



The Community Impact Fund is one of the ways that United Way of Van Wert County makes strategic investments to drive measurable, sustainable change in Basic Needs, Education, Health and Financial Stability in our community.

The Community Impact Fund is composed of contributions from donors who entrust United Way of Van Wert County with combining their gifts with the donations of others to invest in dynamic approaches and proven programs to create lasting, positive change. These funds are used to improve current community areas that need funds immediately. These funds require

collaboration of two or more organizations to be able to apply. The area of funding needs to be a priority in Van Wert County.

If you have any questions or concerns, please feel free to call the UW office number at (419) 238-6689 or email administration@uwvwco.org

Section A: ORGANIZATION Information – General

Please provide the following information about the governing organization that is/will be responsible for providing information for which funding is being requested.

1. Organization Name:
2. Physical Address:
3. Mailing Address:
4. Main Office Number:
5. Main Contact Person and E-Mail Address:
6. Grant Application Contact and E-Mail Address (if different from above):
7. Web Site:
8. Request Amount (Typical awards granted are \$500 increments):

Section B: ORGANIZATION Information – Governing Body

Please provide the following information about the governing body of the organization that is/will be responsible for providing information for which funding is being requested.

1. Is the organization a 501(c)3 in good standing?
 Yes No
2. How many staff members does the organization employ?
3. Do you have a voluntary board? If yes, how many members?
(Please provide a list of members)

Section D: APPLICANT Information

Note: Only ONE application request per organization.

Please provide the following information about the request for which the Organization is requesting funding. This information is intended to assist the Community Impact Committee in comparing programs.

1. What is your organization's mission statement?
2. Is this program directly related to Basic Needs, Education or Financial Stability?
Yes No
3. Please check what **specific** area of Basic Needs, Education, Health or Financial Stability priorities that directly addresses your program. **Check only ONE that best applies to the request:**
 - Basic Needs**
To improve the quality of life for children and families by linking them to vital community resources and services.
 - Education**
To decrease barriers to educational success by improving the quality of and access to supplemental supports.
 - Health**
To help children and families to gain access to health care and improve their quality of life.
 - Financial Stability**
To increase the number of opportunities for individuals and families to become economically self-sufficient.
4. Please provide a narrative explanation of the request as it **directly** relates to the selected area above in 500 words or less. (Please attach the budget for the requested project.)
5. Please share the measurable purpose of this request. How was the local need identified? (Provide any relevant statistical data/research.)
6. What strategies will be implemented in order to accomplish desired outcomes?
7. What organization(s) will you be collaborating with on this project?
8. Did you receive funding in the previous funding cycle? If yes, please describe how the funds were used.
9. If you are awarded funds for this project, how will these funds move this project forward? How will your organization and project be impacted if the funds are not awarded?

10. Please complete the **Certification and Approval Signature Form** with necessary signatures and attach at the end of the application. The form certifies that the proposal was considered and approved for submission by the requesting organization's Board of Directors and that all information is complete and accurate.

Certification and Approval for 2020-2021 Community Impact Fund

The undersigned certify that this proposal was considered and approved for submission by the requesting organization's Board of Directors and that all information contained in this proposal is complete and accurate.

Agency Board President

Print Name:

Signature:

Date:

Agency Executive Director

Print Name:

Signature:

Date:

Unite Way



of Van Wert Co.