

**UNITED WAY OF NORTHWEST FLORIDA
COMMUNITY IMPACT FUND
2020 GRANT APPLICATION
PART 1: PROGRAM DETAILS**

APPLICATION DEADLINE: Friday, February 14, 2020. 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 for each 2020 Grant Application.

**UNITED WAY OF NORTHWEST FLORIDA
COMMUNITY IMPACT FUND
2020 GRANT APPLICATION
PART 2: PROGRAM BUDGET DETAILS**

Agency Name: _____

Program Name: _____

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

(NOTE: Please round to nearest whole dollar)

	Program Actual 2019	Program Budget 2020
<u>SUPPORT & REVENUE</u>		
Excess (Deficit) Carry Forward	_____	_____
Grant Funding from United Way of Northwest Florida	_____	_____
Designations from United Way of Northwest Florida	_____	_____
Contributions	_____	_____
In-Kind Contributions	_____	_____
Special Events/Fundraisers	_____	_____
Legacies & Bequests (Unrestricted)	_____	_____
Funding by Other United Ways	_____	_____
Fees & Grants From Government Agencies	_____	_____
Membership Dues	_____	_____
Program Service Fees & Net Incidental Income	_____	_____
Sales of Materials and/or Products	_____	_____
Investment Income	_____	_____
Miscellaneous Revenue	_____	_____
<i>Other</i>	_____	_____
<i>Other</i>	_____	_____
<i>Other</i>	_____	_____
TOTAL SUPPORT & REVENUE	\$ -	\$ -
<u>EXPENSES</u>		
Salaries	_____	_____
Employee Benefits & Payroll Taxes	_____	_____
Professional Fees	_____	_____
Supplies	_____	_____
Telephone	_____	_____
Postage & Shipping	_____	_____
Occupancy	_____	_____
Rental & Maintenance Equipment	_____	_____
Printing & Publication	_____	_____
Travel	_____	_____
Conferences & Meetings	_____	_____
Special Assistance to Individuals	_____	_____
Membership Dues	_____	_____
Training & Development	_____	_____
Miscellaneous	_____	_____
In-Kind Expenses	_____	_____
<i>Other</i>	_____	_____
<i>Other</i>	_____	_____
<i>Other</i>	_____	_____
TOTAL EXPENSES	\$ -	\$ -
EXCESS (DEFICIT)	\$ -	\$ -