Grant Application Preview

<< Return to Main Menu

Community Impact Grant Request

REQUESTING ORGANIZATION

Organization Name*

Tax Classification*
Select Classification

Address 1*
Street address or PO Box, etc.

Address 2
Apt., suite, unit, floor, etc.

City*

State*
Select State

Zip Code*

Phone*

Email*

Year Incorporated*

Tax Identification Number (EIN)*

Purpose of Organization (250 Characters Max)*

Characters: 0 (250 Remaining)

FUNDS BEING REQUESTED ARE FOR:

- [ ] Education
- [ ] Financial Stability
- [ ] Health

GEOGRAPHICAL AREA(S) SERVED:

- [ ] Clay County
- [ ] Marshall County
- [ ] Pottawatomie County
- [ ] Riley County
- [ ] Wabaunsee County
- [ ] Washington County

POPULATION SEGMENT(S) SERVED:

- [ ] Enrolled in post secondary education
- [ ] Active Military
- [ ] Military Veterans

AGE GROUP(S) SERVED:

- [ ] Birth to 5 years
- [ ] 6 years to 17 years
- [ ] 18 years to 54 years
- [ ] Over 55 Years
- [ ] Unknown Age Range

LEAD STAFF MEMBER FOR ORGANIZATION

Name*

Title*

Phone*

Extension

Email*

CONTACT PERSON / GRANT WRITER

Name*

Title*

Phone*

Extension

Email*

FISCAL SPONSOR (FISCAL AGENT) IF ORGANIZATION IS NOT A 501(C)(3)

Organization Name

Contact Person

Address 1

Street address or PO Box, etc.

Address 2

Apt., suite, unit, floor, etc.

City

State

Select State

Zip Code

Phone

Extension

Email

Tax Identification Number (EIN)

PROPOSED PROJECT

Project Title*

Timeline for Project*

Total Cost of Project*

Amount Requested*

Brief Project Description (350 Characters Max)*

Characters: 0 (350 Remaining)

PROJECT EXPENSES

Identify other funding resources and partnerships with other organizations for this project.

List other grant requests (committed or pending) for this project.

ADDITIONAL QUESTIONS

1. What services does the PROGRAM offer? (150 Words Max) *

Words: 0 (150 Remaining)

2. How is the PROGRAM consistent with the designated United Way priority areas? (150 Words Max) *

Words: 0 (150 Remaining)

3. Why is the PROGRAM needed in the Konza United Way service area? Provide existing agency data, waiting list, US Census records or other dependable research to substantiate your claim. (300 Words Max) *

Words: 0 (300 Remaining)

4. How is the need for these services currently being address by other organizations/agencies? (150 Words Max) *

Words: 0 (150 Remaining)

5. Who is the primary targeted population for this PROGRAM? Please specify demographic or identity-based characteristics (e.g., low-income families; mothers and children from historically disadvantaged groups; small business owners of color; LGBTQ youth). (150 Words Max) *

Words: 0 (150 Remaining)

6. What measures, if any, are you using to highlight diversity within your organization or client base? (150 Words Max) *

Words: 0 (150 Remaining)

7. How is your organization reducing racial disparity and increasing inclusion? (150 Words Max) *

Words: 0 (150 Remaining)

8. Who serves as a referral source for the PROGRAM? (50 Words Max) *

Words: 0 (50 Remaining)

9. Demonstrate PROGRAM ACCESSIBILITY by highlighting program fees. Is participation in the program free of charge? If so, what percentage of the clients participate in the program free of charge? If a fee is charged, are the charges based on a sliding scale? Please explain criteria. (250 Words Max) *

Words: 0 (250 Remaining)

10. How will the progress and success of the PROGRAM be measured? Please review "Impact Area Matrix" and provide all measures you are currently tracking. (250 Words Max) *

Words: 0 (250 Remaining)

11. How is this PROGRAM supporting efforts for sustainable change (breaking negative cycles) in the clients lives or meeting an immediate need? Please explain. (150 Words Max) *

Words: 0 (150 Remaining)

12. How will Konza United Way funding be used specifically for this PROGRAM? What percentage of total funding will Konza United Way funding provide? (250 Words Max) *

Words: 0 (250 Remaining)

13. If funding is not granted for the PROGRAM at the requested level, how will the PROGRAM be affected in terms of the targeted outcomes? (100 Words Max) *

Words: 0 (100 Remaining)

14. What amount does your agency currently have in reserve? What is the agency's policy for holding and using reserve funds? (100 Words Max) *

Words: 0 (100 Remaining)

15. Imagine you are visiting with a benefactor. Describe how $100 cash donation can be used to assist this PROGRAM? (impact messaging) (100 Words Max) *

Words: 0 (100 Remaining)

16. Give one descriptive example of how the PROGRAM has/will help a Konza United Way service area residents. The success story may be used in marketing tools to demonstrate how donations to Konza United Way make a positive impact on community needs. Change all names used in the agency story to protect client identities. (200 Words Max) *

Words: 0 (200 Remaining)

17. Is the local agency supported by a state or national organization? If so, please share the name of lead organization and provide support for required dues or fees/expenses for inclusion. (100 Words Max) *

Words: 0 (100 Remaining)

CERTIFICATION

If your application is not selected for funding through our competitive grants process, may we share your application with other potential funding sources?

○ YES ○ NO

By signing below, I certify that all information is true and correct to the best of my knowledge.

Authorized Signature † *

Title*

Organization*

† Authorized signature must be person with authority to sign on behalf of the governing body of the organization.

Return to Grant Programs