**UNITED WAY OF ALAMANCE COUNTY
2026 Community Investment Grant Template**

**Submission Deadline:** September 19, 2025 at 5pm

### **Questions**

For questions about this RFP or to schedule your consultation, please contact:

**Tara Nager, Community Partnerships Manager**tnager@uwalamance.org

336-525-5422

### **Organization Information:**

**Organization Legal Name:**

**Federal EIN Number:**

**Year Founded:**

**Street Address:**

**City/Town:**

**State:**

**Zip:**

**Mailing Address (if different from above):**

**Organization website:**

**Organization phone:**

**Organization mission statement (Max words: 50):**

**Primary Contact First Name:**

**Primary Contact Last Name:**

**Primary Contact Email:**

**Primary Contact Phone Number:**

### **Program Information:**

**Program Name:**

**Program Category (select one):**

* Eviction prevention and housing retention
* Emergency rental, mortgage, or utility assistance
* Housing navigation and case management
* Affordable housing and home ownership
* Financial education and coaching
* Adult education, job training, and career pathways

**Program Description (Max words: 100):**

*Briefly summarize in 2-3 sentences the purpose and 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.*

**Program Need (Max words: 500):**

*How does your program fulfill a service gap or unmet need in Alamance County? What local data supports this need? Please cite sources (i.e. US Census, NC Housing Coalition, United Way ALICE Reports, etc).*

**Which of the Following Populations Does Your Program *Primarily* Serve**

**(select all that apply):**

* ALICE
* Children & Youth
* Differently Abled
* Formerly Incarcerated
* Immigrants
* LGBTQIA+
* Military & Veterans
* Seniors
* Women

**Program Details (Max words: 800):**

*Describe your program's core components. What is the primary goal of this program? How do you reach vulnerable populations? How have you adapted this program over time? Share how you collaborate with other local agencies as related to the program.*

### **Impact Metrics:**

**Measured Outcomes (Max words: 500):**

*Please list at least one, and no more than three, measurable outcomes. What are the specific, measurable outcomes your program aims to achieve in alignment with the stated goal? For each outcome, please include directional language (e.g., increase, decrease, improve, reduce) and provide a percentage or numeric target. How will you track your outcomes? For Example: There will be a 5% reduction in evictions in Alamance County by December 31, 2026.*

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

*Indicate the unduplicated number of persons projected to be served using awarded funding during this grant cycle.*

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### **Financial Information:**

**Amount Requested from United Way:**

*Maximum Request: $15,000*

**Budget:**

*Please upload the program budget.*

**Budget Narrative (Max words: 100):**

*Provide a brief description of how the funds you are requesting will be used. Clearly indicate how each element aligns with your submitted budget.*

**Upload 990 Form:**

*Please upload your most current 990 Form.*

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

*Upload a copy of your current Solicitation License form NC Secretary of State. If you are exempt from holding a Solicitation License, please upload your exemption letter. Note: This is different from a 501c3 Designation from the IRS. Reference: NC Secretary of State.*