

**United Way  
of Rutland County**



# **2024 Community Impact Grants**

## **MINI GRANT APPLICATION**

**United Way of Rutland County - Serving Bennington  
County 67 Merchants Row, Rutland, VT 05701**

**Main: (802) 773-7477**

**Fax: (802) 770-5133**

**[www.uwrutlandcounty.org](http://www.uwrutlandcounty.org)**

**Questions?**

**Contact [info@uwrutlandcounty.org](mailto:info@uwrutlandcounty.org)**

**Or call (802)773-7477**



For the most up-to-date application materials, including the new 2024 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 *Questions are part of this packet (below)*
- Program Measurement Tool** Please provide a copy or description of the tool you will use to measure outcomes and outputs.
- Program Budget Narrative** *Please use the form provided in the application packet*
- 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. You may also submit your application online through this Google Form

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

*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).*

**APPLICATION DEADLINE: 5pm, June 7<sup>th</sup>, 2024**

**SUBMIT to [isabella@uwrutlandcounty.org](mailto:isabella@uwrutlandcounty.org)**

**This Application is also available as a Google Form at:**

**[https://docs.google.com/forms/d/e/1FAIpQLSfNP6dGfsgXudMFtWJe03EwmPE1bNbkLMdb4VBce5i6No4JSg/viewform?usp=sf\\_link](https://docs.google.com/forms/d/e/1FAIpQLSfNP6dGfsgXudMFtWJe03EwmPE1bNbkLMdb4VBce5i6No4JSg/viewform?usp=sf_link)**

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!



## UWRC Program Cover Sheet

Program Information		
<b>Name of the Program (or Project):</b>		
Grant type	€ Full (> \$3000)	<b>X</b> Mini (< \$3000)
Name of the Organization		
Fiscal Agent ( <i>if applicable</i> )		
Program contact person & title/role		
Phone Number		
Email		
Organization Mailing Address		

Program Details
Brief Description of the program <i>Overview of the program activities and intended outcomes (100 words or less):</i>

Total Program Cost		Amount of Funding by UWRC	
Total	\$	Total	\$

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

United Way  
of Rutland County



[www.uwrutlandcounty.org](http://www.uwrutlandcounty.org)

## Program Narrative

Additional Information		
<b>Priority Area (Check all that apply)</b>		
<b>€ Health</b>	<b>€ Education</b>	<b>€ Financial Stability</b>
Problem/Condition Program Addresses		
Program Partner(s) (if applicable)		
<b>Purpose of the Funding</b>		
Brief description of how the funds will be used (100 words or less):		
<b>Justice, Diversity, Equity, and Inclusion</b>		
Describe how your proposed program considers barriers to access or success due to race, gender, religion, sexual orientation, ethnicity, nationality, socioeconomic status, language, (dis)ability, age, size, religious commitment, or political perspective (100 words or less):		
<b>Goals and Outcomes</b>		
Discuss how your proposed goals and outcomes are informed by Justice, Diversity, Equity, and Inclusion principles (100 words or less):		

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

**United Way  
of Rutland County**

[www.uwrutlandcounty.org](http://www.uwrutlandcounty.org)



Questions

**Please no more than 250 words per question.**

**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. Describe target population, numbers served, and how the program will change lives.

**3. 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.).

**4. Evidence of Need & No Duplication**

Please provide an overview of other similar programs within Rutland County, if they exist, and demonstrate how this program will differ. Explain how you collaborate with other agencies, and how the community will be better off for having the program.

**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). Describe the data you will collect, the methodology, and measurement tools to be used in collection.

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.

United Way  
of Rutland County

[www.uwrutlandcounty.org](http://www.uwrutlandcounty.org)



## 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

--	--	--

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

United Way  
of Rutland County

[www.uwrutlandcounty.org](http://www.uwrutlandcounty.org)



## Letter of Support

Program Information	
<b>Name of the Proposed Program (or Project):</b>	
Contact Information	
Supporter Name	
Title/Role	
Organization	
Phone Number	
Email	
Organization Mailing Address	
<p><b>Briefly describe your primary level of support within this program partnership.</b> Please include services, space, equipment, materials, staff time, or other resources that your organization will be committing to the program.</p>	



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