City of Cambridge

Community Benefits Grants for Cambridge Nonprofit Organizations

Overview: The intent of this funding is to address critical needs of Cambridge residents through flexible support to community-based nonprofit organizations that are well-suited to respond. We recognize the deep and significant needs facing residents across the City are also placing increased demand on nonprofit providers, who are experiencing funding constraints. This approach to grant funding is intended to provide a flexible, quick, and meaningful response.

Grants of $10,000-$25,000 will be awarded to eligible entities, totaling up to $1 million. We expect this to be a competitive grant process, and not all eligible entities may be selected to receive funding. Completed applications are due by 12pm EST on August 21, 2026. Applications submitted after this deadline will not be considered. For more information about this funding opportunity, please visit www.cambridgema.gov/communitybenefits

If you have questions about the application, please contact communitybenefits@cambridgema.gov.

Tell us about who is applying for this grant

1. Name of person submitting application:

2. Job title:

3. Name of organization/entity applying for funding:

3a.
Your organization's address:

4. Tax ID #:

5. Contact Information:

Contact Person's Name:

Contact Phone #:

Street Address/City/State/Zip:

Email Address:

6. Please confirm that your organization meets each of the following eligibility criteria.

- If you answer No to question 6a, you will not be eligible for this grant unless your organization is an established nonprofit that has otherwise been recognized by the Commonwealth of Massachusetts.
- If you answer No to either question 6b or 6c below, or do not check at least one box of 6d, you will not be eligible for this grant.

6a. Is your organization a 501(c)3? [ ] Yes [ ] No *If No, you may still be eligible if you are an established nonprofit organization that has otherwise been recognized by the Commonwealth of Massachusetts*

- If No to 6a above: *Are you an established nonprofit organization that has otherwise been recognized by the Commonwealth of Massachusetts*? [ ] Yes [ ] No
  - If No to above: I understand that since my organization is <u>not</u> a 501(c)3 or an established nonprofit organization that has otherwise been recognized by the Commonwealth of Massachusetts, I will not be eligible for this grant.
  - If Yes to above, please explain how your nonprofit organization has been recognized *by the Commonwealth of Massachusetts*:

Explanation:

6b. Does your organization actively engage with the Cambridge community and serve Cambridge residents? [ ] Yes [ ] No

6c. Is the organization able to use this money within 12 months of entering a grant agreement with the City? [ ] Yes [ ] No

6d. Select all needs you are addressing or will address with this funding: [ ] Affordable Housing & Homelessness [ ] Financial Security [ ] Mental Health: Behavioral Health & Substance Use [ ] Food [ ] Civic Engagement and Social Capital [ ] Education [ ] Employment [ ] Safety [ ] Transportation [ ] Arts, Culture & Recreation [ ] Health [ ] Built & Natural Environment

NOTE: there is no added eligibility benefit to organizations that will address multiple needs

Tell us about the program or project you are requesting this grant for

7. What is the amount of support being requested? (Grants may range from $10,000 to $25,000; we expect this to be a competitive process, so please only request the amount you need to accomplish your intended use)

8. What type of support are you requesting? (Project, Program, Operating, Capital, Other)

9. What is the total budget for the Project, Program, Operating, and/or Capital project that the funds you are requesting will be used for? *(you'll submit simple budget details later in the application)*

10. Briefly describe how grant funds will be used to meet the needs of underserved Cambridge residents

(i.e. what will you do with the funds, including activities and the timeframe?). up to 300-word response suggested

11. What is the opportunity, challenge, issue and/or need you are addressing?

12. Who are the people you seek to impact (population(s), including age, gender, ethnicity, other relevant characteristics)?

13. How will you know if the funds made a difference? How will you track/measure impact?

Tell us more about your organization

14. How would you describe the population your organization primarily serves (families, youth, older adults, LGBTQIA+, immigrants, BIPOC, low-resourced individuals, unhoused individuals, other)?

15. What Cambridge neighborhood(s) does your organization primarily serve? Select all that apply.

[ ] 1 East Cambridge [ ] 2 Area 2/MIT [ ] 3 Wellington-Harrington [ ] 4 The Port [ ] 5 Cambridgeport [ ] 6 Mid-Cambridge [ ] 7 Riverside [ ] 8 Baldwin [ ] 9 Neighborhood Nine [ ] 10 West Cambridge [ ] 11 North Cambridge [ ] 12 Cambridge Highlands [ ] 13 Strawberry Hill

16. What is your organization's current annual operating budget?

Optional Questions (The Community Benefit Advisory Committee will not use your responses to these questions to make decisions as part of this grant selection process,

but will use the information to inform future grant opportunities)

a. What are you seeing as the most significant needs facing the residents you work with – now and in the near term? In addition to the need(s) you identified above, please identify any other significant need(s) the Cambridge residents you engage with are currently or likely to be experiencing.

b. What current pressures is your organization facing?

c. Is your organization experiencing funding cuts? If so, please briefly describe.

Submitting Application

Please attach the items below with your completed application:
1) a simple budget with a brief budget narrative that indicates how you anticipate spending funds
2) a W-9 Form

Signature(s)

The person signing this application must be an authorized signatory on behalf of the organization/ entity seeking funding. By signing below, the Applicant hereby acknowledges and affirms that all of the information provided in the above Application is complete, true, and accurate to the best of knowledge and belief.

Signed by: _____ Date: _____