

Impact100 Newport County Grant Application 2025/26

Questions in italics are for projects designed for 2 or more collaborating agencies.

Eligibility Requirements

Must be tax exempt under Section 501(c)(3) of the Internal Revenue Code, independent of a financial sponsor (local affiliates may apply under the 501(c)(3) of the national organization).

The grant itself must serve the Newport County area.

Must have been in operation for a minimum of 24 months

Must provide Financial Statements and Tax Returns for at least the past two fiscal years:

1. Statement of Financial Position (Balance Sheet)
2. Statement of Activities (Profit and Loss)
3. IRS Form 990 (if required)

Since last fiscal year-end, interim Statement of Financial Position and Statement of Activities

Must be willing to disclose any and all legal actions declared; including current and pending conflicts, unless legal actions are a component of the organization's operating model.

Please note: Collaborating Organizations must also satisfy our Grant Eligibility Guidelines and provide requested Financial Statements. The organization identified as the primary organization must be the lead fiscal agent through which all Impact100 Newport County is conducted. The primary organization is responsible for submitting both their own and the collaborating organization's applications. The project description and project budget are included in the primary application only. The collaborating organization application is for identification and overall budgetary overview only.

Unique Project/Organization Name(required)

The answer to this question will be used as the unique identifier for each submission.

Organization Name(required)

IRS Name as listed on the 501(c)(3) letter.

Select the Impact100 Newport County Focus Area for your application(required)

Arts, Culture and Historic Preservation

Environment, Recreation and Animal Welfare

Health and Wellness

Education

Family

Will the project be shared with a collaborating organization?(required)

YES

NO

Collaborating Organization Name(required)

IRS Name as listed on the 501(c)(3) letter.

Partnership Agreement(required)

Choose File

Acceptable file types: .doc, .pdf

Please submit a written description of the collaboration between organizations to include:

- 1. Scope of work to be covered by each organization, how they will work together, and which organization will take the lead.*
- 2. Governance structure, how will they make decisions and resolve disagreements.*
- 3. Financial structure, budgeting, expenditures and financial reporting.*

Employer Identification Number(required)

Collaborating Organization Employer Identification Number(required)

Organization's Address(required)

Country(required)

Address(required)

Address Line 2 (optional)

City(required)

State, Province, or Region(required)

Zip or Postal Code(required)

Collaborating Organization's Address(required)

Country(required)

Address(required)

Address Line 2 (optional)

City(required)

State, Province, or Region(required)

Zip or Postal Code(required)

Organization's Main Phone Number(required)

Collaborating Organization's Main Phone Number(required)

Organization's Website(required)

Collaborating Organization's Website(required)

Grant Preparer's Name(required)

First Name(required)

Last Name(required)

Collaborating Organization Grant Preparer's Name(required)

First Name(required)

Last Name(required)

Grant Preparer's Title

Collaborating Organization Grant Preparer's Title

Grant Preparer's Email(required)

Collaborating Organization Grant Preparer's Email(required)

Grant Preparer's Phone Number(required)

Collaborating Organization Grant Preparer's Phone Number(required)

CEO/Executive Director's Name

First Name

Last Name

Collaborating Organization CEO/Executive Director's Name

First Name

Last Name

CEO/Executive Director's Email

Collaborating Organization CEO/Executive Director's Email

CEO/Executive Director's Phone Number

Collaborating Organization CEO/Executive Director's Phone Number

Organization Budget Overview: Annual Organization Budget (current year)(required)

\$USD

Collaborating Organization Budget Overview: Annual Organization Budget (current year)(required)

\$USD

Organization Budget Overview: Endowment Size (if applicable)

\$USD

Collaborating Organization Budget Overview: Endowment Size (if applicable)

\$USD

Organization Budget Overview: Major Funding Sources(required)

Please list.

Total Project Budget(required)

\$USD

Include any in-kind or matching funding.

Collaborating Organization Budget Overview: Major Funding Sources(required)

Please list.

Total Project Budget(required)

\$USD

Include any in-kind or matching funding.

Proposed Project Period(required)

1 year

2 years

3 years

Brief description of the population served by this project.(required)

Project Executive Summary(required)

Choose File

Acceptable file types: .doc, .pdf

The Executive Summary should be a 1-2 page snapshot of your organization with emphasis on your proposed project. **If you are selected as a finalist, the executive summary will be shared with all Impact100 Newport County members before our Annual Awards event as it appears on your initial application. Members unable to attend the event will cast their vote based on the information in the executive summary alone. Given this, be sure to include sufficient detail for someone unfamiliar with your organization or project to make an informed decision.** The executive summary will be shared broadly; therefore, please do not include any proprietary or personal information in it.

Organizational Summary(required)

Choose File

Acceptable file types: .doc, .pdf

The organizational summary should include, with headers for each section:

1. A summary of the organization's history
2. The organization's vision/mission
3. A brief description of current programs/projects and activities

4. A description of the organization's constituency and location

Statement of Need(required)

Choose File

Acceptable file types: .doc, .pdf

The statement of need should include:

1. A statement of community need the proposed project is attempting to meet;
2. Evidence of that need and how it aligns with one or more of the Impact100 Newport County Focus Areas;
3. Evidence of a strong project approach and design that supports transformational change.

Project Description(required)

Choose File

Acceptable file types: .doc, .pdf

The project description should include:

1. Goals, supporting objective and measurable outcomes of the proposal;
2. A detailed timeline of specific, grant-funded actions and/or milestones required to accomplish the project objectives;
3. Explanation of whether the project proposed is a new, expanded or modified project. If new, explain why the new project is necessary and how it avoids duplicating other existing programs/services in our community and, if expanded or modified, how it increases your organizational reach.
4. Why your organization is especially qualified and appropriate to address this need or benefit, including information on project staffing and community partners (if applicable);
5. If you intend to provide services outside of Newport County, please describe the services provided.
6. How you will ensure participant safety and privacy (if applicable to your program);

7. The impact of this project on the community. Include at least:

- a. Quantitative Benefits of the population served and how this can be measured;
- b. Qualitative Benefits of the population served (cannot easily be measured);
- c. An outline of the geographic areas served within Newport County; and
- d. How will this project accomplish transformational change?

Transformation may come through a bold new program, a dramatic expansion of service, or an innovative solution that shifts how an issue is addressed. It is not about incremental change, it is about creating a clear, “before and after” impact that can be seen and felt across the community.

Evaluation Plan(required)

Choose File

Acceptable file types: .doc, .pdf

Describe your project evaluation plan including:

1. How will you evaluate the implementation of the project, including tracking activities and expenditures towards project goals and lessons learned?
2. How will you measure the outcomes of the project, including at a minimum, the increase in population served/benefits achieved as a result of the project?
3. How will you involve those your project serves/benefits in the assessment (e.g. surveys or pre-tests/post-tests)? How and to whom you will communicate the results or outcomes?

Sustainability Plan(required)

Choose File

Acceptable file types: .doc, .pdf

Describe your sustainability plan:

1. What will you accomplish by maintaining your programs or services impacted by this project beyond the grant period? Will you fill a gap in services?

2. How many and what kinds of resources, skillsets, or otherwise , do you need to sustain this project?
3. What existing assets does your organization currently have that you can leverage during and after the grant project?

Experience, Personnel and Capacity(required)

Choose File

Acceptable file types: .doc, .pdf

Describe your organization's ability to achieve the outcomes(s) of your program/project:

1. How does your project link to your organization's vision, mission and experience?
2. What qualified personnel do you have to create, implement, manage and deliver on the project?
3. How does your organization have the capacity to appropriately manage the grant funding and requirements?

Collaborating Organization Experience, Personnel and Capacity(required)

Choose File

Acceptable file types: .doc, .pdf

Describe your organization's ability to achieve the outcomes(s) of your program/project:

1. *How does your project link to your organization's vision, mission and experience?*
2. *What qualified personnel do you have to create, implement, manage and deliver on the project?*
3. *How does your organization have the capacity to appropriately manage the grant funding and requirements?*

Proposed Project Budget(required)

Choose File

Acceptable file types: .doc, .pdf, .xls

The budget document should show specific line items with costs and estimated dates the grant funds will be spent during the grant period.

Project Funding Plans (Budget and Budget Justification)(required)

Choose File

Acceptable file types: .doc, .pdf

Describe your funding plans for the project:

1. If your project is part of a larger project, our Impact100 grant would be what percentage of the total project?
2. Are the budget costs reasonable for the project design? Include any quotes you may have obtained for outside vendors, suppliers, etc. to support costs of this project.
3. Please provide funding details. What other funding have you sought for this project? What are the results of other requested funding (e.g. from whom have you already received funding and have you secured all the funding you need to complete the project)? Whom have you requested funding from that may not be secured yet?
4. If you are not funded through the Impact100 Newport County grant, what other options for funding do you have?
5. If you are not totally funded will you implement any part of this project? If so, please describe.
6. Do you have evidence the organization has sufficient financial and human or physical resources to support the completion of the project?
7. Please describe how the grant monies will need to be distributed over the course of the project implementation (e.g. after 3-6 months for a one-year project and after 6-12 months for a two-year project)?

Financial Attachments(required)

Choose File

Acceptable file types: .doc, .pdf

Provide Financial Statements and Tax Returns for at least the past two, preferably three, fiscal years:

- Statement of Financial Position (Balance Sheet)

- Statement of Activities (Profit and Loss)
- IRS Form 990 (if required)

Since last fiscal year-end, interim Statement of Financial Position and Statement of Activities

Collaborating Organization Financial Attachments(required)

Choose File

Acceptable file types: .doc, .pdf

Provide Financial Statements and Tax Returns for at least the past two, preferably three, fiscal years:

- *Statement of Financial Position (Balance Sheet)*
- *Statement of Activities (Profit and Loss)*
- *IRS Form 990 (if required)*

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IRS Letter of Determination 501(c)(3)(required)

Choose File

Acceptable file types: .doc, .pdf

Submit a copy of your IRS letter of determination 501(c)(3)

Collaborating Organization IRS Letter of Determination 501(c)(3)(required)

Choose File

Acceptable file types: .doc, .pdf

Submit a copy of your IRS letter of determination 501(c)(3)

Annual Report(required)

Choose File

Acceptable file types: .doc, .pdf, .jpg, .jpeg, .png, .ppt

Submit a copy of your most recent annual report. If you do not have an annual report you can substitute an organizational brochure, program curriculum or sample newsletter.

Collaborating Organization Annual Report(required)

Choose File

Acceptable file types: .doc, .pdf, .jpg, .jpeg, .png, .ppt

Submit a copy of your most recent annual report. If you do not have an annual report you can substitute an organizational brochure, program curriculum or sample newsletter.

Board Members(required)

Choose File

Acceptable file types: .doc, .pdf

Submit the names and affiliations of board members.

Collaborating Organization Board Members(required)

Choose File

Acceptable file types: .doc, .pdf

Submit the names and affiliations of board members.

Staff Members

Choose File

Acceptable file types: .doc, .pdf, .xls

Submit a list of key staff members and qualifications and an organizational chart.

Collaborating Organization Staff Members

Choose File

Acceptable file types: .doc, .pdf, .xls

Submit a list of key staff members and qualifications and an organizational chart.

Has your organization been involved in litigation in the past 12 months?(required)

YES

NO

Litigation

Choose File

Acceptable file types: .doc, .pdf

If applicable, submit a description of any litigation your organization is currently involved in or has been involved in during the last twelve months.

Collaborating Organization - Has your organization been involved in litigation in the past 12 months?(required)

YES

NO

Collaborating Organization - Litigation

Choose File

Acceptable file types: .doc, .pdf

If applicable, submit a description of any litigation your organization is currently involved in or has been involved in during the last twelve months.

Is your organization controlled by a regulatory agency?(required)

YES

NO

A regulatory authority is a government agency or an independent organization empowered to enforce laws, regulations, and rules within a specific sector or industry. Regulatory authorities are responsible for overseeing compliance, ensuring safety, protecting consumers, maintaining fair competition, and promoting ethical practices.

Regulatory Agency Inquiry

Choose File

Acceptable file types: .doc, .pdf

Submit a description of any inquiry from a state or federal regulatory agency that you have received during the last twelve months.

Collaborating Organization - Is your organization controlled by a regulatory agency?(required)

YES

NO

A regulatory authority is a government agency or an independent organization empowered to enforce laws, regulations, and rules within a specific sector or industry. Regulatory authorities are responsible for overseeing compliance, ensuring safety, protecting consumers, maintaining fair competition, and promoting ethical practices.

Collaborating Organization - Regulatory Agency Inquiry

Choose File

Acceptable file types: .doc, .pdf

Submit a description of any inquiry from a state or federal regulatory agency that you have received during the last twelve months.

Does your organization serve youth or other at-risk or high-need populations?(required)

YES

NO

For organizations serving youth or other at-risk or high-need populations

Choose File

Acceptable file types: .doc, .pdf

Please describe your organization's current policies and practices to ensure safe, effective programming, particularly for youth or other vulnerable populations. Your response should address:

– Written safety or risk management policies (e.g., staff/volunteer screening, mandated reporting, transportation) – Staff or volunteer training on safety or youth protection – Liability insurance coverage relevant to your programs – Oversight and accountability (designated staff or board role)

Collaborating Organization - Does your organization serve youth or other at-risk or high-need populations?(required)

YES

NO

For Collaborating Organizations serving youth or other at-risk or high-need populations

Choose File

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Please describe your organization's current policies and practices to ensure safe, effective programming, particularly for youth or other vulnerable populations. Your response should address:

– Written safety or risk management policies (e.g., staff/volunteer screening, mandated reporting, transportation) – Staff or volunteer training on safety or youth protection – Liability insurance coverage relevant to your programs – Oversight and accountability (designated staff or board role)