BEDFORD FAMILY SOCIAL RESPONSIBILITY FUND

2026 Grant Application

FOR REFERENCE ONLY
This document is provided to help applicants review the application questions and prepare responses in advance. **All applications must be submitted through the online application form by September 30, 2026.**

The Bedford Family Social Responsibility Fund, established in honor of Ruth T. Bedford, supports nonprofit organizations that expand access to high-quality educational and enrichment opportunities for children and young adults in Westport and the surrounding communities.

Through this work, the Westport Weston Family YMCA carries forward Ruth Bedford's legacy by investing in programs that remove barriers, strengthen academic and personal growth, and create lasting pathways to opportunity.

The Bedford Family Social Responsibility Fund values partnerships with community nonprofits. We encourage applicants to provide clear, concise responses that help us understand your organization, your program, and the impact this grant would have on the children and young adults you serve.

Typical Grant Awards: Grants generally range from **$2,500 to $20,000**. Applicants are encouraged to request an amount that is appropriate for the scope and impact of the proposed program.

Before beginning, please review the eligibility requirements below. Character limits are provided for applicable questions. If a question does not apply to your organization or proposed program, please indicate “N/A.”

Application Deadline: September 30, 2026

Questions? Contact bfsrf@westporty.org

Eligibility

Organizations must:

- Be a 501(c)(3) nonprofit organization.
- Provide direct or supplemental educational opportunities for children and/or young adults.
- Serve Westport, Weston, Bridgeport, Fairfield, Norwalk, and/or Wilton.

Eligible Uses of Grant Funds

Grant funding may be used for:

- Programmatic expenses tied to educational and enrichment opportunities
- Expansion or enhancement of existing programs
- New initiatives aligned with BFSRF priorities

Grant Funding May Not Be Used For

- Endowment funding

- General overhead not directly tied to program delivery
- Capital projects
- Debt reduction or operating deficits
- Annual campaigns or fundraising

Section 1 | About Your Organization

Legal Name of Organization*
DBA (if applicable)
Federal EIN*
Organization Address*
Organization Website*
Organization Phone Number*

Executive Director / CEO
- Name*
- Title*
- Email*
- Phone Number*

Primary Grant Contact
This person will serve as the primary contact regarding this application and any subsequent grant communications.
- Name*
- Title*
- Email*
- Phone Number*

Mission Statement*
Maximum 500 characters

About Your Organization*
Please briefly describe your organization's primary programs and services.
Maximum 1,000 characters

Who Do You Serve*
Describe the children and/or young adults your organization primarily serves.
Maximum 750 characters

Individuals Served Annually*
Approximately how many individuals does your organization serve annually?

Number: _____

Geographic Distribution*
Please provide your best estimate of the percentage of individuals served who reside in each of the following communities.

Community	Approximate % Served
Westport	
Weston	
Bridgeport	
Fairfield	
Norwalk	
Wilton	
Other	

Estimates are acceptable. Total should equal approximately 100%.

Organizational Capacity

- Number of Full-Time Employees*
- Number of Part-Time Employees*
- Number of Volunteers*
- Number of Board Members*

Section 2 | Funding Request & Proposed Program

About the Proposed Program

Program Name*

Is this a New Program?*

☐ Yes
☐ No

Program Overview*

Tell us about the program for which you're requesting funding, including:

- What the program does
- Who it serves
- Key activities
- Timeline

Maximum 1,500 characters

Individuals Expected to Be Served*

Approximately how many individuals will be served through the proposed program?

Number: _____

Request Summary

Amount Requested from BFSRF*

$2,500–$20,000 is the typical grant range.

$_____

Total Program Budget*
$_____

Use of Requested Funds*
Please describe specifically how the requested grant funds will be used. If requesting support for a larger program, indicate which expenses the Bedford Family Social Responsibility Fund would support.
Maximum 750 characters

Grant Period*
Beginning: _____
Ending: _____

Community Need & Program Response*
Describe the community need this program addresses and how the proposed program responds to that need.
Maximum 750 characters

Local Community Impact*
Please describe how residents of Westport, Weston, Bridgeport, Fairfield, Norwalk, and/or Wilton will benefit from this program.
Maximum 500 characters

Expected Outcomes*
What do you hope to achieve through this program, and how will you know if it is successful?
Maximum 1,000 characters

Program Leadership*
Identify the key staff responsible for implementing this program and briefly summarize their qualifications.
Maximum 750 characters

Section 3 | Budget & Funding

Program Budget Attachment*
Please upload a detailed program budget showing anticipated income and expenses.

If only partial funding is awarded, would the program still move forward?*
☐ Yes
☐ No
If yes, please briefly explain.
Maximum 500 characters

Other Funding Sources*
Please list any confirmed or anticipated funding sources for this program, if applicable.
Maximum 750 characters

Future Funding*

If applicable, how do you anticipate supporting this program after the grant period?
Maximum 500 characters

Section 4 | Organization Financials

Current IRS 501(c)(3) Determination Letter*
Upload

Organization's Annual Operating Budget*
(Most recently completed fiscal year)
$_____

Most Recent Financial Statements*
Please upload financial statements for your most recently completed fiscal year. Audited financial statements are preferred, if available.

Section 5 | Certification & Supporting Materials

Optional Supporting Materials
Please upload any additional materials you believe would strengthen your application, such as:

- Annual Report
- Letters of Support
- Program evaluations
- Relevant media coverage

Upload Files

Certification
I certify that the information contained in this application is true and complete to the best of my knowledge.

Applicant Name*
Title*
Date*