



**United Way  
of Northwest Florida**

**COMMUNITY IMPACT FUND  
2022 GRANT APPLICATION  
PART 1: IMPACT AREA & PROGRAM DETAILS**

**IMPACT AREA (SELECT ONLY ONE):** Health  Education  Income

**Agency Name:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Program Title:** \_\_\_\_\_

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

**A. INFORMATION**

1. What is your mission?

2. Program description

3. Intended impact

4. Outcome measurements to be used to determine program's success

5. Number of anticipated households/individuals this program will impact \_\_\_\_\_

6. Is this a new program and if so, how do you plan to sustain it after this funding ends? OR If this is an existing program then how long has it been running and what success have you seen?

7. Why is there a need for this program and is there a targeted population that this program will serve (age, gender, ethnicity, ability, etc.)? \_\_\_\_\_

8. If we are unable to fund your entire request, what (if any) is the minimum funding level you could accept and still be able to deliver the program? \_\_\_\_\_

9. Will any portion of this grant request allow your agency to match 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.) If none, say N/A. \_\_\_\_\_

11. OPTIONAL: Any additional program-related information you would like to share to support this request \_\_\_\_\_

**UNITED WAY OF NORTHWEST FLORIDA  
COMMUNITY IMPACT FUND  
2022 GRANT APPLICATION  
PART 3: AGENCY FINANCIAL OVERVIEW**

**Agency Name:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**FINANCIAL OVERVIEW** (From IRS Form 990)

- **NOTE:** Much of this information was already submitted with your Affiliated Agency Application! However, your Affiliated Agency Application is not shared with the Funds Distribution Committees. In order to save time, we recommend using the information submitted in the Affiliated Agency App. for this portion of the grant application. This Agency Financial Overview is agency wide information, not program specific. Parts 1 and 2 of this grant application were program specific.

**A. ATTACH A COPY OF YOUR LATEST ANNUAL BOARD-APPROVED BUDGET, BALANCE SHEET, AND PROFIT AND LOSS STATEMENT.**

**B. TOTAL REVENUE:** \$ \_\_\_\_\_  
(Form 990; Part VIII; Line 12; Column A)

Statement of Revenue:

\$ \_\_\_\_\_ Fundraising Events (Form 990; Part VIII; Line 1C)  
\$ \_\_\_\_\_ Government Grants & Contributions (Form 990; Part VIII; Line 1E)  
\$ \_\_\_\_\_ Other Contributions, Gifts & Grants (Form 990; Part VIII; Line 1F)  
\$ \_\_\_\_\_ Program Service Revenue (Form 990; Part VIII; Line 2G; Column A)  
\$ \_\_\_\_\_ Other Revenue (Form 990; Part VIII; Lines 3-10C; Column A)  
\$ \_\_\_\_\_ UWNWFL Grants

Percent of Revenue from Government Grants: \_\_\_\_\_ %  
(Government Grants & Contributions divided by Total Revenue)

Percent of Revenue from UWNWFL Grants: \_\_\_\_\_ %  
(UWNWFL Grants divided by Total Revenue)

C. TOTAL EXPENSES: \$ \_\_\_\_\_  
(Form 990; Part IX; Line 25; Column A)

Statement of Functional Expenses:

\$ \_\_\_\_\_ Program Service Expenses (Form 990; Part IX; Line 25; Column B)

\$ \_\_\_\_\_ Management & General Expenses (Form 990; Part IX; Line 25; Column C)

\$ \_\_\_\_\_ Fundraising Expenses (Form 990; Part IX; Line 25; Column D)

Percent of Program Service Expenses: \_\_\_\_\_ %  
(Program Service Expenses divided by Total Expenses)

Percent of Management & General Expenses: \_\_\_\_\_ %  
(Management & General Expenses divided by Total Expenses)

Percent of Fundraising Expenses: \_\_\_\_\_ %  
(Fundraising Expenses divided by Total Expenses)

TOTAL AFR (Admin/Fundraising) Expenses: \_\_\_\_\_ %  
(Management & General Expenses added to Fundraising expenses divided by Total Revenue-  
use the dollar amounts listed above in sections B and C for this calculation, not the percentages)

D. CURRENT AGENCY OPERATING DEFICIT OR SURPLUS: \$ \_\_\_\_\_

E. CURRENT BOARD DIRECTED RESERVE FUND BALANCE: \$ \_\_\_\_\_  
(Attach authorized uses)

F. CURRENT DONOR RESTRICTED FUND BALANCE: \$ \_\_\_\_\_  
(Attach restrictions)

G. Percentage of UWNWFL funding impacting low or moderate income consumers: \_\_\_\_\_ %

H. **OPTIONAL:** Any additional finance-related information you would like to share to support  
this request \_\_\_\_\_