

I. GENERAL ORGANIZATION, PROGRAM/INITIATIVE AND CONTACT INFORMATION

Full Legal Organization Name	
Organization "Doing Business As" Name (and/or name of fiscal agent if applicable)	
Federal Employer ID/EIN	
Organization Website	
Organization Phone Number	
Organization Mailing Address	
Organization City, State and Zip	
Organization's Mission Statement	
Primary Contact First & Last Name	
Primary Contact Job Title	
Primary Contact Email Address	
Primary Phone Number	
Secondary Contact First & Last Name	
Secondary Contact Job Title	
Secondary Contact Email Address	
Secondary Phone Number	
Name of Program/Initiative	
Requested Amount (max. \$100,000)	

II. PROGRAM INFORMATION

Program/Initiative Description:

Please include the program/initiative to be delivered and documented need to be addressed.



Character limited: 3,000

Population to be Served:

Please include as many details as possible, including eligibility requirements, number of recipients, geography, age, and any other anticipated demographic information.



Character limited: 1,000

Connection to UWSC:

Please specify how the program/initiative will contribute to the UWSC Financial Empowerment Community Impact Goal: “Invest in tools to build long-term financial stability for 1,000 Story County households annually.”



Character limited: 3,000

III. DATA COLLECTION

What outcomes do you anticipate for this program and its participants?

Please address the following questions: How many will you serve? What will you do? Will anyone be better off because of this program? Describe the quality of this program's impact.



Character limited: 3,000

What will you evaluate the program/initiative and its participants?

Please describe the organization’s plan to measure outcomes, including tools and timing for data collection. If you already collect this or other data, please explain your past successes and how you will repeat or change your strategy for this program/initiative.

Character limited: 2,000

Is there a cost to participate in this program for participants?

Please explain if all participants pay the same amount or if you offer a form of sliding scale, discount, scholarship or other financial assistance. How is this determined?

Character limited: 1,000

Please attach the program/initiative budget with your completed application.

Please use the provided Budget Sheet. Expense Category titles may be changed to fit your specific needs.

Your application will not be considered if you do not include a budget.

IV. PUBLICITY, COMMUNICATION AND ACKNOWLEDGEMENTS

If your organization is awarded a grant, please select how you will publicize this support (please select all that apply):

- | | |
|--|---|
| <input type="checkbox"/> On letterhead | <input type="checkbox"/> News release |
| <input type="checkbox"/> Newsletters (digital/email or physical) | <input type="checkbox"/> Public service announcements |
| <input type="checkbox"/> Social media | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Brochures | |

As the applicant organization, we certify that, to the best of our knowledge that our organization:

- Is not currently disbarred, suspended, excluded or disqualified from receiving funding from any local, state, or federal government agency, department or program;
- Is not under active investigation, audit finding or formal corrective action by any government entity related to fiscal management, fraud, or misuse of funds; and
- No principal, officer, or key employee of the organization has been convicted of, or has a pending charge related to fraud, theft, embezzlement, or other financial crimes involving public or nonprofit funds.

By signing below, I certify that all information submitted in this application is true, complete, and accurate to the best of my knowledge.

Signature

Date

Print Name	
Title	