

**UNITED WAY OF NORTHWEST FLORIDA
COMMUNITY IMPACT FUND
2021 GRANT APPLICATION
COVER SHEET**

ONLY SUBMIT ONE COVER SHEET PER AGENCY

Agency Name: _____

Contact Name: _____ **Phone:** _____

PLEASE NOTE: Each county served by United Way of Northwest Florida is represented by a separate grant review committee made up of individuals who are knowledgeable on the needs of their specific county. They are not all familiar with your work and you should write as if they aren't familiar with your agency or program. If you are requesting funds for a program that will serve multiple counties then a separate application, reflecting county specific impact, must be made for each county.

APPLICATION DETAILS: The Community Impact Fund application requires this cover sheet and three parts. Part 1: Program Impact Area & Details, Part 2: Program Budget Details, and Part 3: Agency Financial Overview. Each program in each county requires a separate, complete, three-part application. The information in Parts 1 and 2 need to be **specific for the county in which the application is being submitted.** Part 3 is agency wide information and will be the same document for each of the grant applications submitted, but must accompany each grant application.

**Note: Attachment 5 of your Affiliated Agency Application will contain most of the data needed for Part 3 of the grant application.*

APPLICATION DEADLINE: Must be received by 4:30 PM Monday March 1, 2021. Send or deliver completed applications to 842 Harrison Ave., Panama City, FL

This agency is applying for grants in each of the following counties: Please check the box below for each applicable county and fill in the number of applications (one per impact areas)

Bay (___) Calhoun (___) Gulf (___)

Holmes (___) Jackson (___) Washington (___)

I certify that this information and the attached documents detailing the financial condition of our agency and describing the program(s) for which we are requesting funding from United Way of Northwest Florida's Community Impact Fund, are true and correct.

Signature: _____
Executive Director/President/CPO

Date: _____

Printed Name: _____