



2019 - 2020 COMMUNITY IMPACT GRANT APPLICATION
Please submit one application for each grant request.

Date of Application _____

I am applying for a (please check one):	
Community Impact Grant _____	“Investing in Families” Grant _____

Applicant’s Name _____
(Agency or Group)

Project/Proposal Name _____

Address _____

Telephone _____ E-Mail _____

Chief Professional Officer _____

Contact Person _____

Signature:

Chief Professional Officer

You may provide ONE additional sheet to this application. Please do not provide additional material (brochures/press releases/annual reports/etc.) as it will not be reviewed by the selection committee.

GENERAL DESCRIPTION

1. Name and/or type of program/service:

2. Geographic area to be served:

3. What groups or individuals will benefit from this program/service? (Example: gender, age, racial or ethnic affiliation, disabled, etc.)

4. What is the timeline for the provision of this program/service? (approximate dates for the program's commencement and completion)

A. PROGRAM OBJECTIVES

5. What specific needs in the community does this program/service address?

6. How have these needs been determined?

7. How broad in scope is the program/service designed to be? (Example: serving all potential clients, or only a partial number)

8. How many different people do you intend to serve with this program/service? If more appropriate, use other measures of effort (Example: number of meals, number of visits, number of families, etc.)

B. INTER-AGENCY COOPERATION

9. What other organizations (private and public) and/or groups will you cooperate with (or consult with) in providing the program/service?

10. Will the program/service be provided in cooperation with any other organization or group? Please provide the organization name, address, phone number and contact person's name and email address.

11. How does this program/service differ from similar programs/services delivered by other local agencies?

C. PROGRAM EVALUATION

12. Describe the process that you will use for evaluating the results of this program or service.

D. FUNDING/BUDGET

13. Has your agency requested (or does it plan to request) funds from other sources to provide this program/service? If so, identify these sources and describe the relationship between the use of these additional funds and possible Community Impact funding.

14. Will the Community Impact funds be used to fund a specific portion of the program, as a source of matching funds, or to fund the entire program? Please explain in detail.

15. Budget for This Program/Service

PROGRAM / PROJECT REVENUE	PROGRAM / PROJECT EXPENSES
Contributions..... _____	Salaries, Benefits & Taxes..... _____
Foundations & Grants..... _____	Food _____
Contributed by Assoc. Org..... _____	Supplies..... _____
Grants from other United Ways..... _____	Telephone..... _____
Government Grants and Fees..... _____	Postage..... _____
Program Revenue/Service Fees..... _____	Occupancy & Rent..... _____
Miscellaneous..... _____	Printing & Publication..... _____
	Promotion..... _____
	Awards & Grants..... _____
	Insurance..... _____
	Miscellaneous..... _____
TOTAL OPERATING REVENUE _____	LESS TOTAL OPERATING EXPENSES _____

TOTAL FUNDING REQUEST _____

16. Applicants who are not members of the United Way of Greater Fall River **must** provide a list of the agency's Board of Directors, proof of 501(c)(3) status, a current Certificate of Solicitation from the Commonwealth of MA, and a copy of pages 1-11 from your most recent Form 990.

17. All agencies applying for funding must complete a Patriot Act Disclosure Form and agree to United Way's Nondiscrimination Policy.