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## 2021 UWNNY GRANT APPLICATION

(For 2022 Calendar Year Funding)

### AGENCY INFORMATION

- Agency Legal Name
- Employer Identification Number (EIN)
- Attach IRS 501(c)(3) Designation Letter
- Name of Executive Director / Chief Executive Officer
- ED/CEO Email Address
- Application Point of Contact if Other than ED/CEO
- Contact Person Email Address
- Street Mailing Address
- City
- State
- Zip Code
- Phone Number
- Website
- Mission Statement (500 Char)
- Attach: List of Board of Directors, Position on Board and Corporate Affiliation (Template Provided in Grant Portal)
- If You Are a Present Recipient of UWNNY Funding, Please Attach Your Mid-Year Report (Template Provided in Grant Portal)
- Attach: Cover Letter

### FUNDING REQUEST

- Program or Project Name (100 Char)
- Amount Requested (No Commas)
- Brief Program Summary (250 Char)
- List All Other Revenue Sources for Proposed Program/Project. For Grants, Please Include Status (Denied, Pending or Awarded) and Dollar Amount (Template Provided in Grant Portal)  
*[Example: US Department of Agriculture Rural Food Grant – Pending - \$10,000; Northern New York Community Foundation – Awarded - \$5,000]*

### ORGANIZATIONAL DETAILS

- Attach: Current Organizational Fiscal Year Budget (Must Use UWNNY Budget Form)
- What Percentage is Grant Request of Total Organizational Budget? (4 Char)

- What Specific Efforts Has Your Organization Made in the Past 12 Months to Improve Performance to Increase Organizational Effectiveness and Financial Efficiency? (750 Char)
- Number of Paid Full Time Employees (4 Char)
- Number of Paid Part Time Employees (4 Char)
- Number of Annual, Unduplicated Volunteers (4 Char)

**PROGRAM DETAILS**

- Articulate Your Outcome Statement for the Project/Program (250 Char)  
*Outcomes - are specific, measurable statements that let you know when you have reached your goals. Outcome statements describe specific changes you expect to occur as a result of your actions.*  
*[Example: By the end of the grant period, we will service fifty more rural residents each week with access to applications for government services, social work and food]*
- Describe the Program in Detail, to Include Community Need, Number of Unique Persons Served, Geographic Area Served, Program Operations to Address the Need (1,000 Char).
- Identify the Demographics of the People Served in this Program

Age		Ethnicity
<input type="checkbox"/>	Child (0-12)	<input type="checkbox"/> Caucasian
<input type="checkbox"/>	Teen (13-17)	<input type="checkbox"/> Black
<input type="checkbox"/>	Young Adult (18-29)	<input type="checkbox"/> Hispanic
<input type="checkbox"/>	Adult (30-62)	<input type="checkbox"/> Asian
<input type="checkbox"/>	Senior (63+)	<input type="checkbox"/> Pacific Islander
		<input type="checkbox"/> Native American
		<input type="checkbox"/> Other
Demographic Subgroups		
<input type="checkbox"/>	Veteran	
<input type="checkbox"/>	Disabled Veteran	
<input type="checkbox"/>	Disabled	
<input type="checkbox"/>	LGBTQ+	

- Activity Metric(s)  
 List and describe up to 3 Activity Metrics (750 Char)  
*These are the measures that help you know if you are doing the things you planned to do, if you're doing them well, and if you're completing them within the proposed timeframe.*  
*[Example: Number of Clients Seen by Social Worker; Number of Participants in Financial Management Workshops; and Number of Clients Referred to Partner Agencies]*
- Outcome Metric(s)/Goal(s)  
 List and describe up to 3 Outcome Metrics/Goals (750 Char)

*Outcome metrics include all measures that reflect organizational performance and impact.*

*[Examples: Meals Served: 5,228; Number of Clients Receiving Financial Assistance: 402; 95% of Purchased Food is within USDA "MyPlate" Standards; Repair 20 Vehicles to Assist Consumer in Maintaining Employment]*

- How will your agency use UWNNY funds? (750 Char)
- If this is an ongoing program, use the first day of the calendar year and the last day of the calendar year as your start and end dates.
  - Program Start Date (Format: MM/DD/YYYY)
  - Program End Date (Format: MM/DD/YYYY)
- Attach: Program Budget (Must Use UWNNY Budget Form)  
*[Note: If Your Organization Has One Program (i.e., a Small Food Pantry) and Your Program Budget is the Same as Your Organization Budget, Skip This Step]*
- What Are Your Plans for Sustaining the Program in the Future? (500 Char)  
*List Other Current and Future Revenue Sources that You Will Use to Sustain This Program*

**OTHER INFORMATION AND DOCUMENTS (FOR ORGANIZATIONS REQUESTING MORE THAN \$5,000)**

- List Other Organizations in Your Operations Area That Provide Similar Programs and Services. Detail How You are Different (750 Char)
- Describe Other Organizations that You Collaborate and Define the Processes Used to Ensure a High Probability of Success (750 Char)
- Attach 3 Letters of Support from Organizations that Your Agency Collaborates
- Describe Innovative and Entrepreneurial Efforts to Better Address Community Challenges (750 Char)
- Attach: Most Recent Certified Audit
- Attach: Most Recent IRS Form 990
- Attach: Previous Fiscal Year Profit and Loss Statement
- Attach: Previous Fiscal Year Balance Sheet
- Attach: Any Additional Information That You Feel is Relevant to This Application