



Home



Manage Application Funds



Global Reports



Review Assignments

Organization Information***Save your work**

You have the option to save your work and submit the application at a later time. Be sure to click the "Save" button at the bottom of the section to save your work. There is a time-out feature for security purposes. If the page remains idle for 20 minutes, it will not save your work, and will require you to log back in.

Indicates required field*Organization Information**

* Organization Legal Name:

* Federal EIN Number:

* Year Founded:

* Street Address:

* City/Town:

* State:

Select



* Zip:

Mailing Address (if different from above) :

Organization Website:

*Organization Phone:

*Organization Mission Statement:

Contact Information

*Primary Contact First Name:

*Primary Contact Last Name:

*Primary Contact Email:

*Primary Contact Phone Number:

Program Information***Save your work as you go!!***

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Please complete the required fields. Please ensure that your contact information is correct. We will use this information to contact you, if needed. You may save and return to the application dashboard by clicking Save and Return to Application. You can return any time to complete the process Please note: not all questions are required. .

****Indicates required field***

Program Information

*** Program Name:**

What is the name of the program your organization is seeking grant funds for?

*** Program Category:**

Eviction Prevention and Housing Retention

*** Program Description:**

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:**

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 Serve?**

- | | | |
|--|---|--|
| <input type="checkbox"/> ALICE | <input type="checkbox"/> Children & Youth | <input type="checkbox"/> Differently Abled |
| <input type="checkbox"/> Formerly Incarcerated | <input type="checkbox"/> Immigrants | <input type="checkbox"/> LGBTQIA+ |
| <input type="checkbox"/> Military & Veterans | <input type="checkbox"/> Seniors | <input type="checkbox"/> Women |

***Program Details:**

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.

Program Details***Save your work as you go!***

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Impact Metrics

*** Measured Outcome(s):**

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.

Financial Information***Save your work as you go!!***

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****Indicates required field***

Financial Information*** Amount Requested from United Way:**

\$

Maximum Request: \$15,000

*** Budget:**

Please upload the program budget.

*** Budget Narrative:**

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

Electronic Signature

*** Signature:**

Enter your name as "**Tara Nager**" to Confirm your Electronic Signature.

Admin Donations Repeater

Admin Users Repeater

* In-Kind donation type:

* In-kind donation description:

Grant Award Agreement

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****Indicates required field***

Grant Agreement

* Primary Contact First Name:

* Primary Contact Last Name:

* Organization Legal Name:

Please review the attached partner agreement for 2026. By signing the 2026 Award Letter, you and your board are agreeing to the terms outlined in the partner agreement.

[_Partner Agreement 2026.docx](#)

* Please upload a signed copy of the 2026 Award Letter.

 Browse...

[_Partner Agreement 2026.pdf](#)

* Please upload completed Electronic Fund Transfer & Anti-Terrorism Compliance Form:

 Browse...

[ACH enrollment form.pdf](#)

* Please upload a copy of a Voided Check (or deposit slip):

 Browse...**Mid Year Report**

Save your work as you go!

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Please complete the required fields. You may save and return to the application dashboard by clicking Save and Return to Application. You can return any time to complete the process.

***Indicates required field**

Mid-Year Report

*** Program Name:**

What is the name of the program your organization is seeking grant funds for?

*** Mid-Year Program Update**

Provide a brief program update, include any significant changes related to the agency, service delivery, staffing, programming, or funding.

*** Mid-Year Unduplicated Individuals Served**

What is the total count for unduplicated individuals served so far?

*** Success Story**

Please provide a short success story or event that captures the results you are striving to achieve.

(This information might be used for fundraising and marketing, please be sure you have permission to share this information, consider changing any personal or identifying information).

*** Additional Financial Information**

☐ Yes ☐ No

Are revenues and expenditures on target with the budget?

*** Program Goal Update Mid-Year***** Measured Outcome(s):**

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.

*** Measured Outcome(s) Update Mid-Year**

Using clear figures explain the outcome results to date (during the first 6-months, January 1 - June 30, 2024):

*** Mid-Year Additional Explanation**

☐ Yes ☐ No

Is there anything else that would be beneficial to United Way that has not been shared already on this report?

*Please explain:

Year End Report

Save your work as you go!

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Please complete the required fields. You may save and return to the application dashboard by clicking Save and Return to Application. You can return any time to complete the process.

***Indicates required field**

Year End Report

*** Program Name:**

What is the name of the program your organization is seeking grant funds for?

*** Mid-Year Program Update**

Provide a brief program update, include any significant changes related to the agency, service delivery, staffing, programming, or funding.

*** Year – End Program Update**

Provide a brief program update, include any significant changes related to the agency, service delivery, staffing, programming, or funding.

*** Mid-Year Unduplicated Individuals Served**

What is the total count for unduplicated individuals served so far?

*** Year-End Unduplicated Individuals Served:**

*What is the total count for unduplicated individuals served so far?

*** Remaining Funds:**

Are there any remaining funds?

*** Success Story**

What does success look like in your program?
Provide a story or event that captures the results
you are striving to achieve.

(This information might be used for fundraising
and marketing, please be sure you have
permission to share this information, consider
changing any personal or identifying information).

*** Recent Financial Statements**

Upload the most recent financial statements
submitted to your board of directors.

*** Additional Financial Information**

☐ Yes ☐ No

Are revenues and expenditures on target with the
budget?

*Explain any challenges or changes?

*** Program Goal Update Mid-Year**

***Year – End 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? State the goal below.

For Example: To eliminate smoking among teenagers in Alamance County.

Year – End 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.

***Year – End Outcomes and Explanation**

Using clear figures explain the outcome results to date? (for the 2021 calendar year)

***Year-End Additional Explanation**

☐ Yes ☐ No

Is there anything else that would be beneficial to United Way that has not been shared already on this report?

* Please explain: