

United Way of Northern New York (UWNNY) Community Impact Grant Application

This document is intended 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 (2026) recipient of Community Impact funding, please provide a brief update on your program/project's performance to date. Include any early outcomes, stories of impact, or shifts in service delivery that demonstrate how the program is creating positive change (500 characters):

Attach: Board of Directors List

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

FUNDING REQUEST

Program or Project Name: _____

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: _____

Provide a concise summary of the program or project you are requesting funds for (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

Over the past 12 months, what steps—big or small—has your organization taken to maintain or improve performance, outcomes, or operational resilience in the face of ongoing challenges (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. Include the community need that the program/project is addressing, unique individuals served, operational details, and **why it matters**. Include demographic profile, including age ranges, of those served (2,000 characters): _____

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, 2027): _____

Program End Date (if ongoing, use December 31, 2027): _____

Describe expected outcome(s) for the program/project. Please include measurable changes you anticipate as a result of your work. (500 characters)

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**)

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 your partnership(s) support client success. (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