**COMMUNITY IMPACT GRANT PROGRAM**



UNITED WAY OF NORTHERN SHENANDOAH VALLEY

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COMMUNITY IMPACT GRANT

APPLICATION- 2021/2022

Date: Click here to enter a date.

Name of Applying Agency: Click here to enter text.

Agency Mailing Address (where check will be sent): Click here to enter text.

Physical Address (if different from mailing): Click here to enter text.

Main Phone: Click here to enter text.

Fax: Click here to enter text.

Website: Click here to enter text.

FEIN #: Click here to enter text.

Application Contact Name: Click here to enter text.

Application Contact E-Mail Address: Click here to enter text.

Additional Organization Contacts, for future communications (please list names, roles, and e-mail addresses):

TOTAL GRANT REQUEST 2021: $ Click here to enter text.

Best dates, times and location between March 8 – April 9, 2021 for agency visits (in person if possible, please indicate if you prefer in person or via ZOOM)? Click here to enter text.

REVIEW CATEGORY (SELECT ONLY ONE):

[ ] Education (Investing in our children)

[ ] Income/Financial Stability (Creating Economic Opportunity for All)

[ ]  Health (Build Healthier Communities)

GRANT APPLICATION DEADLINE: February 20, 2021

**Eligible Activities for Funding**

Please indicate which of the following strategic priorities this program proposal (grant request) will address?

* Please select ONLY one Review Category (Health, Education, Income/Financial Stability).
* You can select multiple strategic priorities within that category.

**Investing in our children (Education):** Helping children and youth achieve their potential.

|  |  |
| --- | --- |
| **Goals** | **Strategic Priorities** |
| **Basic Needs:** Children have access to basic needs | [ ]  Provide basic needs support to children and families in crisis.[ ]  Help children who face neglect or abuse. [ ]  Promote positive parenting and healthy child development.  |
| **Early Learning:** Preschool aged children have access to affordable, high quality, early learning programs that prepare them for kindergarten. | [ ]  Provide tuition assistance for families unable to afford a quality preschool education. [ ]  Promote high quality learning programs that prepare children for kindergarten. |
| **Youth Support Programs:** Students have access to high quality, enriching out of school programs where students have support and encouragement from engaged parents, advocates and mentors. | [ ]  Increase the availability of quality before and after-school care for school-aged children and youth.[ ]  Ensure access to age-appropriate mentors and other academic supports. |

**Creating Economic Opportunity for All (Income/Financial Stability):** Helping families in our community become self-sufficient and move from financial instability to financial stability.

|  |  |
| --- | --- |
| **Goals** | **Strategic Priorities** |
| **Basic Needs:** Support our most vulnerable neighbors by providing them access to basic needs supports.  | [ ]  Expand availability and access to safe, adequate shelter for individuals and families struggling with homelessness. [ ]  Ensure availability and access to healthy food and essential personal care items. |
| **Housing:** Families have access to a continuum of housing solutions that provide safe, decent and affordable housing options. | [ ]  Ensure the availability of short-term emergency rent and utility assistance with a focus on prevention efforts. [ ]  Support programs that provide critical home repairs for qualifying homeowners. |
| **Employment:** Identify & remove the gaps and barriers that currently exist for individuals to enter the workforce and attain and retain family sustaining employment. | [ ]  Connect households with affordable transportation options.[ ]  Improve access to quality, affordable childcare (see education). [ ]  Improve literacy and job skills. |

**Build Healthier Communities (Health):** Helping individuals live quality lives & achieve maximum health and independence.

|  |  |
| --- | --- |
| **Goals** | **Strategic Priorities** |
| **Access to Care:** All households have easy to access and ample, affordable, high quality, preventative, immediate and follow-up health and dental care. | [ ]  Improve access to necessary health care services and those that reduce barriers to receiving and accessing health care services. [ ]  Increase access to affordable, high quality and regular dental care. |
| **Trauma Informed Care:** Households have access to the necessary supports to address the negative effects of Adverse Childhood Experiences (ACEs), violence and physical hazards; communities support people’s health, safety, and development. | [ ]  Support an equitable community-wide system of trauma-informed care, provides accessible evidence-based treatments from trained, knowledgeable, and culturally literate specialists in adequate supply.[ ]  Reduce intimate partner violence, domestic violence, and child abuse. |
| **Behavioral Health:** Households will demonstrate improved behavioral health by reporting better mental health and a reduction in substance abuse, and reduced stigma that is a barrier to care. | [ ]  Ensure a continuum of services exists to meet behavioral health needs.[ ]  Provide immediate and adequate access to substance abuse services for those who are in crisis.[ ]  Expand community awareness and reduce stigma associated with having mental health and substance use disorders. |

**PART I- AGENCY/PROGRAM OVERVIEW -** *Refer to the Grant Process Guidebook for more details on what to include in this section.*

1. What is your agency’s mission?

 Click here to enter text.

1. What is your program proposal (Grant Request)?

**Click here to enter text.**

1. Please provide a Statement of Need.

**Click here to enter text.**

1. Please explain how you will execute your program.

Click here to enter text.

1. Explain how your organization proposes to meet local priority needs (please refer to our 2020-2023 Needs Assessment and 2020 ALICE Report)?

Click here to enter text.

1. How will your organization make a difference in the lives of the people you serve?

Click here to enter text.

1. What other groups or organizations will you partner with to meet your objectives?

Click here to enter text.

1. If we are unable to grant your full grant request, please prioritize your program efforts.

Click here to enter text.

Part II – OUTCOME MEASUREMENT

1. How will your organization measure the results and benefits of your effort?

**Click here to enter text.**

1. Outcome Objectives (complete a minimum of 2 and a maximum of 4):
	1. Outcome: Click here to enter text.

Measurement: Click here to enter text.

* 1. Outcome: Click here to enter text.

Measurement: Click here to enter text.

* 1. Outcome: Click here to enter text.

Measurement: Click here to enter text.

* 1. Outcome: Click here to enter text.

Measurement: Click here to enter text.

**PART III – FUND REQUEST SUMMARY- PROGRAM BUDGET**

1. Provide a Program Budget for funding to those program areas for **which you are requesting funds.**

[ ]  Attached

1. State your future plans for the project after this grant program ends.

 Click here to enter text.

1. Estimated number of people to be served: Click here to enter text.

PART IV- CLIENT SERVICE

1. ALL Clients and ALL Programs of Agency - Geographical distribution (Number served/percent of total)

City of Winchester: Click here to enter text., Click here to enter text.%

Clarke County: Click here to enter text., Click here to enter text.%

Frederick County: Click here to enter text., Click here to enter text.%

Shenandoah County: Click here to enter text., Click here to enter text.%

Page County: Click here to enter text., Click here to enter text.%

Other: Click here to enter text., Click here to enter text.%

1. INCOME REQUIREMENTS (Number served/percent of total):

Below Federal Poverty Level (FPL): Click here to enter text., Click here to enter text.%

100%-150% of FPL: Click here to enter text., Click here to enter text.%

150%-200% FPL: Click here to enter text., Click here to enter text.%

200%+ FPL: Click here to enter text., Click here to enter text.%

1. GRANT APPLICATION PROGRAM – Anticipated geographical distribution (Number served/percent of total)

City of Winchester: Click here to enter text., Click here to enter text.%

Clarke County: Click here to enter text., Click here to enter text.%

Frederick County: Click here to enter text., Click here to enter text.%

Shenandoah County: Click here to enter text., Click here to enter text.%

Page County: Click here to enter text., Click here to enter text.%

Other: Click here to enter text., Click here to enter text.%

PART V- RESOURCES

1. TOTAL Current Resources: $ Click here to enter text.
2. Gross Receipts (as defined by the IRS**):** $ Click here to enter text.
3. Funding Sources (Report by dollar and percent of total):

Government (Including PPP and CARES):

$Click here to enter text., Click here to enter text.%

Fund Raising: $Click here to enter text., Click here to enter text.%

Fees/Dues/Sales: $Click here to enter text., Click here to enter text.%

United Way NSV (including COVID-19) Relief Fund:

$Click here to enter text., Click here to enter text.%

Other United Ways: $Click here to enter text., Click here to enter text.%

Other (Explain): $Click here to enter text., Click here to enter text.%

Explanation: Click here to enter text.

1. What is your organization’s overhead:Click here to enter text.
2. Are you requesting more than 10% of your Total Current Resources (above)?

 [ ]  Y/[ ]  N

1. Are you requesting more than $50,000?

 [ ]  Y/[ ]  N

1. If you answered “Yes” to #5 or #6, please provide an explanation:

Click here to enter text.

PART VI - ACCOUNTABILITY

Please complete the following checklist. Submit copies of all required documentation.

1. IRS 501(c) 3 letter. [ ]  Included
2. Current IRS Form 990. [ ]  Included
3. Current Annual Report (including list of Board Members).

 [ ]  Included

1. Verification-legally incorporated and registered in Virginia.

 [ ]  Included

1. Copy of most current Certified Audit, Financial Review, or Compilation (use chart on page 2) to determine what is needed based on organization size and award size requested. [ ]  Included
2. Copy of most current financial report (statement of activities/operating budget).

 [ ]  Included

1. Verification-agency has local presence in the UW catchment area.

[ ]  Included

1. 25-word description of the organization and the health and human care services offered. [ ]  Included
2. Completed Patriot Act Memo. [ ]  Included

**PART VII – SUCCESS STORIES**

Please share some brief success stories, of how your agencies program is making a difference in the Northern Shenandoah Valley. (Please be aware these stories may be shared in United Way marketing materials.)

Click here to enter text.

Please share examples of what will be provided with a donation of the following amounts:

 $1 per week ($52): Click here to enter text.

 $5 per week ($260): Click here to enter text.

 $10 per week ($520): Click here to enter text.

**PART VIII- CERTIFICATION**

“I hereby certify on behalf of Click here to enter text. [name of applicant agency] that the agency understands and agrees to abide by all UWNSV conditions and will use Impact funds, if granted, in compliance with stated objectives and reporting requirements.

**How have you or would you like to partner with United Way NSV?**

[ ] We have participated in a United Way Employee Campaign.

[ ] We haven’t participated in a United Way campaign, but would like to.

[ ] We include United Way NSV in promotion material directly related to the funding request.

[ ] We include United Way NSV in other marketing materials such as organization website, email marketing, newsletters, annual reports, social media, etc.

[ ] We participate in United Way NSV marketing campaigns (radio show, UW Campaign Video, etc.)

[ ] We participate as agency speakers for United Way Employee Campaigns

[ ] We have “liked” United Way NSV on social media.

[ ] We share posts and tag United Way NSV in social media posts that our agency posts.

[ ] We attend quarterly meetings on a consistent basis.

[ ] We are on the Unite Us platform.

[ ] We are not on Unite Us but are interested in the onboarding process.

[ ] We regularly partner with Valley Assistance Network.

[ ] Other: Click here to enter text.

Print Name: Click here to enter text.

Signature:

Title: Click here to enter text. Date: Click here to enter a date.

\*\*\*Please note we WILL NOT ACCEPT a paper application – you must submit your application on the website\*\*\*