

**UNITED WAY OF NORTHWEST FLORIDA
COMMUNITY IMPACT FUND
2018 GRANT APPLICATION
PART 1: PROGRAM DETAILS**

APPLICATION DEADLINE: Thursday, February, 16 2018. Please submit the original three-part application and one (1) copy.

PLEASE NOTE: Each county served by United Way of Northwest Florida is represented by a separate funds distribution committee. If you are requesting funds for a program that serves multiple counties, a separate application must be made for each program within each county. This process will ensure the specific needs of each county are met.

Agency Name: _____

Contact Name: _____ **Phone:** _____

Program Name: _____

County Program Serves: _____ **Requested for this Application: \$**_____

A. PROGRAM INFORMATION

1. Program description: _____

2. Intended outcomes: _____

3. Measurements used to determine program's success: _____

4. Number of anticipated consumers this program will serve: _____

5. Demographics (age, gender, ethnicity, ability, etc.) of consumers this program will serve: _____

6. Was there a waiting list for this program's services during the previous program-funding period? If so, why, how long, and what can be done to reduce or eliminate it completely? _____

7. Were any substantial changes made to this program during the previous program-funding year? If so, please explain what they were and why they were necessary. This may include outcome measurements, changes in targeted demographics, notable variances in numbers and demographics of consumers served, etc. _____

8. Will any portion of this Community Impact Fund Grant entitle your agency to matching funds? If so, please give total amount of state, federal, or foundation funds available and the corresponding match ratios. (For example, every United Way grant dollar draws down an additional \$5 of state funds.) _____

9. Describe any working/collaborative relationships your agency has with other agencies. _____

10. **OPTIONAL:** Any additional program-related information you would like to share with United Way of Northwest Florida: _____

B. PROGRAM BUDGET INFORMATION

Complete and attach **Part 2: Program Budget Details**. Please explain any revenue or expense variances of 10% or more. _____

C. AGENCY FINANCIAL OVERVIEW

Complete and attach **Part 3: Agency Financial Overview**. This is agency-specific information and will be the same document for each 2018 Grant Application (see previously submitted Attachment 5 in Affiliated Agency Application.)