

# Community Resilience Grants

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*Community Foundation of Western Massachusetts*

## *Instructions*

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The **Community Resilience Grants** are a one-time \$1,000,000 initiative designed to provide urgent, flexible support to frontline community organizations across Hampden, Hampshire, and Franklin counties.

One-time grants of **up to \$50,000** will be awarded to organizations providing direct services that ensure people can access essential daily needs.

### **What the Funding Supports**

Grants will support organizations addressing critical and urgent needs such as:

- Food access and distribution
- Housing stability and shelter supports
- Utility, fuel, and rental assistance
- Essential supplies and clothing
- Physical and behavioral health supports
- Immigrant support
- Childcare and family stabilization services
- Legal support related to safety and discrimination
- Transportation to essential services
- Other urgent supports that help households function safely

Funding may be used for general operating support necessary to sustain these services, allowing organizations the flexibility to respond to current community conditions.

Organizations do not need basic needs to be their primary mission; however, the funded services must be a significant and ongoing part of their direct service delivery.

## Who Should Apply

This opportunity is intended for organizations that:

- Have IRS designated 501(c)(3) status or an established fiscal sponsor
- Serve individuals or communities experiencing challenges due to reductions in public funding and/or federal policy changes/shifts
- Are serving individuals or families within one or more of the following counties: Hampden, Hampshire, and Franklin
- Are experiencing increased demand or operational pressure
- Provide direct services to individuals or households

## Grant Details

- **Award Amount:** up to \$50,000
- **Funding Type:** Flexible, general operating support tied to active service delivery
- **Total Initiative:** \$1,000,000
- **Geographic Focus:** Hampden, Hampshire, and Franklin counties
- **Goal:** Rapid deployment of funds to address urgent community needs

## Timeline

- Application Opens: **March 12, 2026**
- Application Closes: **April 9, 2026 at noon EDT**
- Virtual Information Sessions: **March 17, 2026 and April 7, 2026 from 9:30 – 10:45 am EDT**
- Awards Announced: **mid-May 2026**
- Funds Distributed: **by June 1, 2026**

*Unless a question arises about an application, applicants should not expect to be contacted until a funding decision.*

We are here to assist you with the grants process. Email us at [grants@communityfoundation.org](mailto:grants@communityfoundation.org) with any questions including:

- If any of your applicant or organization information in the box at the top of the application is incorrect.
- If you don't understand or need clarification on any of the questions in this application.
- If you have specific questions about your organization's application.

## *Organization Information*

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### **Anti-Discrimination Policy 2026\***

Please click [here](#) to read the CFWM Anti-Discrimination Policy.

I certify that I have read the CFWM Anti-Discrimination policy, and the applying organization complies with this policy. Please choose Yes or No.

#### **Choices**

Yes

No

### **Grantmaking Policy 2026\***

Please click [here](#) to read the CFWM Grantmaking Policy.

I certify that I have read the CFWM Grantmaking policy, and the applying organization understands and agrees with CFWM's implementation of this policy. Please choose Yes or No.

#### **Choices**

Yes

No

### **Organization Name\***

*Character Limit: 100*

### **Mission Statement\***

*Character Limit: 500*

### **Annual Operating Budget\***

#### **Choices**

Under \$250,000

\$250,000 – \$999,999

\$1M – \$4.9M

\$5M+

**County(ies) Served**

Please estimate the percentage distribution the **organization** currently serves in each of the following counties. The **total** for all four spaces below must equal 100%. Please enter whole numbers only. The percentage sign is assumed.

**Hampden County\***

Please enter the percentage as a whole number or 0 if this county is not served by the organization. The percentage sign is assumed.

*Character Limit: 3*

**Hampshire County\***

Please enter the percentage as a whole number or 0 if this county is not served by the organization. The percentage sign is assumed.

*Character Limit: 3*

**Franklin County\***

Please enter the percentage as a whole number or 0 if this county is not served by the organization. The percentage sign is assumed.

*Character Limit: 3*

**Other**

Please enter the percentage as a whole number or 0 if the organization serves people outside of the counties shown above. The percentage sign is assumed.

*Character Limit: 3*

**If relevant, please state which other counties are served by this organization.**

*Character Limit: 100*

**Organization Structure\***

Please choose one response which best describes your organization's structure. "The organization is...."

**Choices**

designated by the IRS as a 501(c)(3) and we have our own EIN#.

a member of a national organization, but we have our own EIN #.

a program operating as part of a larger organization (EIN# is in the larger organization's name).

fiscally sponsored.

***Fiscally Sponsored***

We are committed to working with newer and smaller organizations. If you cannot provide any of the documents requested below or have other questions, please reach out to us at [grants@communityfoundation.org](mailto:grants@communityfoundation.org) before submitting your application so we can help you

through the process.

More information about the requirements for fiscal sponsorship can be found on our [\*\*\*fiscal sponsorship information page\*\*\*](#). Fiscal sponsorship documents must be submitted with the application by the due date for the funding opportunity.

### **Proof of Fiscal Sponsorship Form\***

Please complete and upload the new Proof of Fiscal Sponsorship form. (Download a copy [here](#).)

*File Size Limit: 1 MB*

### **Current audited or reviewed financials\***

Please upload the **current** audited or reviewed financial statements for the 501(c)(3) organization that will serve as the project's fiscal sponsor. If those are unavailable, please upload:

- a Revenue & Expense statement *for the most recent year* **and** a current balance sheet if available
- **OR** a completed IRS Form 990 for the previous calendar year.

*File Size Limit: 8 MB*

### **Fiscal Sponsor Organization Name\***

*Character Limit: 250*

### **Address of Fiscal Sponsor\***

Please enter the mailing address of your fiscal sponsor. Include street address, city, state, and zip code.

*Character Limit: 500*

### **Name of the Primary Contact for the Fiscal Sponsor\***

Please enter the name of the primary contact at the organization.

*Character Limit: 250*

### **Title for the Primary Contact for the Fiscal Sponsor**

*Character Limit: 50*

### **Email address for the Primary Contact for the Fiscal Sponsor\***

*Character Limit: 254*

### **Phone number for the Fiscal Sponsor\***

Please enter the phone number for the fiscal sponsor's primary contact. Use the format xxx-xxx-xxxx.

*Character Limit: 20*

## *Member of a national organization*

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### **Name of national organization\***

Please enter the name of the ***national*** organization of which your organization is a member. Maximum of 50 characters including spaces.

*Character Limit: 50*

### **EIN # of the national organization\***

Please enter the EIN# (provided by the IRS) of the ***national*** organization. Please enter using the following format: xx-xxxxxxx.

*Character Limit: 15*

## *A program operating under/as part of a larger organization*

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### **Name of larger organization\***

Please enter the name of the larger organization (the parent organization) of which this program is a part. Maximum of 100 characters including spaces.

*Character Limit: 100*

### **EIN # of larger organization\***

Please enter the ***EIN # provided by the IRS for the larger organization*** ( the parent organization). Please use the following format: xx-xxxxxxx.

*Character Limit: 15*

### **Name of Primary Contact at larger organization\***

*Character Limit: 30*

### **Title of the Primary Contact at the larger organization\***

*Character Limit: 30*

### **Email address for Primary Contact at the larger organization\***

*Character Limit: 250*

### **Phone number for Primary Contact\***

Please use the following format: xxx-xxx-xxxx, ext. xxxx.

*Character Limit: 35*

### **Street address of the larger organization\***

Please enter the ***street address or P.O. Box*** for the mailing address ***of the larger organization*** (the parent organization). Maximum of 50 characters including spaces.

*Character Limit: 50*

### City/Town\*

Please enter the *city/town* for the mailing address *of the larger organization* (the parent organization). Maximum of 50 characters including spaces.

*Character Limit: 50*

### State\*

Please enter the two letter abbreviation for the *state* of the mailing address *of the larger organization* (the parent organization). Maximum of 2 characters including spaces.

*Character Limit: 2*

### Zip code\*

Please enter the *zip code* of the mailing address *for the larger organization* (the parent organization).

*Character Limit: 15*

### Website for the larger organization\*

Please enter the website for the larger organization (the parent organization).

*Character Limit: 250*

## Service Eligibility

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### Project Name\*

The software system requires a name for each application. To help us meet this requirement, please enter the phrase, "**Community Resilience Grant**" in the field below.

*Character Limit: 100*

The following information is being collected for your organization. If fiscally sponsored, this information is being collected for *your* organization, *not* the fiscal sponsor.

### Do you currently provide direct services to individuals or households?\*

#### Choices

Yes

No

### How long has this service been operating?\*

#### Choices

Less than 12 months

1–3 years

3+ years

### Which services do you provide? (check all that apply)\*

#### Choices

- Food access / distribution
- Housing / shelter support
- Utilities / fuel / rental assistance
- Basic needs supplies
- Physical or behavioral health support
- Childcare / family support
- Immigrant support
- Legal / safety support
- Transportation to essential services
- Other urgent needs

**If you selected "Other urgent needs," please list them here:**

*Character Limit: 250*

**How frequently are services delivered?\***

**Choices**

- Daily
- Weekly
- Monthly
- As needed / episodically / seasonally

**What services do you provide that help individuals and households meet their essential daily needs?\***

*(e.g. food access and distribution; housing stability and shelter supports; utility, fuel, and rental assistance; essential supplies and clothing; physical and behavioral health supports; immigrant support; childcare and family stabilization services; legal support related to safety and discrimination; transportation to essential services)*

Short answer, max 1,000 characters

*Character Limit: 1000*

## *Who You Serve*

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**Populations primarily served (check all that apply)\***

**Choices**

- BIPOC communities
- Families with children
- Immigrant communities
- Individuals with disabilities
- LGBTQIA+ communities
- Low-income households
- Older adults
- Rural communities
- Other

**If you selected "Other," please list those communities here:**

*Character Limit: 250*

**Approximate number of people served per month\***

**Choices**

- Under 50
- 50–199
- 200-999
- 1000+

*Impact of Funding Reductions and/or Policy Changes/Shifts*

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**Have you experienced funding reductions and/or policy changes that impact your service delivery?\***

**Choices**

- Already occurred
- Anticipated
- No

**What changed? (check all that apply)**

**Choices**

- Loss of government funding
- Reduced contract reimbursement
- Increased demand without increased funding
- Staffing reductions or risk
- Service reduction risk
- Waitlists forming

**How have funding changes and/or federal policy changes/shifts affected your ability to serve people?**

*Optional. Short answer, max 1000 characters*

*Character Limit: 1000*

*Use of Funds*

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**When would funds be used?\***

**Choices**

- Immediately (0–30 days)
- Within 6 months
- Within 12 months

### How much would you like to request?\*

*Organizations may apply for grants of up to \$50,000 and are encouraged to request the amount that most accurately reflects their current needs. Requesting the maximum amount will not disadvantage an applicant, as proposals will be evaluated on the specifics of the individual request; however, applicants are asked to carefully consider the level of support necessary to address the need described.*

*Given that overall funding decisions must balance requests across many organizations and overall community needs, award amounts may ultimately vary based on organizational size, scope of need, and the range of requests received.*

*Character Limit: 20*

### Please share how you anticipate utilizing these funds, including how you chose the requested amount.\*

*Short answer, max 1,500 characters*

*Character Limit: 1500*

## Organization Financials

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If your organization is fiscally sponsored, we are requesting this information on your organization, not the 501c3 organization (fiscal sponsor).

### Fiscal Year End\*

You may choose to copy this information from your Candid profile, if you currently have a profile in Candid. Or, you may enter the information in the field below.

*Character Limit: 250*

### Organization Operating Budget\*

Enter the current fiscal year operating budget amount for your organization.

*Character Limit: 20*

### Upload the Operating Budget\*

We ask for **two years** of financial information. Please upload the organization's operating budget, including expenses and revenue for this current fiscal year **and** the previous fiscal year's actual financials (a profit/loss and revenue/expense report) that correspond. This can be in one document side-by-side or two separate documents.

*File Size Limit: 10 MB*

### Additional Upload (optional)

If you need to upload the previous year's actual financials separately from the Operating budget, please use this field to upload the additional financial document. This field is optional.

*File Size Limit: 9 MB*

## *Electronic Payment Process & Grant Submission*

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**Good news!** The Community Foundation of Western Massachusetts (CFWM) is excited to announce our transition to electronic payments through BILL, a secure and trusted payment platform. We are committed to maintaining the highest standards of security and integrity while ensuring a safe, simple, and efficient payment process for our partners.

CFWM will start paying grants electronically using BILL. You will need to create a free BILL account (no subscription needed) in order to receive ePayments for any grants awarded in the future. Your bank ACH info will not be visible to CFWM and its employees.

We invite you to create a free BILL account—signing up takes just a few minutes and does not require a subscription. Please click [here](#) if you would like to start the process today. Alternatively, you may wait until the grant decisions are announced to create your account if you prefer.

For an overview of how to set up your account, you can review this [step-by-step guide](#).

Thank you for taking the time to complete the application. Once you are satisfied with your responses and attachments, please **SUBMIT** the application. The **SUBMIT** button can be found in the bottom, right corner of your screen.