGNH, based upon such review and confirmation.

As an authorized representative of my organization, I certify to the statements contained in these verifications and assurances, and that the statements herein are true, complete and accurate to the best of my knowledge.

Name:	Title:	Date:
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## Optional Section

### Information requested to determine whether you may qualify for additional federal funding

As part of the federal stimulus package (ARRA), a TANF Emergency Contingency Fund was created to provide additional assistance to TANF-eligible families, or families with incomes less than 75% of the state median income. This fund provides an opportunity for nonprofit organizations to receive additional federal funding to help the growing number of needy families during the recession if they have increased expenditures for certain types of programs. These programs must be emergency short-term benefits to needy families with a duration of no more than four months.

Examples of such programs are: homeless prevention programs and shelters; security deposit and rental assistance; heating assistance or assistance with overdue utility bills; domestic violence shelters; food pantries for only the portion of families with one-time or short-term use; one-time food give-aways such as for specific holidays; job training, ESL and basic education as long as the duration is no longer than four months; grants to help purchase or repair a car; cash allowance to purchase clothing, uniforms or tools for work; back-to-school allowance for backpacks and other school supplies; tax preparation services to help families file for the EITC; and in-home and other services for families at risk of losing their children.

The United Way of Greater New Haven will be working with statewide nonprofit coalitions to identify eligible local nonprofit organizations that may qualify. Please fill out the table below to help us determine whether you may qualify. You may fill it out for your organization or for a particular program that fits the criteria.

Name of your organization:	
Contact name:	Contact phone:
Contact email:	Fiscal year of organization (00/00-00/00):
Brief description of the program or services provided:	

Fiscal Year	Federal Funding	State Funding	Private Funding*	TOTAL FUNDING
2007				
2008				
2009				
Projected 2010				

\* Private funding is the combination of non-governmental sources such as grants from foundations, United Way and business, individual donors, and business contributions.