

**United Way Financial Stability  
Full Grant Application  
2022 - 2024**

**Organization Information:**

1. Legal Name of Organization or Fiscal Host Name
2. Employer Identification Number (EIN)
3. Is this organization a 501c3 public charity? Y N
4. If not a 501c3, is this organization a public agency/unit of government? Y N NA
5. Address:
6. City
7. State
8. Zip Code
9. Phone
10. Organization's Web Site
12. Name of organization's President, Executive Director, or top paid staff
13. Contact person completing this application
14. Contact person's title
15. Contact person's phone and email
16. Does this organization reside within UWCM's service area or do 50% or more of the people you serve with this project reside within it? (all of Stearns Benton Counties and portions of Sherburne and Wright): Yes No

**Organization Background:**

17. Please give a 2-3 sentence summary of the Organization's purpose.
18. Provide a 2-3 sentence summary of the basic services and history of the organization.
19. Provide a 2-3 sentence summary of recent accomplishments with special attention to those involving equity.
20. Provide the number of Board members, paid staff, and volunteers.

**Grant Project/Program**

21. What is the title of the project/program?
22. What is the amount of funding requested per year? (If awarded, funding will be at the same level for two years)
23. Funds are requested for? (check all that apply):
  - 1) General operating 2) Program/Project 3) Start-up costs 4) Capital 5) Capacity Building 6) Advocacy
24. Describe the specific challenge/opportunity this grant will address.
25. Are you applying for : Below \$5000      \$5000 or above
26. What is the specific service/strategy your program will provide to meet this challenge or opportunity?
27. Briefly describe how your project/program aligns with the Priority Focus Area for which you applied.
28. State the overall goal of this project/program and if it is successful, the expected impact/benefit it will have on the target population.
29. Provide three measurable outcomes that can be used in impact reporting, and the specific strategies/actions you will use to produce these outcomes
30. Describe the specific, relevant characteristics of the target population to be served including their demographic status (**race/ethnicity, socio-economic status, ages, gender, etc.**).
31. Provide the unduplicated number of individuals likely to be served with this project/program within the UWCM service area <https://www.unitedwayhelps.org/about-us>
  - a) 22-23
  - b) 23-24
32. What potential barriers might the target population face in accessing your project/program? What is or will be done to eliminate or minimize these barriers?
33. Describe how you will measure and evaluate your outcomes.
34. If you are awarded funds, briefly describe the overall plan and timetable for implementation.
35. Please provide the names of any additional funders for this project/program for which you have applied or received funds.
36. Please provide the names of any additional organizations with which you will be working on this project.

#### **Financial Information**

37. Please provide your total annual organizational budget.

38. If this proposal is selected to move forward with the investment process, will you be able to provide your organization's budget for the current year including income and expenses?
39. Please provide a specific budget for your project/program for this grant request including income and expenses.
40. Based on the most recent completed fiscal year, what was the % of program vs. administrative expense (management and fundraising) for the organization?
- 1) Program
  - 2) Administrative
41. What percentage of funding for this project would be United Way funding?

### **General**

42. Does the organization have a fiscal host? If yes, please email [tmiller@unitedwayhelps.org](mailto:tmiller@unitedwayhelps.org) either the written Fiscal Sponsor/Host agreement between the fiscal sponsor and the applicant organization for this grant OR a letter stating that the sponsor accepts full legal, fiscal, and programmatic responsibility for the project.

**43. Authorization for this grant request:**

By typing my name, title and the date below, I certify that I am duly authorized to submit this full grant application on behalf of the organization, and to the best of my knowledge the information contained herein is true, accurate and complete.

Name of top paid staff or Board Chair:

Title:

Date: