



## 2023 - 24 Impact FFC Letter of Inquiry Questions Submit Through SlideRoom at [impactffc.org/apply-now](https://impactffc.org/apply-now)

### General

1. Organization Name
2. Organization Location - Town and State
3. Phone Number
4. Website
5. Executive Director Name
6. Executive Director Email
7. Executive Director Phone Number
8. Primary Contact for the Proposal (if different from Executive Director)
9. Primary Contact Email (if different from Executive Director)
10. Primary Contact Phone Number (if different from Executive Director)

### Eligibility

1. Has your organization's 501(c)(3) status been revoked or modified within the past 3 years?
2. If your organization is a local chapter of a national organization, what is the name of the national organization?
3. Does your organization have three years of INDEPENDENTLY AUDITED financial statements? (Yes or No)
  - 3b. If you answered "No" to this question your organization is INELIGIBLE to apply for an Impact Fairfield County Grant. Please contact the Grants team at [grants@impactffc.org](mailto:grants@impactffc.org) with any questions.
4. Does your proposed project serve Fairfield County residents?
  - 4b. If you answered "No" to this question your proposal is INELIGIBLE for an Impact Fairfield County Grant. Please contact the Grants team at [grants@impactffc.org](mailto:grants@impactffc.org) with any questions. Please note that ALL Impact Fairfield County Grant funds must be fully utilized within Fairfield County or for the full benefit of Fairfield County residents.
5. In the past 3 years, has an independent accountant expressed any concerns regarding the organization's financial health and/or viability? \*If yes, this question will have conditional follow-up questions.
6. In the past three years has your organization received any judgments or faced any pending or threatened litigation? If yes, please provide details. (1,000 character max)
7. Does the organization carry General Liability and Directors and Officers insurance?
8. Provide Total Operating Expenses for last completed fiscal year:

### Organization

1. What are your organization's mission and vision statements? (1,000 character max)
2. Please describe the need in the community your organization seeks to address. Include specific data explaining the target population your organization serves. (Please describe the issues your ORGANIZATION is serving, NOT the proposed project you are applying for) (1,500 character max).
3. Summarize your organization's existing primary programs and explain how they are having an impact on clients served (the number of people served, where your services are provided, and

outcomes achieved). Please describe the current work at an organization level, NOT the proposed project you are applying for. (2,000 character max)

4. Please provide professional bios for your organization's Executive Director or CEO and key staff, including length of time at the organization. (2,000 character max)
5. What is your organization's approach to Diversity, Equity, Inclusion, and Belonging? (1,000 character max)

## Use of Impact FFC Funds

1. Project Name
2. Project Budget – Enter the total project budget (\$) from Cell P61 on the Budget Template you are submitting with this application.
3. Project Category – Drop Down Menu of: Education/Enrichment; Health/Wellness; Basic Needs (incl Housing/Food Insecurity); Job Skills/Training; Family/Individual Support Services
4. Project Type – Drop Down Menu of: New Project, Significant Expansion, Capacity Building
5. Project Age Group – Drop Down Menu of: Youth; Adult; Senior; Family/Mixed age groups
6. Project Towns Served – Please list which Fairfield County towns will be served by this project. (Note: project must expend ALL grant funds in Fairfield County to be eligible)
7. Project Description: Please summarize your proposed project in 1-2 sentences. (300 character max)
8. Project Detail: Please provide a detailed plan for how you intend to spend the \$100,000 Impact Fairfield County Grant. (2,500 character max)
9. Detail your organization's capacity to execute this project, including staffing and leadership. (1,500 character max)
10. Describe the expected measurable outcomes that will be achieved by this investment. (2,000 character max)
11. How does this project advance your organization's long-term strategic priorities and goals? (1,000 character max)
12. How is this project unique compared to other organizations or programs currently offering services to this population? (1,500 character max)

## Attachments

1. Proposed Impact FFC Grant 2-Year Budget - Draft (Please download and use our sample budget. You may access it from our website at <https://www.impactffc.org/apply-now>.)
2. IRS 501(c)(3) Determination Letter
3. Form 990 - Last Completed Fiscal Year (including all supporting schedules)
4. Form 990 - 2nd to Last Completed Fiscal year (including all supporting schedules)
5. Form 990 - 3rd to Last Completed Fiscal Year (including all supporting schedules)
6. Independently Audited Financial Statements - Last Completed Fiscal Year
7. Independently Audited Financial Statements - 2nd to Last Completed Fiscal Year
8. Independently Audited Financial Statements - 3rd to Last Completed Fiscal Year
9. Most Recent Unaudited Financials
10. Interim Operating Report vs. Budget
11. List the organization's top ten funding sources for the last completed fiscal year, including names of funders and amounts. Please use the worksheet template from our website at <https://www.impactffc.org/apply-now>.