

**Section 1. Program Overview**

By completing this Grant Application, your agency agrees to abide to the following requirements should funding be awarded:

- 1) Awarded Agency will utilize VisionLink for client intake and outcome reporting.
- 2) Awarded Agency will have 100% of staff participate in an ACES training by the end of the four year funding cycle.
- 3) Awarded Agency will abide by any programming requirements specified in the Community Impact Plan. These can be found in the Community Impact Plan, available in your "Resource Center."

Grant Application must be completed and submitted via e-CIMPACT by 5pm EST on XX

**Program Information**

Program Title

Preview Mode

Limit up to 500 characters.

Program Period

Preview Mode

Limit up to 500 characters.

Total Program Cost

Amount Requested

Projected Number Served

Are you applying as a Collaborative Team or an Individual Organization?

 ▾

If a Collaborative Team, list collaborating partners\*

\*Lead team in a collaborative effort must be a verified 501c3 to be eligible to receive United Way of St. Joseph County funding. Collaborative will be defined as two or more entities equally involved in effort.

Preview Mode

Limit up to 500 characters.

Would your agency like a site visit from a Volunteer Panelist?

Preview Mode ▾

Is this program seeking support from other local funders?

Preview Mode ▾

If yes, what local funders have you applied to for support for this program?

Preview Mode

Limit up to 4000 characters.

**Section 3. Narratives**

Respond to each Narrative Question noting the provided character limit.

**Section 3. Narratives**

Describe the program you are seeking funding for. If the program is new, describe why and how it was developed. If the program is existing, discuss the track record and success of the program.

Preview Mode

Limit up to 2500 characters.

Describe the population this program will reach, specifically highlighting how it serves populations experiencing the highest need and greatest rates of poverty (i.e. geographical service area, racial/wealth equity, etc).

Preview Mode

Limit up to 4000 characters.

Describe specifically how you would use United Way funds for this project.

Preview Mode

Limit up to 500 characters.

List sources of funding (current and pending) for the project other than United Way.

Preview Mode

Limit up to 500 characters.

Describe data collection methods and which of the required Quantity, Quality, Results, and Systems Improvement measurements this program will report on. All programs are required a minimum of 1 Quantity, Quality, and Results measurement.

Preview Mode

Limit up to 4000 characters.

List project partners, indicate if they are new or existing, and briefly describe their roles to show evidence of collaboration and community impact.

Preview Mode

Limit up to 4000 characters.

Describe the plan to assure all program staff are trained to utilize the evidence based curriculum, and for ongoing professional development for these staff members.


Preview Mode

Limit up to 4000 characters.

How will you know you're on track for success, at which intervals will you measure progress, and what process will you use to make adjustments to progress as indicated by the results?

Preview Mode

Limit up to 2500 characters.

 How will parents and/or caretakers be intentionally engaged by the program and agency?

Preview Mode

Limit up to 4000 characters.

What is the cost per client/participant for this program?

Preview Mode

Limit up to 4000 characters.

What efforts have been made to remove potential client barriers to accessing this program (Ex: childcare, transportation, scheduling)?

Preview Mode

Limit up to 4000 characters.

What other information would you like to tell us?

Preview Mode

Limit up to 2500 characters.

## Program Budget

You may save your work at any time by clicking on the "Save My Work" link/icon at the bottom or top of the page.

When you have completed all questions on the form, select the "Save My Work and Mark as Completed" link/icon at the bottom or top of this page.

You may also SWITCH between forms in this application by using the SWITCH FORMS feature in the upper right corner. When switching forms, any updates to the existing form will automatically be saved.

## Income

Provide the Income Amounts for the listed Items

Item	Amount
Federal	<input type="text"/>
State	<input type="text"/>
Local Government	<input type="text"/>
Foundations/Grants	<input type="text"/>
Fundraising	<input type="text"/>
Individual Contributions	<input type="text"/>
United Way Donor Designations	<input type="text"/>
United Way Allocation	<input type="text"/>
Allocations from other United Ways	<input type="text"/>
Program Service Fees	<input type="text"/>
Investment Income	<input type="text"/>
Other Revenue**	<input type="text"/>
Total	

## Expense

Provide the Expense amounts for the items listed

Item	Amount
<u>Direct Program Costs**</u>	0
Salaries, Payroll Taxes & Benefits	<input type="text"/>

<b>Item</b>	<b>Amount</b>
Professional, Consultant Fees & Legal	<input type="text"/>
Occupancy	<input type="text"/>
Travel & Transportation	<input type="text"/>
Conference & Staff Development	<input type="text"/>
Supplies	<input type="text"/>
Meals	<input type="text"/>
Equipment	<input type="text"/>
Marketing, Public Relations	<input type="text"/>
Membership Fees & Dues	<input type="text"/>
Miscellaneous Expenses**	<input type="text"/>
Total	

## Budget Narrative

This Form has an overall maximum character limit of 4000 characters.

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Provide a narrative description of the items included in "Other Revenue\*\*" and "Miscellaneous Expenses\*\*."

Preview Mode

Limit up to 4000 characters.