A blue and white logo with a person holding a hand

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# APPLICATION FOR COMMUNITY IMPACT GRANT

United Way of Story County (UWSC) grants shall be used to support projects/programs that help to fulfill our vision and mission. Priority will be given to those projects/programs that meet one or more of UWSC priority areas in health, education or financial stability.

In general, special grants shall not fund purchase of land or buildings (real property). For additional guidelines, please refer to the appendices and grant policy below. Please also visit [www.uwstory.org/faqs](http://www.uwstory.org/faqs) for answers to frequently asked questions and a list of recently funded grants.

**Section I – General Information**

### Agency       Date

Submitted By

Name       Title

Email Address       Phone

Mailing Address (Street, City, State, Zip)

Name of Program

Amount Requested $

Decision on Request Needed By

**Section II – Basic Program Information**

1. Describe program to be funded, including name, description and need being addressed:
2. Describe how the need for the project was determined. If applicable, please discuss how this project reaches underserved populations and/or fits into one or more of the [UWSC Community Impact 2025 Goal](http://www.uwstory.org/impact) areas (see appendix B):
3. List goals and outcomes for the program
   1. State the big-picture desired outcome(s). What would you consider “success”?

* 1. Identify outcomes you will track for UWSC. ***You must identify at least one of the 13 performance measures noted below but are encouraged to identify multiple.***

**Health Performance Measures:**

# of individuals who participated in healthy food access or nutrition programs

# of individuals who participated in mental health awareness programming *(including programming around domestic abuse, sexual abuse, substance use disorders)*

# of individuals provided with mental health services *(this includes a range of therapeutic services)*

# of surveyed individuals AND # of surveyed individuals who reported improved quality of life

**Education Performance Measures:**

# of children from underserved populations who were enrolled in high-quality early childhood education programs

# of youth from underserved populations who were provided with access to summer enrichment programs

# of families surveyed AND # of surveyed families who reported an increase in their parenting knowledge or skills

# of children who participated in early childhood and out-of-school programming who improved or maintained their reading level. Please specify which literacy assessment tool you use:

# of participants surveyed AND # of surveyed participants in community-based education programs who reported having a better understanding than before

**Financial Stability Performance Measures:**

# of individuals served through emergency food programs (pantries, shelter food programs, other)

# of households who received financial assistance (rent and/or utilities) to help with housing cost burdens and prevent homelessness

# of adults served (through childcare sliding fee scales and transitional living programs) who were able to remain in school or at their job during the program duration. Please specify the duration assessed:

# of surveyed individuals AND # of surveyed individuals who reported a general improvement in their financial situation due to your program.

**Other data points that you will report:**

Other: Please specify

Note: Additional UWSC performance measure options can be found on [UWSC’s full strategy map](file:///C:\Users\aprusa\OneDrive%20-%20United%20Way%20of%20Story%20County\Documents%20-%20United%20Way%20of%20Story%20County\Community%20Impact\Strategy%20Map\2023%20Version\2023%20Strategy%20Map%20-%20Finalized.docx) (live link or at [www.uwstory.org/toolkit-partner-agencies](http://www.uwstory.org/toolkit-partner-agencies) ).

1. List any collaborating partners:
2. If this request meets a need identified as a top priority in a recent needs assessment, please note the need and how the program addresses that need:
3. Note which UWSC grant category(ies) apply:

unanticipated need

emerging need

other distinct under-funded need

**Section III – Detailed Program Information**

1. Population to be served, including:

1. Number of constituents

2. Geographical location of constituents

3. Ages of constituents

4. Income level of constituents

5. Do any constituents have disabilities?

6. Race and/or ethnicity of constituents (targets are acceptable if not yet known)

7. Other pertinent details regarding population to be served

1. Eligibility requirements for participation in the program:
2. Timeline (attach timeline):

1. Is this a one-time or long-term program?

2. If long-term, what is the plan for sustainability?

1. Overall budget for program, including: (**attach a program/project budget**) include revenue sources, amounts and expenses. Note if revenue sources are committed or pending.

1. Fees for participants, if any (attach sliding fee scale if applicable)

2. Specific use of UWSC grant funds

3. Will any part of the budget qualify for matching funds? If so, please explain.

1. How will you publicly acknowledge the UWSC grant throughout the program?

**Section IV – Required Attachments (not applicable for partner agencies)**

1. IRS Determination Letter with applicable Internal Revenue Code (such as 501 (c) 3, 170 (c) (1), etc.)
2. Federal Employee Identification Number (EIN)
3. Board of Directors’ Roster
4. Brief Description of the Organization
5. Vision and Mission of the Organization

Please submit this form **electronically** to the President & CEO at [unitedway@uwstory.org](mailto:unitedway@uwstory.org). Contact the UWSC office at 515-268-5142 or [unitedway@uwstory.org](file:///\\server2\shared\All\Facts%20UWSC%20Articles,%20Bylaws,%20Policies,%20etc\Policies%20&%20Procedures\Current%20Policies%20&%20Procedures\unitedway@uwstory.org%20) with any questions.

Please limit your application to a maximum of five written pages and two supporting attachments. Documents that are specifically requested above do not count in the two attachments.

**\*\*If you are not a UWSC partner agency,** please include, in addition to this form, a description of the organization and the services provided in Story County.