**United Way of Haywood County, Inc.**

**Grant Application**

**2020-2021**

Agency­­­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chief Staff Person\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name Title Signature

Chief Volunteer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name Title Signature

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount Requested \_\_\_\_\_\_\_\_\_\_\_

Brief summary of request:

**Review the checklist below to be sure your application request is complete.**

**Applications without all attachments will not be considered.**

\_\_\_\_\_ Five (5) copies of this completed application

\_\_\_\_\_ Five (5) copies of operating budget

\_\_\_\_\_ Five (5) copies of Board of Directors List

\_\_\_\_\_ One (1) copy of Solicitation License or exemption letter

\_\_\_\_\_ One (1) copy of tax-exempt certification

\_\_\_\_\_ One (1) copy of Audit (if total income is greater than $500,000 **OR**

(1) copy of Financial Review (if total income is less than $500,000)

**United Way of Haywood County, Inc.**

**PO Box 1139**

**1233 N. Main Street**

**Waynesville, NC 28786**

**Grant deadline: Friday, March 27, 2020, 4:00 p.m.**

**Section #1**

All grant applications must respond to and address the following questions (3 pages or less):

1. Describe the program and request. How does the program fit in the Health, Education and Income Stabilization mission of United Way?
2. How many unduplicated individuals did you serve in the last funding cycle? How many do you plan to serve in 2020-21? To what do you attribute any changes?
3. What is the cost/client ratio?
4. What are the projected program outcomes?
5. What criteria will you use to evaluate the success in achieving the above outcomes?
6. Address staffing or volunteer structure. How does the agency collaborate with other agencies?

**Section #2**

1. What are the prospects for continued or long term funding support?
2. What is the plan for modifying, evaluating and adjusting the program if full funding is not granted?

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| --- | --- | --- | --- |
| **AGENCY:**  |  | **PROGRAM:**  |  |
|  | Line Item Description | 1 | 2 | 3 |   | 4 |
|   | **PROGRAM** |  | **AGENCY** |
| Prior Year Actual | Current Year Approved | Proposed Year Budget |   | Proposed Year Budget |
|   |   |   |   |   |
| **#** | **REVENUES** | m/y - m/y | m/y - m/y | m/y - m/y |   | m/y - m/y |
| 100 | Contributions |   |   |   |   |   |
| 125 | Foundation Support  |   |   |   |   |   |
| 200 | Funding From Other United Ways |   |   |   |   |   |
| 250 | Total Grant From This United Way |   |   |   |   |   |
| 300 | Program Service Fees |   |   |   |   |   |
| 400 | Federal & State Government Funding |   |   |   |   |   |
| 450 | County Funding |   |   |   |   |   |   |
| 475 | Municipal Funding |   |   |   |   |   |   |
| 500 | Other Revenue |   |   |   |   |   |   |
|  |  |  |  |  |  |  |
| **A** | **TOTAL REVENUES** |  |  |  |   |  |
|  |  |   |
| **#** | **EXPENDITURES** | 1 | 2 | 3 |   | 4 |
| 600 | Salaries & Related Expenses |   |   |   |   |   |
| 700 | Professional Fees & Contract Fees |   |   |   |   |   |
| 800 | Supplies & Printing |   |   |   |   |   |
| 900 | Occupancy & Related Costs |   |   |   |   |   |
| 1000 | Travel & Transportation |   |   |   |   |   |
| 1100 | Specific Assistance To Individuals |   |   |   |   |   |
| 1200 | Local & National Organization Dues |   |   |   |   |   |
| 1300 | Equipment Purchases |   |   |   |   |   |
| 1400 | Miscellaneous Expenditures |   |   |   |   |   |
|  |  |  |  |  |  |  |
| **B** | **TOTAL EXPENDITURES** |  |  |  |   |  |
|   |
| **MAJOR DIFFERENCES IN REVENUES AND EXPENDITURES (10% or $10,000)** |
| Describe all differences between current year and proposed year that are 10% or $10,000 change (whichever is greater).  |
| LineItem # | Increase/Decrease | Explanation |
| Amount | % |
| **Revenues** |  |   |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |
| **Expenditures** |  |   |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |