Winter 2026 Community Response Grants

Essex County Community Foundation, Inc.

Organization Information

Organization Name*
Character Limit: 250

Tax Status*
Please note the tax status of the lead applicant.

Choices
Nonprofit 501(c)(3)
State or local agency
Other

Nonprofit Employer Identification Number (EIN)*
If the lead application is not a 501(c)3, and this grant would be made to another organization on your behalf, please enter that organization's Employer Identification Number (EIN). If you are a state or local agency, type "N/A."

Character Limit: 9

Fiscal Sponsor Agreement
If the lead applicant is not a 501(c)3, and this grant would be made to another organization on its behalf, please upload a Memorandum of Understanding with the Fiscal Sponsor.

File Size Limit: 1 MB

Application Partners [OPTIONAL]
If this is a joint application with another organization, please list the organization names here. Joint applications are for organizations that collaborate closely to carry out the activities described in the application below. For example, if a food distribution program run by one organization is housed at a senior housing complex run by a different organization, the two organizations might consider applying together. This will streamline the review process.
At the end of this application, you will be asked to upload a letter of support from the partner organization(s) named here.

Character Limit: 1000

Lead Applicant Contact Information*
Please enter the key contact for this proposal. Include name, title, email, and daytime phone number.

Character Limit: 250

Website and/or Social Media Page
Character Limit: 250

Operating budget range*
Within which range does your organization's operating budget fall?

Choices
$0-$500,000
$500,001-$1,000,000
$1,000,001-$2,000,000
$2,000,001-$5,000,000
$5,000,001-$10,000,000
$10,000,001-$20,000,000
$20,000,001+

Areas of Impact

Geographic Area Served*
What specific Essex County (Massachusetts) communities will primarily be served by the proposed program/work? We are looking for where the majority of the impact will take place. Please check all that apply.

*[If your organization serves Essex County, New Jersey or elsewhere, please **do not** proceed with your application.]*

Choices
All of Essex County
Amesbury
Andover
Beverly
Boxford
Byfield
Danvers
Essex
Georgetown
Gloucester
Groveland
Hamilton
Haverhill
Ipswich
Lawrence
Lynn
Lynnfield
Manchester
Marblehead
Merrimac
Methuen

Middleton
Nahant
Newbury
Newburyport
North Andover
Peabody
Rockport
Rowley
Salem
Salisbury
Saugus
Swampscott
Topsfield
W. Newbury
Wenham

Organization Primary Focus/Impact Area*

Please enter the category that **best** matches your organization's primary focus area, which may or may not be the same as the program area you are applying for funding for under this application. We understand that these categories are broad and that most organizations are multi-service.

Choices
Animal Welfare
Arts and Culture
Community Life and Economic Development
Education and Youth Development
Environment and Climate Resilience
Health and Mental Health
Housing and Food Security
Human Rights
Religion
Science and Research
Other

Brief Description of Funding Request*

High level, 1-2 sentence description that summarizes the request. (For reporting purposes)

Character Limit: 500

Community Response Fund Questions

Type of Funding Requested (please check one)*
Choices
Essential Needs: general operating support or special projects for food, shelter, clothing, supplies
Health and Safety: general operating support for providing health care or fostering personal safety
Structural Change: exploring organizational changes or new models (incl. prep for Medicaid changes)

Proposal Name*

Please be descriptive in your proposal name, as we may share a list of proposal names with peer funders.

Character Limit: 250

Amount Requested*

Up to $25,000 (one distribution only)

Character Limit: 50

How will the funds be used?*

1. If applying for Essential Needs or Health and Safety, please briefly describe:
   - the activities your organization focuses on within the area of essential needs (food, shelter, clothing, basic supplies) or health and safety; and
   - the primary population(s) that will be served by this request.
2. If applying for Structural Support, please briefly describe your approach to considering organizational changes (e.g. explain whether you plan to hire legal professionals or consultants, or whether you seek funding for data analysis, etc.).

Character Limit: 5000

Which issue areas will the requested grant funds support?*

Please check all that apply. This is for reporting purposes.

Choices

Clothing or supplies
Community safety
Food access
General wellness
Health care
N/A (Structural change only)
Other
Shelter or housing

Has your organization already experienced federal funding cuts since 2025?*

If your organization has experienced decreases or losses related to federal funding cuts, such as cuts to state grants that relied on federal funding, please also answer Yes.

Choices

Yes
No

Funding cut details

If you answered "Yes" above, please share the names of the funds that have been cut or reduced, the amount of the reduction(s), and the effect on your programming. *(Approximations*

or estimates are fine. Please do not spend time conducting new analysis or gathering data you do not yet have.)

Character Limit: 2500

Pending federal funding cuts*

Is your organization concerned about the effects of potential federal funding cuts in the next several months?

Choices

Yes

No

Details on future funding concerns

If you answered "yes" above, please share your areas of concern and how potential future cuts are likely to affect your organization.

Character Limit: 2500

How have federal policy changes affected your organization's work in the past year?*

Please be specific about policy changes (aside from funding changes) that have affected your organization's work on issue areas that are relevant to this application.

Character Limit: 2500

Permission to Share*

Do you give ECCF permission to share a summary of your application with other potential funders?

When permitted, sharing will be done on an ad-hoc basis at ECCF's discretion.

Choices

Yes

No

Supporting Documents

Budget for Requested Funds*

Please break down how your organization would use the funds requested.

File Size Limit: 2 MB

Organizational Budget*

If applicable, please ensure that the line of programming this grant would support shows up in the organizational budget, or explain in the narrative below.

File Size Limit: 2 MB

Budget Narrative (OPTIONAL)

If it is useful, please feel free to provide additional budget detail in narrative form here.

Character Limit: 1000

Most recent audited financial statement*

Please upload a copy of your organization's most recent audited financial statement. If an audit is not available, please submit an unaudited statement for the past year. If you are using a fiscal sponsor, please provide the most recent financial statement for the fiscal sponsor.

File Size Limit: 15 MB

Partner Letter of Support

If this is a joint application with a partner organization, please upload a brief letter of support from them.

File Size Limit: 2 MB

Additional Documents (OPTIONAL)

Please feel free to share any additional documents you think would be useful, such as annual reports or impact analysis.

Character Limit: 2500 | File Size Limit: 15 MB