



Organization Information

***Save your work**

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***Indicates required field**

Organization Information

*Organization Legal Name:

*Year Founded:

*Street address:

*Mailing address:

*City/Town:

*State:

*Zip:

Organization Website:

*Organization phone:

Organization fax:

*Organization fiscal year:

*Organization mission statement: *(Max. words 100)*

*Organization overview:

Give a brief description of the entire organization, history, programs and services (including those outside of the current grant request). Describe the organization's management structure and capability to undertake this program.

Contact Information

*Contact person first name:

*Contact person last name:

*Contact person title:

*Contact person email:

*Contact person phone number:

General Information

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General Information

***Program Name:**

What is the name of the program your organization is seeking grant funds for?
If you are proposing general support for your organization please write the name of your organization.

***Program Description:**

Briefly summarize the key elements of this program (not your organization). If funded, this description may be used by United Way of Alamance County for external communications including the website:

***Alignment with United Way Approach**

United Way is committed to reducing disparities by decreasing the number of families living in poverty, particularly focusing on communities of color and others who have been systematically and historically excluded. Please explain how your program aligns with our approach.

***Amount requested from United Way:**

***Program Need**

How will this program work to eliminate disparities and inequities that exist in Alamance County? Please provide local data to support your request and list that source below.

***Unduplicated Count of Persons to be Served**

Indicate the (unduplicated) number of persons projected to be served using grant funds.

Affirmations

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Affirmations

***Grant Workshop**

Did you attend a United Way grant workshop?

***Upload Solicitation License or Letter of Exemption**

Upload a copy of your current Solicitation License from NC Secretary of State. If you are exempt from holding a Solicitation License please upload your exemption letter. Please note, this is different from a 501c3 designation letter from the IRS. Reference: NC Secretary of State

 

***Audited Financials**

Does your organization have audited financials from a CPA firm?

Yes No

Audit Date

If so, when was your most recent audit completed?

***990 Form**

Does your organization file the IRS form 990?

Yes No

***Letter of Support**

Our organization's Board of Directors is aware of this grant application and could provide a Letter of Support if requested.

Yes No

***Terms of Agreement**

United Way does not require submission of certain documents referenced in the affirmations above, but reserves the right to view them upon request. Please indicate your acceptance of this statement.

Accept Decline

Electronic Signature

**Signature:*

Enter your name as "Sally Gordon" to Confirm your Electronic Signature.

Program Demographics

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For the following section of questions use previous year's program data or project the demographics of the clients to be served.

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Program Demographics

Age Range:

Please provide the number of unduplicated clients in each age range below. If age is not tracked, put 0 in the box below.

*** Age Range: 0 – 5:**

*** Age Range: 6 – 12:**

*** Age Range: 13 – 18:**

*** Age Range: 19 – 65:**

*** Age Range: Over 65:**

***Total Served by Age Range:**

0	Calculate
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Gender Served

Are your services offered to all genders?

Yes No

Please Explain:

***Race/Ethnicity Served:**

We highly encourage agencies to track who they are serving to better understand where there may be gaps in services. If you do not track race/ethnicity currently, please plan to do so in the future and explain how you plan to do so.

Caucasian (not Hispanic/Latinx):

African American:

Latinx/Hispanic Origin:

Asian:

Native American:

Multi-Racial:

Other Race:

Total served by race/ethnicity:

0	Calculate
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Geographic Area Served:

Please provide the number of unduplicated clients in each zip code. If geography is not tracked, put 0 in the box provided.

27201:

27215:

27217:

27253:

27258:

27244:

27302:

27340:

27349:

Rest of County:

Out of County:

Total of Geographic Area Served:

0	Calculate
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***Military or Veterans Served:**

Please provide the number of unduplicated clients that are veterans. If this is not tracked, put N/A in the box below.

*** People served with a Disability:**

Please provide the number of unduplicated clients that have a disability. If this is not tracked, put 0 in the box provided.

Is your facility ADA compliant?

Yes No

*** LGBTQIA Served:**

Please provide the number of unduplicated clients served that identify as LGBTQIA. If this is not tracked, put 0 in the box provided.

*** Poverty Level Served:**

Please discuss the poverty level(s) that your program serves.

References:

DHHS Poverty Guidelines

Program Details

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Program Details

***Program Goal**

Goals provide programmatic direction, such as an expected outcome that a program is designed to address, these are not measurable -- they set an ideal to work toward. What does your program intend to accomplish? How does your goal align with the United Way Approach?

Measured Outcome(s)

Provide the desired outcomes your program is attempting to achieve:

- They should be based on the goal above.
- The outcome(s) must be measurable, time-oriented, specific, and lead to accomplishing a stated goal(s).
- They should include directional terms (increase, decrease, improve, reduce, etc.), along with the percentage change that is projected to achieve the outcome.
- You must state at least one measurable outcome (can state multiple)
- They should relate back to the United Way Approach of eliminating disparities in the areas of education, health, and/or financial stability.

For Example: There will be a 20% reduction in tobacco use among teens at ABC Center by December 31, 2021 or By June 30, 2021, at least 50 of the 100 program participants will graduate as documented by school records.

***Collaboration**

In the recent year, how has your agency built new relationships to help you navigate through COVID-19? Please provide a list of contacts should we have any questions.

***Outreach**

What are you doing to reach vulnerable, underserved, or marginalized communities with your programs? What is your strategy or marketing techniques?

***Program Details**

Where and how is your program taking place? How have you become more flexible or innovative during this time?

***Capacitive Building**

Do you have plans within your organization to address inequities you are seeing in the communities you are serving? What additional resources might you need to reach these goals or plans? (i.e. interpretation services, volunteers, space, trainings, technology, etc.)

Financial Information

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Financial Information

***Most Recent Financial Statements**

Upload your most recent year-end financials for your organization (i.e. board approved statements, audit, etc.). Additional information may be requested after further review.

***Budget Narrative**

Provide a brief description of how the funds you are requesting will be used.

***Matching Funds**

Are these funds being used as matching funds for another grant your agency received? If so, what grant?

In-Kind Donations:

List all in-kind donations you may receive (i.e. volunteer time, items/supplies, office space, etc.) and a brief description.

*In-Kind donation type:

*In-kind donation description:

Delete

Multiple County Service Area

If your organization is a multi-county operation, what system is in place to guarantee that grant funds are monitored and expended only to provide services in Alamance County?

Admin Donations Repeater

Admin Users Repeater

*In-Kind donation type:

*In-kind donation description:

Grant Award Agreement