

2026-27
IMPACT 100 Southern Connecticut
Letter of Intent and Grant

For details on the IMPACT 100 grant process, including eligibility requirements, FAQ, and important dates, visit https://www.impact100sct.org/apply_for_a_grant.php

In preparing to submit your LOI, please have available your Department of Treasury letter affirming your organization's status as a tax-exempt public charity under IRS Code Section 501(c)(3).

Additionally, your organization should have filed the latest Annual Report with the State of Connecticut, Division of Corporations, and registered with the State of Connecticut, Department of Consumer Protection. At any time, should you need to exit this application, you may save your data and return to complete.

Priority Area

Your application for a transformational gift must apply to one of the following Five categories. Please select the one that best aligns with your proposed project.

- Arts & Culture – Programs that foster greater exposure or participation in arts, arts education & culture.
- Family & Animal Welfare – Programs that strengthen and enhance the lives of children, families, seniors and/or animal welfare.
- Education – Programs that expand or improve learning; for children and/or adults.
- Environment, Preservation, Recreation – Programs focused on conservation, preservation, or improvement of natural resources; parks & recreation; agricultural sustainability; environment education and/or climate action.
- Health & Wellness – Programs that improve people's mental and/or physical well-being and foster healthy living habits.

Organization Name	
Name of Program / Project	
Description (in 250 words or less) detailing the project, sustainability and expected measurable impact.	
Priority Area (see above for categories):	
Geographic Areas Served (narrative):	
Is your Organization a local chapter of a larger Organization that holds your 501(c)(3)?	
Please confirm your ability to submit the following with your full application: 1. <i>Income Statement, Balance Sheet and Statement of Cash Flows for the most recent Fiscal Year End (FYE) 2026</i> If an Audit is not yet complete for FYE 2026 , submit internally prepared statements for the 12-month period . 2. <i>Most recent Audited Financials (FYE 2025 or 2026)</i> 3. <i>Most recently submitted 990 or 990 EZ</i> 4. <i>Operating Budget for FYE 2027 (12 months).</i> Should include actuals vs budget for months completed and budget for the remainder of the year.	
Organization Email (if available). This should be unique to the organization such as "info@impact100sct.org". It should not be the same as the E.D., Chair, or anyone else in the organization. If you do not have one, leave blank, but consider creating one.	

Parent Organization Information

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*Parent Organization's Legal Name:	
Parent Organization's Doing Business As (DBA) Name (if applicable):	
*Parent Organization Federal Employer Identification Number (EIN):	
Group Federal Employer Identification Number (EIN) if Parent organization EIN is different from Group EIN:	
*Parent Mailing Address:	
*Parent City:	
*Parent State:	
*Parent Zip Code:	
Parent Organization's Phone Number:	
Parent Organization Website (if available):	

Please confirm the following for your organization:

(Note: Underlined links to verification websites are provided below the question and allow you to check your status while still in the form.)

1. Current status as a 501(c)(3) public charity (PC or Group) as listed on Internal Revenue Service website:(Verify status at IRS Exempt Organization Check)	
*Please attach a copy of the Department of Treasury Letter affirming your organization's not-for-profit status under Internal Revenue Code Section 501(c)(3).	

Visit <https://www.irs.gov/charities-non-profits> to obtain copies of your tax exempt certificate.

2. Annual Report for 2024 has been filed and is reflected on the State of Connecticut website. The State of Connecticut requires nonprofits based in Connecticut and outside of Connecticut to register annually if doing business in Connecticut.	
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*3. Annual registration with the State of Connecticut, Department of Consumer Protection. Are you registered?	
Department of Consumer Protection Charity Number:(This is your Registration Number which begins with "CHR".)	
*Department of Consumer Protection Expiration Date:	

Executive Director and Chairman of the Board Contact Information

*Executive Director (ED):	
*ED Email:	
*ED Preferred Phone:	
*Chairman of Board (Chair):	
*Chair Email:	
*Chair Preferred Phone:	

Local Organization Information

*Local Organization's Legal Name:	
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Local Organization's Doing Business As (DBA) Name (if applicable):	
Local Organization Federal Employer Identification Number (EIN):	
Group Federal Employer Identification Number (EIN) if Local organization EIN is different from Group EIN:	
*Local Mailing Address:	
*Local City:	
*Local State:	
*Local Zip Code:	
Local Organization's Phone Number:	
Local Organization Website (if available):	

Please confirm the following for your Local organization:

(Note: Underlined links to verification websites are provided below the question and allow you to check your status while still in the form.)

1. Annual Report for 2025 has been filed and is reflected on the State of Connecticut. The State of Connecticut requires nonprofits based in Connecticut and outside of Connecticut to register annually if doing business in Connecticut.	
2. Local Annual registration with the State of Connecticut of Department of Public Charities is complete. To confirm registration, select FDACS Organization Check. To register, visit FDACS Annual Registration .	
FDACS Local Charity Number:(This is your Registration Number that begins with "CH".)	
*FDACS Local Expiration Date:	

Executive Director and Chairman of the Board Contact Information

*Local Executive Director (ED):	
*Local ED Email:	
*Local ED Preferred Phone:	
*Local Chairman of Board (Chair):	
*Local Chair Email:	
*Local Chair Preferred Phone:	

By entering my name on the signature line below, I certify that all the information provided is accurate and verifiable.

*Signature:	
*Title:	
*Date	

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