

Caring Rivers United Way Grant Application Form

Grant Application Cover Sheet

Date of application: _____

Organization Information

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|--|--|-------------------------|---------------------------------|---|--------------|
| <i>Name of organization</i> | | | <i>Legal name, if different</i> | | |
| <i>Address</i> | | <i>City, State, Zip</i> | | <i>Employer Identification Number (EIN)</i> | |
| <i>Phone</i> | | <i>Fax</i> | | <i>Web site</i> | |
| <i>Name of contact person regarding this application</i> | | | <i>Title</i> | | <i>Phone</i> |
| <i>Contact person's e-mail:</i> | | | | | |
| Is your organization an IRS 501(c)(3) not-for-profit? _____ Yes _____ No | | | | | |
| If no, is your organization a public agency/unit of government? _____ Yes _____ No | | | | | |
| If no, list name and address of fiscal agent: | | | Fiscal agent's EIN number | | |
| Have you received funding from Caring Rivers United Way in the past? | | | Do you run a CRUW campaign? | | |
| Yes _____, Last year funded: Amt: No _____ | | | Yes _____ No _____ | | |

Proposal Information

Please give a 2-3 sentence summary of request:

Number of persons you expect to serve in the following communities:

_____ Big Lake _____ Elk River _____ Otsego _____ Princeton _____ Santiago _____ Zimmerman

Please check the one area that most fits your program services.

_____ Community Basic Needs _____ Promoting Health & Wellness _____ Nurturing Children & Families

Funds are being requested for (check one): _____ General operating support _____ Project/program support

Project dates (if applicable): _____ Fiscal year end: _____

Dollar amount requested: \$ _____

Total annual organization budget: \$ _____

Total project budget (for support other than general operating): \$ _____

Authorization

Anti-Terrorism Compliance: In compliance with the USA PATRIOT Act and other counterterrorism laws, Caring Rivers United Way requires that each agency certify the following:

"I hereby certify on behalf of _____ [name of grantee] that all United Way funds and donations will be used in compliance with all applicable anti-terrorist financing and asset control laws, statutes and executive orders."

Name and title of Board Chair: _____

Signature: _____

PROPOSAL NARRATIVE – NO MORE THAN TWO PAGES

I. ORGANIZATION INFORMATION

- A. Brief summary of organization history, including the date your organization was established.
- B. Brief summary of organization mission and goals.
- C. Brief description of organization's current programs or activities, including any service statistics and strengths or accomplishments. Please highlight new or different activities, if any, for your organization.

II. PURPOSE OF GRANT

For General Operating Proposals, complete Section A below and move to Part III - Evaluation.

A. General Operating Proposals

1. The opportunity, challenges, issues or need currently facing your organization.
2. Objectives or ways in which you will meet the need.
3. Activities and who will carry out these activities.
4. Time frame in which this will take place.

For project/program proposals, complete Section B below and move to Part III - Evaluation.

B. Project/program Proposal

1. The opportunity, challenges, issues or need and the community that your proposal addresses.
2. How that focus was determined and who was involved in that decision-making process.
3. Objectives or ways in which you will meet the need.
4. Activities and who will carry out these activities.
5. Time frame in which this will take place.
6. How the proposed activities will benefit the community in which they will occur, i.e., the impact you expect to have.
7. Long-term funding strategies (if applicable) for sustaining this effort.

III. EVALUATION

- A. Please describe your criteria for success. What do you want to happen as a result of your activities? You may find it helpful to describe both immediate and long-term effects.
- B. How will you measure these changes?
- C. Who will be involved in evaluating this work (staff, board, constituents, community, consultants)?
- D. What will you do with your evaluation results?

ATTACHMENTS

- Complete the Program Outcomes Management Chart and return with grant application.
- Please include a copy of your non-discrimination policy regarding hiring/employment practices and servicing recipients (*if there is not one currently on file at Caring Rivers United Way*).
- Please attach a general operating budget (*if requesting general operating support*), **OR** a project/program budget (*if requesting project/program support*) along **WITH one** copy of your agency's most recently filed IRS 990.
- A copy of your current IRS determination letter (or your fiscal agent's) indicating tax-exempt 501(c)(3) status (*if there is not one currently on file at Caring Rivers United Way*).
- List of board members and their affiliations.
- Additional funders. List names of corporations and foundations from which you are requesting funds, with dollar amounts, indicating which sources are committed or pending.

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| PROGRAM OUTCOMES MANAGEMENT CHART |
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1. IMPACT AREA: COMMUNITY BASICS

Community Outcome: Community members are able to access assistance to meet basic needs.

Program indicators/focuses: food, clothing, safe shelter, assistance in crisis, etc.

2. IMPACT AREA: PROMOTING HEALTH AND INDEPENDENCE

Community Outcome: Community members are able to access assistance to achieve their highest attainable level of wellbeing and independence.

Program indicators/focuses: promoting health to all including developmental delays and or disabilities, mental health, substance abuse, healthy choices, prevention, medical care, etc.

3. IMPACT AREA: NURTURING CHILDREN AND FAMILIES

Community Outcome: Community members are able to access assistance to reduce risks and promote strengths of children, youth and families.

Program indicators/focuses: learning development, mentoring, healthy activities, etc.

Program Name: _____ Impact Area: _____

Example: 21st Century Graduates

#3 Nurturing Children and Families

| Proposed Outcomes: (Anticipated benefits or changes for program participants as a result of program participation.) | Measurement Tools: (What is used to measure progress toward outcome achievement- survey, case notes, census data, etc.) | Indicators: (Specific behaviors, knowledge, etc. exhibited that shows an outcome or outcome progress.) | Expected Results: (What will your impact on the community be?) |
|---|---|--|--|
| i.e., Reduction in the # of days of school missed by students | i.e., School Attendance | i.e., Regular attendance increases academic success | i.e., Higher graduation rates |
| | | | |