

2020-21 Community Investment Grants

Thank you for your interest in applying for a 2020-21 United Way Community Investment Grant. Below you'll find the guidelines and eligibility information for our grants. To apply, visit heartaruw.org/apply. For more information or if you have any questions, please contact Mollie Palmer at mpalmer@heartaruw.org or 501-435-3203.

Required Agency Information

- Legal Name of Organization (name of your organization as it is listed with IRS)
- Doing Business As (if applicable)
- Tax ID
- Physical Address, City, State, ZIP
- Mailing Address (if different)
- Website
- Contact Name, Title, Phone Number, Email Address
- Chief Executive Staff Name, Title, Phone Number, Email Address
- Board of Directors roster

Category	Question	Description
Program Information	Agency Mission Statement	Provide mission statement of agency overall, not just the program.
	Program Name/Brief Summary	Provide a high-level summary of the program (three to five sentences).
	Is the program new or existing?	Both new and existing programs are eligible for funding.
	Amount requested: \$ Total Cost of Program \$:	Cost of the program is specifically for the program for which funds are requested. This should not represent the broad work of the agency.
	Client County of Residence	Please share an estimate of the number of clients you serve, broken down by county of residence. You may upload a spreadsheet or other document with this information if you prefer.
Community Need	Problem Statement	Describe the community need your program addresses, using data to demonstrate the need. How does the problem impact the education, financial stability, or health of target population?
	With which United Way focus area does this align?	Education, Financial Stability, or Health
	Target Population	Describe the population that your program serves.

Program Design	Program Description	Describe the program in detail, including activities and services provided. How does the program address the need as described above?
	Inputs	Describe the resources required for the program (e.g., expertise, supplies and materials, physical space)
	Outputs	What are the direct products, deliverables, or units of service of program activities (e.g., number of classes taught, educational materials distributed, individuals served, etc.)?
Evidence of Impact	Outcomes/Impact	Summarize the outcomes to be achieved by this program. What are the expected changes in the population served (attitudes, knowledge, skills, behaviors, or condition)? How will those you serve be better prepared for a different future as a result of your program? Outcomes should be quantifiable and measurable, such as, “___% of participants will have ___ as measured by ____.”
	Evaluation Plan	Describe your plan to evaluate the success of your program, including relevant indicators. Upload your evaluation plan or evaluation tools if available.
	Evidence-Based Practices	Describe efforts being made to integrate evidence-based practices into your program.
Critical Success Factors	Number of Staff	Number of Staff and Volunteers active in program
	Number of Volunteers	
	Staff and Volunteer Roles	How is this program staffed? How do volunteers support the work of the program staff? Describe the responsibilities of each and how they are trained and equipped to achieve the program’s outcomes.
	Organizational Capacity	Describe how and why your organization is positioned to implement this program successfully.
	Partners	Describe the partnerships required to facilitate this program. What are the contributions of each partner, and how does each partnership improve/increase the capacity of your program?
	Program Sustainability	What is the long-term plan for this program, and how will you fund this program in the future?
	List other funding sources	What are your other sources of funding for this program?

Program Budget

Agency Name:

Program Title:

Budget Line		Total Budget	HAUW Grant Funding	Other Sources of Funding
1	Personnel and Benefits	\$ -		
2	Non-Personnel	\$ -		
	a	\$ -		
	b	\$ -		
	c	\$ -		
	d	\$ -		
3	Program Costs	\$ -		
	a	\$ -		
	b	\$ -		
	c	\$ -		
	d	\$ -		
	e	\$ -		
Total Program Costs		\$ -	\$ -	\$ -