

NEW APPLICATION  
DRAFT

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| **Organization Information** | |
| Organization |  |
| Street Address |  |
| Mailing Address |  |
| EIN Number |  |
| Website |  |
| Organization Mission |  |
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| **Primary Point of Contact** | |
| Name |  |
| Position |  |
| Email |  |
| Phone Number |  |

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| **Secondary Point of Contact** | |
| Name |  |
| Position |  |
| Email |  |
| Phone Number |  |

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| **Program Information** | |
| Program name |  |
| Is this a new or existing program | New  Existing |
| If new, is implementation contingent on funding received from HCUW? |  |
| Amount of funding requested |  |
| Total number of individuals to be served with proposed funding |  |

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| **Please select all counties served:** | |
|  | Watauga |
|  | Avery |
|  | Ashe |
|  | Mitchell |

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| **Please select the primary Community Impact or Basic Need Strategy your proposal is designed to meet:** | |
|  | Fund initiatives to procure and maintain housing for individuals for which expenses do not exceed 30% or less of income; including increasing work force, low income, and income challenged housing as well as addressing existing substandard housing situations. |
|  | Fund programs for skill development/training initiatives that create better employment opportunities |
|  | Fund initiatives that facilitate maintaining employment. (Includes affordable healthcare, flexible and affordable childcare/eldercare, and transportation services. Also includes offenders and substance abuse/addiction.) |
|  | Fund programs that provide substance use prevention and/or treatment and/or harm reduction. (Includes addressing the increasing prevalence of diverse forms of substance abuse by youth such as vaping.) |
|  | Fund programs that create and sustain healthy environments by increasing access to healthy foods and/or physical activity |
|  | Fund programs that provide whole person care and increase access/reduce barriers to one or more of the following areas: medical, dental, behavioral healthcare, or other basic needs for achieving and maintaining health for the most vulnerable populations. (Most vulnerable populations include children and youth, especially those who have experienced trauma.) |
|  | Fund programs that address prevention of early childhood trauma, adverse childhood experiences (ACEs), and support healthy early childhood. (Early recognition of trauma is a key element of this strategy.) |
|  | Fund sustainable initiatives targeting at-risk populations that support early childhood education with specific focus on early literacy outreach. |
|  | Fund alternative programs for elementary, middle, high school, and adult aged individuals that will enable them to become high school completers and/or obtain employability skills through certification. (Includes, but not limited to; middle school career explorations programs, personalized plans for affordable post-secondary education opportunities or post-secondary pathways, paid and unpaid Internships, programs addressing infrastructure and/or social disparities such as access to broadband internet/low income limitations/ language.) |
|  | Fund basic human needs such as food, housing, clothing, etc |
|  | Fund emergency needs encompassing safety, shelter, fuel, electricity, etc. |

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| **Program Description:** Please describe the proposed program and the community needs addressed. |
| Maximum Word Count: 300 |

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| **Program Outcomes:** Please describe the intended program outcomes and how they support the selected Community Impact or Basic Need strategy. |
| Maximum Word Count: 300 |

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| **Evaluation:** Please describe the methods of evaluation to be used to measure each of the intended program outcomes. |
| Maximum Word Count: 300 |

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| **Collaboration:** Please describe how the organization/program will collaborate with other community partners to achieve intended outcomes. |
| Maximum Word Count: 150 |

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| **Financial Information & Program Budget** |  |
| Your organization’s operating year |  |
| Amount of funding requested |  |
| Total program operating budget |  |

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| **Proposed Project Budget** | |
| **Revenue** | |
| United Way | $ |
| Other | $ |
| Other | $ |
| Other | $ |
| Total | $ |
| **Expenses** | |
| Personnel | $ |
| Program Supplies | $ |
| Training | $ |
| Travel/Mileage | $ |
| Printing | $ |
| Occupancy/Utilities | $ |
| Technology | $ |
| Other | $ |
| Total | $ |

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| **Please share any additional information about the proposed program you would like reviewers to consider.** |
| Maximum Word Count: 150 |

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| **Certifications** |  |
|  | The information contained in this application and attachments is accurate and correct to the best of my knowledge. |
|  | I certify that the program(s) seeking United Way support are open to all eligible citizens regardless of race, color, sex, disability, veteran status, sexual identity or orientation, religious affiliation, or national origin. |
|  | I certify that neither religious education nor worship shall be supported by program funds, if granted. |
|  | I certify that the organization’s Board of Directors endorses this funding application and agrees to the requirements set forth in the Standards of Participation |

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Executive Director – Electronic Signature