

## **2025/2026 Grant Application United Way of Clark, Champaign & Madison Counties**

PROGRAM DEADLINE : February 28, 2025 at 11:59 PM(Midnight)

### **Applicant Information**

**Name:** United Way Master

**Email:** unitedway@uwccmc.org

**App ID:** 04982306

**Status:** Incomplete

**Last Modified:** Jan 15 2025 06:45 EST by unitedway@uwccmc.org

**Last IP Address:** 34.120.172.148

---

## General Information

---

### Organization Contact Information

---

**Organization Name:**

---

**Organization Mailing Address - Line 1:**

---

**Organization Mailing Address - Line 2:**

---

**Organization City/Town:**

---

**Organization State/Province:**

---

**Organization Zip/Postal Code:**

---

**Organization Website Address:**

---

**Organization Phone Number:**

---

**Organization EIN:**

---

**Executive Director's Name:**

---

**Executive Director's Email Address:**

---

**Contact's Name:**

---

**Contact's Title:**

---

**Contact's Email Address:**

---

**Contact's Phone Number:**

---

### Organization Information

---

**Organization's mission statement:**

---

---

**What are your organization's main programs, projects or activities?**

---

---

**Please attach a Board Roster with all Board Member's names.**

---

**How many active volunteers, other than Board Members, are associated with your organization?**

---

**In what ways do volunteers and Board Members support the organization?**

---

---

---

**Has the organization applied for United Way grant funding in the past?**

---

**What is the organization's fiscal year?**

---

**Does the organization have an endowment?**

---

**If yes, what is the current size of the fund and what is the purpose of the endowment?**

---

**What are the organizations top three funding sources?**

---

---

---

### **Diversity, Equity and Inclusion**

---

**Provide your organization's Diversity, Equity and Inclusion Statement below.**

---

---

---

**Describe an example of how your organization is currently working toward being diverse, equitable and inclusive. (Diversity encompasses all the differences that people bring to the conversation. Equity provides everyone a fair and just opportunity. Inclusion allows people to influence and design the programs and systems they are in.)**

---

---

**Many funders who give to United Way require United Way to report demographic data to show how the funds directly support the people in our community.**

**Does your organization collect demographic data?**

---

**If yes, please select the demographic data collected (select all that apply).**

---

**If no, please explain.**

---

---

## **Program ONE Request Summary**

---

### **Program ONE Information**

---

**Program County:**

---

---

**Program Name:**

---

---

**How many years has the proposed program been in operation?**

---

---

**Amount requesting from United Way for THIS PROGRAM:**

---

### **Program ONE Need Narrative**

---

**Statement of Need**

**Describe the need the proposed program plans to address and why this program would be effective in addressing this need.**

---

---

**Explain what evidence indicates the need depicted above, of the proposed program? (Example: Community Health Assessment, Ohio School Report Cards, Youth Risk Behavior Survey, etc.) Please site specific data sources.**

---

---

**What is the target population of the proposed program?**

---

---

**What percent of individuals served by the proposed program are below 150-175% of the Federal Poverty Guidelines?**

---

**How is this information obtained?**

---

---

---

### **Program ONE Deliverables and Outcomes**

---

**Activities:**

**Provide a plan/timeline of activities for the proposed program within the one year grant period.**

---

---

---

**Please list and describe how your organization partners/collaborates/coordinates with other community organizations to increase the success/impact of the proposed program.**

---

---

---

**Deliverables:**

**What is the direct, immediate results of conducting the described activities?**

---

---

---

**How many people, unduplicated, does your organization expect to serve in this program during the funding year?**

---

**If your organization is unable to provide an unduplicated number, please explain.**

---

**Outcomes:**

**What is the desired outcome(s) of the proposed program?**

---

---

---

**Impact:**

**What is the long term desired result/goal of your outcome(s)?**

---

---

---

**If you need more space, you may upload your case study or provide supporting documents.**

---

### **Program ONE Finance**

---

**How will United Way funds be used, specifically, for the proposed program? How will United Way funds impact the overall success of the proposed program?**

---

---

---

**Attach Budget Form.**

**A copy of the budget form can be found on the United Way website, [www.uwccmc.org](http://www.uwccmc.org), under the "Impact" tab and then select the "Grants Applications & Reporting" option.**

---

**Please explain any significant budget variances as well as areas of the budget that may require additional explanation.**

---

---

**List any other funders who will be or have been approached for support of this program. Include the funder name, dollar amount requested and status (To be submitted, pending, submitted and waiting for notification, or funded).**

---

---

**What are your plans for sustaining the program if requested funding from all sources is not received or not received as anticipated?**

---

---



---

## **Program TWO Request Summary**

---

### **Program TWO Information**

---

**Program County:**  
(This question is REQUIRED for organizations applying for funding for an additional program.)

---

**Program Name:**  
(This question is REQUIRED for organizations applying for funding for an additional program.)

---

**How many years has the proposed program been in operation?**  
(This question is REQUIRED for organizations applying for funding for an additional program.)

---

**Amount requesting from United Way for THIS PROGRAM:**  
(This question is REQUIRED for organizations applying for funding for an additional program.)

---

### **Program TWO Need Narrative**

---

#### **Statement of Need**

**Describe the need the proposed program plans to address and why this program would be effective in addressing this need.**  
(This question is REQUIRED for organizations applying for funding for an additional program.)

---

---

---

**Explain what evidence indicates the need depicted above, of the proposed program? (Example: Community Health Assessment, Ohio School Report Cards, Youth Risk Behavior Survey, etc.) Please site specific data sources.**  
**(This question is REQUIRED for oranizations applying for funding for an additional program.)**

---

---

**What is the target population of the proposed program?**  
**(This question is REQUIRED for oranizations applying for funding for an additional program.)**

---

---

**What percent of individuals served by the proposed program are below 150-175% of the Federal Poverty Guidelines?**  
**(This question is REQUIRED for oranizations applying for funding for an additional program.)**

---

---

**How is this information obtained?**  
**(This question is REQUIRED for oranizations applying for funding for an additional program.)**

---

---

### **Program TWO Deliverables and Outcomes**

---

#### **Activities:**

**Provide a plan/timeline of activities for the proposed program within the one year grant period.**  
**(This question is REQUIRED for oranizations applying for funding for an additional program.)**

---

---

**Please list and describe how your organization partners/collaborates/coordinates with other community organizations to increase the success/impact of the proposed program.  
(This question is REQUIRED for organizations applying for funding for an additional program.)**

---

---

**Deliverables:**

**What is the direct, immediate results of conducting the described activities?  
(This question is REQUIRED for organizations applying for funding for an additional program.)**

---

---

**How many people, unduplicated, does your organization expect to serve in this program during the funding year?  
(This question is REQUIRED for organizations applying for funding for an additional program.)**

---

**If your organization is unable to provide an unduplicated number, please explain.**

---

**Outcomes:**

**What is the desired outcome(s) of the proposed program?  
(This question is REQUIRED for organizations applying for funding for an additional program.)**

---

---

**Impact:**

**What is the long term desired result/goal of your outcome(s)?  
(This question is REQUIRED for organizations applying for funding for an additional program.)**

---

---

**If you need more space, you may upload your case study or provide supporting documents.**

---

**Program TWO Finance**

---

**How will United Way funds be used, specifically, for the proposed program? How will United Way funds impact the overall success of the proposed program?  
(This question is REQUIRED for organizations applying for funding for an additional program.)**

---

---

**Attach Budget Form.**

**A copy of the budget form can be found on the United Way website, [www.uwccmc.org](http://www.uwccmc.org), under the "Impact" tab and then select the "Grants Applications & Reporting" option.  
(This question is REQUIRED for organizations applying for funding for an additional program.)**

---

**Please explain any significant budget variances as well as areas of the budget that may require additional explanation.**

---

---

**List any other funders who will be or have been approached for support of this program. Include the funder name, dollar amount requested and status (To be submitted, pending, submitted and waiting for notification, or funded).**  
**(This question is REQUIRED for organizations applying for funding for an additional program.)**

---

---

**What are your plans for sustaining the program if requested funding from all sources is not received or not received as anticipated?**  
**(This question is REQUIRED for organizations applying for funding for an additional program.)**

---

---

## **Program THREE Request Summary**

---

### **Program THREE Information**

---

**Program County:**  
(This question is REQUIRED for  
organizations applying for funding for  
an additional program.)

---

**Program Name:**  
(This question is REQUIRED for  
organizations applying for funding for  
an additional program.)

---

**How many years has the proposed  
program been in operation?**  
(This question is REQUIRED for  
organizations applying for funding for  
an additional program.)

---

**Amount requesting from United Way  
for THIS PROGRAM:**  
(This question is REQUIRED for  
organizations applying for funding for  
an additional program.)

---

### **Program THREE Need Narrative**

---

#### **Statement of Need**

**Describe the need the proposed program plans to address and why this  
program would be effective in addressing this need.**  
(This question is REQUIRED for organizations applying for funding for an  
additional program.)

---

---

---

**Explain what evidence indicates the need depicted above, of the proposed program? (Example: Community Health Assessment, Ohio School Report Cards, Youth Risk Behavior Survey, etc.) Please site specific data sources.**  
**(This question is REQUIRED for oranizations applying for funding for an additional program.)**

---

---

**What is the target population of the proposed program?**  
**(This question is REQUIRED for oranizations applying for funding for an additional program.)**

---

---

**What percent of individuals served by the proposed program are below 150-175% of the Federal Poverty Guidelines?**  
**(This question is REQUIRED for oranizations applying for funding for an additional program.)**

---

---

**How is this information obtained?**  
**(This question is REQUIRED for oranizations applying for funding for an additional program.)**

---

---

### **Program THREE Deliverables and Outcomes**

---

#### **Activities:**

**Provide a plan/timeline of activities for the proposed program within the one year grant period.**  
**(This question is REQUIRED for oranizations applying for funding for an additional program.)**

---

---

**Please list and describe how your organization partners/collaborates/coordinates with other community organizations to increase the success/impact of the proposed program.  
(This question is REQUIRED for organizations applying for funding for an additional program.)**

---

---

**Deliverables:**

**What is the direct, immediate results of conducting the described activities?  
(This question is REQUIRED for organizations applying for funding for an additional program.)**

---

---

**How many people, unduplicated, does your organization expect to serve in this program during the funding year?  
(This question is REQUIRED for organizations applying for funding for an additional program.)**

---

**If your organization is unable to provide an unduplicated number, please explain.**

---

**Outcomes:**

**What is the desired outcome(s) of the proposed program?  
(This question is REQUIRED for organizations applying for funding for an additional program.)**

---



---

**Impact:**

**What is the long term desired result/goal of your outcome(s)?  
(This question is REQUIRED for organizations applying for funding for an additional program.)**

---

---

**If you need more space, you may upload your case study or provide supporting documents.**

---

**Program THREE Finance**

---

**How will United Way funds be used, specifically, for the proposed program? How will United Way funds impact the overall success of the proposed program?  
(This question is REQUIRED for organizations applying for funding for an additional program.)**

---

---

**Attach Budget Form.**

**A copy of the budget form can be found on the United Way website, [www.uwccmc.org](http://www.uwccmc.org), under the "Impact" tab and then select the "Grants Applications & Reporting" option.  
(This question is REQUIRED for organizations applying for funding for an additional program.)**

---

**Please explain any significant budget variances as well as areas of the budget that may require additional explanation.**

---

---

**List any other funders who will be or have been approached for support of this program. Include the funder name, dollar amount requested and status (To be submitted, pending, submitted and waiting for notification, or funded).**  
**(This question is REQUIRED for organizations applying for funding for an additional program.)**

---

---

**What are your plans for sustaining the program if requested funding from all sources is not received or not received as anticipated?**  
**(This question is REQUIRED for organizations applying for funding for an additional program.)**

---

---

## **Program FOUR Request Summary**

---

### **Program FOUR Information**

---

**Program County:**  
(This question is REQUIRED for  
organizations applying for funding for  
an additional program.)

---

**Program Name:**  
(This question is REQUIRED for  
organizations applying for funding for  
an additional program.)

---

**How many years has the proposed  
program been in operation?**  
(This question is REQUIRED for  
organizations applying for funding for  
an additional program.)

---

**Amount requesting from United Way  
for THIS PROGRAM:**  
(This question is REQUIRED for  
organizations applying for funding for  
an additional program.)

---

### **Program FOUR Need Narrative**

---

#### **Statement of Need**

**Describe the need the proposed program plans to address and why this  
program would be effective in addressing this need.**  
(This question is REQUIRED for organizations applying for funding for an  
additional program.)

---

---

---

**Explain what evidence indicates the need depicted above, of the proposed program? (Example: Community Health Assessment, Ohio School Report Cards, Youth Risk Behavior Survey, etc.) Please site specific data sources.**  
**(This question is REQUIRED for oranizations applying for funding for an additional program.)**

---

---

**What is the target population of the proposed program?**  
**(This question is REQUIRED for oranizations applying for funding for an additional program.)**

---

---

**What percent of individuals served by the proposed program are below 150-175% of the Federal Poverty Guidelines?**  
**(This question is REQUIRED for oranizations applying for funding for an additional program.)**

---

---

**How is this information obtained?**  
**(This question is REQUIRED for oranizations applying for funding for an additional program.)**

---

---

### **Program FOUR Deliverables and Outcomes**

---

#### **Activities:**

**Provide a plan/timeline of activities for the proposed program within the one year grant period.**  
**(This question is REQUIRED for oranizations applying for funding for an additional program.)**

---

---

**Please list and describe how your organization partners/collaborates/coordinates with other community organizations to increase the success/impact of the proposed program.  
(This question is REQUIRED for organizations applying for funding for an additional program.)**

---

---

**Deliverables:**

**What is the direct, immediate results of conducting the described activities?  
(This question is REQUIRED for organizations applying for funding for an additional program.)**

---

---

**How many people, unduplicated, does your organization expect to serve in this program during the funding year?  
(This question is REQUIRED for organizations applying for funding for an additional program.)**

---

**If your organization is unable to provide an unduplicated number, please explain.**

---

**Outcomes:**

**What is the desired outcome(s) of the proposed program?  
(This question is REQUIRED for organizations applying for funding for an additional program.)**

---

---

**Impact:**

**What is the long term desired result/goal of your outcome(s)?  
(This question is REQUIRED for organizations applying for funding for an additional program.)**

---

---

**If you need more space, you may upload your case study or provide supporting documents.**

---

**Program FOUR Finance**

---

**How will United Way funds be used, specifically, for the proposed program? How will United Way funds impact the overall success of the proposed program?  
(This question is REQUIRED for organizations applying for funding for an additional program.)**

---

---

**Attach Budget Form.**

**A copy of the budget form can be found on the United Way website, [www.uwccmc.org](http://www.uwccmc.org), under the "Impact" tab and then select the "Grants Applications & Reporting" option.  
(This question is REQUIRED for organizations applying for funding for an additional program.)**

---

**Please explain any significant budget variances as well as areas of the budget that may require additional explanation.**

---

---

**List any other funders who will be or have been approached for support of this program. Include the funder name, dollar amount requested and status (To be submitted, pending, submitted and waiting for notification, or funded).**  
**(This question is REQUIRED for organizations applying for funding for an additional program.)**

---

---

**What are your plans for sustaining the program if requested funding from all sources is not received or not received as anticipated?**  
**(This question is REQUIRED for organizations applying for funding for an additional program.)**

---

---

## Site Visits

---

### Site Visit Schedule

---

Throughout the 2025-2026 funding year, United Way will conduct site visits to agencies/programs that receive funding. Please provide a contact person for the site visit. United Way will reach out and coordinate with this contact to make specific arrangements for the site visit (date/time/location).

Site Visit Contact Name:

---

Site Visit Contact Phone:

---

Site Visit Contact Email:

---

### Certification/Permission to Release Information

---

### Certification/Permission to Release Information

---

By submitting this application, I hereby certify that all information submitted on this application is true and accurate to the best of my knowledge.

---