



# Community Investment Grant Application

2021-2022 Funding Cycle

## United Way of the Crossroads

### 1. Organization Information

**Organization Name**

**Organization Mailing Address**

Street Address

Street Address Line 2

City

State

Zip Code

**Organization Telephone Number**

**Website Address**

Area Code

Phone Number

**Federal Employer Identification #**

**Total Operating Budget**

**Organization's Fiscal Year**

For Full Organization

i.e. July 1 - June 30

**Number**

**Number of Full-Time Employees**

**Number of Part-Time Employees**

**Number of Volunteers**

## 2. Contact Information

**Executive Director/CEO**

**Executive Director/CEO Email**

First Name

Last Name

example@example.com

**Grant Contact (if different from above)**

**Grant Contact Email**

First Name

Last Name

example@example.com

## 3. Program Information

Specific Program for which funds are being requested.

**Program Name**

**Total Program Budget**

**Amount of Grant Request**

This is NOT your full organizational budget.

**Program Employees**

**Number**

**Number of Full-Time Employees**

**Number of Part-Time Employees**

**Number of Volunteers**

## **4. United Way of the Crossroads Funding Priority Area**

**In regards to your PROGRAM/PROJECT, not organizational**

Education

Financial Stability

Health

### **Program Narrative**

#### **P1. Program Summary**

**Describe how your Program supports your organization's mission.**

Include a brief description of your organization and its mission.

**Describe how your Program meets the United Way's funding priority chosen above.**

#### **P2. Community Need & Implementation**

**Describe who will be served by your program. Include demographics and data about the targeted population group.**

**Discuss collaborations, if any, with other community organizations.**

**How is the program implemented? Include start and end dates for the program cycle.**

### **P3. Funding Narrative**

This is supplemental to the budget worksheets.

**How will the requested funds be used?**

**Describe any additional funding needed and anticipated funding sources.**

**If you are not 100% funded, how will your program continue? Will any part of the program be cut? If so, what part will be cut and what will be maintained? How will this impact your projected outcomes and units?**

**How will the program be sustained in the future?**

## **P4. Evaluation**

**What is the expected measurable impact of the project?**

**What outcomes (changes caused by the program) will classify the program a success?**

**What tools will be used to evaluate the program?**

**If this is an ongoing program, please share your data on the impact (outcomes) within the last year.**

This is NOT the program success story. This section is for data.

**Please share a success story.**

Specific to the Program/Project for which funding is requested.

## **P5. Program Service Statistics**

Complete the P5 - Stats tab in the 21-22 Applicant Financial Data Workbook. The Workbook will be submitted according to the Application Instructions.

## **Budget**

### **B1. Program Budget**

Complete the B1 - Program Budget tab in the 21-22 Applicant Financial Data Workbook. Check for special instructions for this tab in the Application Instructions, noting this tab is for the Program only. The Workbook will be submitted according to the Application Instructions.

### **B2. Organizational Budget**

Complete the B2 - Org Budget tab in the 21-22 Applicant Financial Data Workbook. Check for special instructions for this tab in the Application Instructions, noting this tab should be reflective of the entire organization. The Workbook will be submitted according to the Application Instructions.

## **B3. Historical Financial Information & Overhead**

Complete the B3 - Org Historical & Overhead tab in the 21-22 Applicant Financial Data Workbook. Check for special instructions for this tab in the Application Instructions, noting this tab should be reflective of the entire organization. The Workbook will be submitted according to the Application Instructions.

## **Attachments**

Submit all attachments according to Application Instructions.

### **A1. Signature Page**

The SCANNED Signature Page authorizing submission of the grant. Must be signed by the Executive Director/CEO AND the Board President/Chair of your organization.

### **A2. Audit**

Most recent organization audit and management letter.

### **A3. 990**

Immediate prior year IRS Form 990, include all sections of the document.

### **A4. Board Roster**

Names and business affiliation of the governing Board of Directors of your organization. Identify officers and terms.

**Thank you for completing the Grant Application. Please submit, along with Budget Worksheets and Attachments, according to Application Instructions.**