

UWNNY Community Impact Grant Application

This document is meant as a guide to help applicants prepare for submission. Applications are submitted online at: <https://unitedwaynnycommunityreview.communityforce.com/Login.aspx>

Applicants must visit UWNNY’s website and read through the application criteria in its entirety. Details are available at: <https://unitedway-nny.org/community-impact-grants/>

ORGANIZATION INFORMATION

Organization Legal Name: _____

Employer Identification Number (EIN): _____

Attach: IRS Nonprofit Designation or Determination Letter

Name of Executive Director / CEO: _____

Email Address for Executive Director / CEO: _____

Name of Applicant Point of Contact: _____

Email Address for Applicant Point of Contact: _____

Organization Street Address: _____

Organization City: _____

Organization State: _____

Organization Zip Code: _____

Organization Phone Number: _____

Organization Website (must start with http:// or https://): _____

Organization’s Mission Statement (500 characters): _____

What county / counties are you serving with this request (check all that apply):

Jefferson Lewis St. Lawrence

If your organization is a current recipient of Community Impact funding (2024), please indicate whether your mid-year report was submitted: Yes No

Attach: Board of Directors List

Attach: Cover Letter from Executive Director and/or Board Chair

FUNDING REQUEST

Program or Project Name: _____

Please select the area of focus that most closely aligns with the program / project for which you are seeking funding: Social Determinants of Health Child / Youth Success Economic Stability

Amount Requested: _____

Brief Program / Project Summary (500 characters): _____

Other Sources of Revenue for Proposed Program / Project (500 characters) For grants, please include status (pending or awarded and dollar amount): _____

ORGANIZATION DETAILS

Attach: Organization Budget for Current Fiscal Year

What specific efforts has your organization made in the past 12 months to improve performance, outcomes, organizational effectiveness and/or financial efficiency (750 characters): _____

Describe how your board and staff reflect the diversity and key interests of the population(s) you serve (750 characters): _____

Number of Paid Full-Time Employees: _____

Number of Paid Part-Time Employees: _____

Number of Annual, Unduplicated Volunteers: _____

PROGRAM / PROJECT DETAILS

Describe the Program / Project in detail (2,000 characters). Include the community need that the program/project is addressing, unique individuals served, and operational details. Include demographic profile, including age ranges, of those served: _____

Demographic Subgroups Served by this Program / Project:

- Individuals living in poverty
- ALICE (Asset-Limited, Income Constrained, Employed)
- Veterans
- Individuals with disabilities
- Individuals experiencing homelessness / housing insecurity

Program Start Date (if ongoing, use January 1, 2025): _____

Program End Date (if ongoing, use December 31, 2025): _____

Describe expected outcome(s) for the program / project. (500 characters) Outcome statements should be detailed, measurable, and inclusive of specific change(s) you expect to occur as a result your program / project:

Describe specific services / activities provided to clients and the number(s) served for each service / activity. (750 Characters): _____

How will UWNNY funds be utilized? (750 Characters): _____

Attach: Program/Project Budget (**Must Use UWNNY Program/Project Budget Form**) (10 MB Maximum File Size) * If your organization has one program (i.e., food pantry) and your program budget is the same as your organization budget, skip this step

Describe your plans for financially supporting the program/project in the future. (500 Characters) List other current and future revenue sources that you will use to sustain this program: _____

How will the program revise objectives and/or program activities if approved for partial funding from UWNNY? (500 characters): _____

Attach: Additional Information Relevant to this Application (For Applicants requesting \$5,000 or less, attach any additional information you feel is pertinent to your application.) (10 MB Maximum File Size)

ADDITIONAL INFORMATION (Applicable to applicants requesting more than \$5,000)

List other organizations in your service area that provide similar programming. Explain how your organization is different. (750 Characters): _____

List organizations that you regularly collaborate with and describe how you work together to improve the probability of success for your clients. (750 Characters): _____

Describe your organization's innovative and entrepreneurial efforts to better address community challenges. (750 Characters): _____

Attach: 3 Letters of Support (From Organizations that Collaborate with Your Agency)

Attach: Most Recent Certified Audit

Attach: Most Recent IRS Form 990

Attach: Previous Fiscal Year Profit and Loss (P&L) Statement

Attach: Previous Fiscal Year Balance Sheet

Attach: Additional information that you feel is relevant to this application