United Way of Rutland County

2023 Community Impact Grants
FULL GRANT APPLICATION

United Way of Rutland County

67 Merchants Row, Rutland, VT 05701

Main: (802) 773-7477

Fax: (802) 770-5133

www.uwrutlandcounty.org

Questions?

Contact info@uwrutlandcounty.org

Or call (802)773-7477

For the most up-to-date application materials, including the 2023 Community Impact Grants Handbook, visit our website at

https://www.uwrutlandcounty.org/grants/

In the handbook you will find an overview of the United Way of Rutland County Mission and Purpose; a description of the three Priority Areas: Health, Education, and Financial Stability; General instructions for completing the application and the evaluation process; and reference materials.

Proposal Submission Checklist

Submitted proposals may pertain to an entire program, or a specific project within that program. For this application the term 'Program' is used, but should be considered interchangeable with 'Project.' Please tailor your answers to the specific work your proposal intends to do.

Before submitting a proposal for United Way of Rutland County's (UWRC) Community Impact Grants, please be certain the following application materials are complete:

- ❑ **UWRC Proposal Cover Sheet** *Form below*
- ❑ **Program Narrative** Please no more than 250 words per question, or 2500 words total. *Questions are part of this packet (below)*
- ❑ **Program Timeline** *Form below*
- ❑ **Program Evaluation** *Form below*
- ❑ **Program Measurement Tool** Please provide a copy or description of the tool you will use to measure outcomes and outputs.
- ❑ **Program Budget Narrative** *Form below*
- ❑ **Organizational Annual Budget**
- ❑ **Last Fiscal Year Organizational Budget to Actual and Balance Sheet**
- ❑ **Proof of Nonprofit Status**
- ❑ *Optional* **Letter(s) of Support** *Form below*
- ❑ *Optional* **Supporting Materials** Any additional information describing the program you would like to include. E.g. marketing materials, informational handouts, data supporting the need for the program, etc.

Submitting the Proposal:

Please submit all application documents/materials in **one correspondence.** Materials submitted separately may not be properly attached to your application for reviewers. This means attaching all materials to one email, sending a link to one dropbox/google drive location, or mailing all materials in one envelope.

APPLICATION DEADLINE: 5pm, May31, 2023

This Application is also available as a Google Form at:

https://forms.gle/2LFMrCCatnbK3R3o7

We recommend reviewing the full application below and collecting the information needed prior to beginning the Google form. You must fill and submit the entire Google form in one session (you cannot save a partially completed form to finish at a later time).

The Google form allows you to upload spreadsheets, documents, or other files as a simple option for completion. Please utilize this option if it is convenient to you, and if you have any questions don't hesitate to reach out**!**

United Way

Way

UWRC Program Cover Sheet

Program Information

Name of the Program *(or Project)*:

Grant type	**X Full (> $3000)**	€ Mini (< $3000)
Name of the Organization		
Fiscal Agent *(if applicable)*		
Program contact person & title/role		
Phone Number		
Email	-	
Organization Mailing Address		

Program Details

Brief Description of the program
Overview of the program activities and intended outcomes (100 words or less):

Total Program Cost	Amount of Funding by UWRC

United Way fights for the health, education, and financial stability of every person in every community.

Total	$	Total **NOT TO EXCEED** **$10,000.00**	$

Program Narrative

Additional Information

Priority Area *(Check all that apply)*		
€ **Health**	€ **Education**	€ **Financial Stability**

Problem/Condition Program Addresses	
Program Partner(s) *(if applicable)*	

Purpose of the Funding

Brief description of how the funds will be used (100 words or less):

Diversity, Equity, and Inclusion

Describe how your proposed program considers barriers to access or success due to race, gender, religion, sexual orientation, ethnicity, nationality, socioeconomic status, housing status, language, (dis)ability, age, size, religious commitment, or political perspective (100 words or less):

Goals and Outcomes

Discuss how your proposed goals and outcomes take into account Diversity, Equity, and Inclusion principles (100 words or less):

Questions

Please no more than 250 words per question, or 2500 words total.

1. Agency Mission

Please describe your Agency Mission and add a brief overview of its current work.

2. Brief Overview of Proposed Community Impact Program

Please provide a brief overview explaining how this proposed program fits within your mission. Remember to state specific program details within this section.

3. Target Population

Please describe your overall Target Population. (e.g., age, gender, ethnicity, socio-economic status, religion, location, specific needs, etc.)

4. Program Activities

Please describe your intended program activities (e.g., the services to be provided, interventions to be put in place, facilities and/or resources made available, etc.).

5. Intended Program Outcomes

Please describe your intended program outcomes (e.g., measurable, documentable changes to how people live and behave, and/or to systems that impact this).

6. Evidence of Need

Please describe the evidence that supports the need of the existence of this program. Remember to cite your sources, summarize evidence of need, and reference any documents attached to this application.

7. No Duplication

Please provide an overview of other similar programs within Rutland County, if they exist, and demonstrate how this program will differ.

8. Program Output Measurements

For each question below, describe the data you will collect, the methodology, and measurement tools to be used in collection.

How much will we do? (number of clients, number of hours, resources provided, etc.)	
How well will we do it? (evaluation of your program relative to proposed outcomes)	
Who will be better off? (demographics on the population served and other beneficiaries)	
How much will they be better off? (measurement of the impact to individuals and the community to quantify the positive outcomes of this program)	

9. Connectivity to the Community / Collaboration

Please give details of relationships, partnerships and/or collaboration with other agencies relevant to this program.

If you have a direct partnership for this program with another agency, please include a Letter of Support from that agency in your application packet.

10. Sustainability and Continuity

How does your organization seek to diversify its funding streams in the future?

Please touch on a few goals (at least two) that support the sustainability of your program. (Example: Fundraisers/Annual Appeal, Other Grants, etc.)

GOOGLE FORM: OPTION FOR FILE UPLOAD

If it is convenient to you, you can upload a document or other file(s) with answers to questions 1-10 in the Google Form.

United Way fights for the health, education, and financial stability of every person in every community.

Program Timeline

The program timeline must be completed with your original grant proposal. This section gives the readers of your application a very basic outline of the different tasks you plan to achieve throughout the lifetime of this grant. This gives reviewers a general set of activities for your program, helping them to better understand your proposal overall.

Please be as specific as possible when stating your tasks, and brief in your "Activity" description.

Please describe the activities required for the implementation of your proposed program for the entirety of your grant year (July1, 2023 – June 30, 2024)

TASK	ACTIVITY	TARGET DATE	PERSON RESPONSIBLE, JOB TITLE
Example: *Audience outreach*	*- Develop a flyer, webpage, or other informational material* *- Coordinate with communication and referral partners* *- Begin marketing our new program on social media*	*10/1/2023*	*Program Manager*

GOOGLE FORM: OPTION FOR FILE UPLOAD

United Way fights for the health, education, and financial stability of every person in every community.

Program Evaluation

All anticipated outcomes should be clearly expressed in measurable terms. Please re-state your proposed outcomes from Question 5, and describe how the stated outputs from Question 8 relate to those outcomes.

If appropriate, include with your application a copy of any measurement tools to be used (ie participant surveys or assessments).

Please state all of your outcomes with measurable tools that will relate directly with the overall success of your program.

OUTCOME	MEASUREMENT TOOL	TARGET DATE	PERSON RESPONSIBLE, JOB TITLE
Example: *Improved participation rate*	*- tracking spreadsheet for monthly participation numbers throughout grant year, showing demographics and town of residence*	*8/31/2023*	*Program Manager*

GOOGLE FORM: OPTION FOR FILE UPLOAD

United Way fights for the health, education, and financial stability of every person in every community.

Budget Narrative

See spreadsheet

Signatures

I/we, the undersigned, agree that the information provided in this Application Proposal is an honest and accurate representation of the proposed Community Impact Program.

Name of Person Completing Application	Signature	Date

I/we, the undersigned, agree that the information provided in this Application Proposal is an honest and accurate representation of the proposed Community Impact Program, and that by signing on behalf of _____ (name of agency) for which I/we am/are an authorized representative, said agency accepts all terms and conditions relevant to this program.

Name of Organization Program Manager	Signature	Date

Name of Organization Executive Director	Signature	Date

Letter of Support

Program Information

Name of the Program *(or Project)*:

Contact Information

Supporter Name	
Title/Role	
Organization	
Phone Number	
Email	-
Organization Mailing Address	

Briefly describe your primary level of support within this program partnership.
Please include services, space, equipment, materials, staff time, or other resources that your organization will be committing to the program.

This form should only be filled out by the primary program partner/supporter indicated above, not by the community impact grant applicant.

United Way fights for the health, education, and financial stability of every person in every community.