

# 2026/2027 Grant Application United Way of Clark, Champaign, and Madison Counties

PROGRAM DEADLINE: February 28, 2026 at 11:59 PM(Midnight)

## General Information

### Organization Contact Information

Organization Name: \*

Organization Mailing Address - Line 1: \*

Provide the physical address of the organization. If there is a separate mailing address please provide the mailing address instead.

Organization Mailing Address - Line 2:

Organization City/Town: \*

Organization State/Province: \*

Organization Zip/Postal Code: \*

Organization Website Address: \*

Organization Phone Number: \*

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Organization EIN: \*

Executive Director's Name: \*

Executive Director's Email Address: \*

Contact's Name: \*

Enter the name, title, email and phone number of the contact person for this proposal.

Contact's Title: \*

Contact's Email Address: \*

Contact's Phone Number: \*

## Organization Information

Organization's mission statement: \*

Provide your 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. \*

Select File

Choose File

No file selected

Maximum File Size: 5MB

No file attached

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? \*

☐ Yes

☐ No

What is the organization's fiscal year? \*

☐ January 1 - December 31

☐ July 1 - June 30

☐ October 1 - September

30

☐ Other

Does the organization have an endowment? \*

☐ Yes

☐ No

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? \*

### Demographic Data

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? \*

☐ Yes

☐ No

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

☐ Age

☐ Gender

☐ Race/Ethnicity

☐ Socioeconomic Status

☐ Other

If no, please explain.

## Program ONE Request Summary

## Program ONE Information

Program County: \*

- ☐ Champaign  
☐ Clark  
☐ Madison

Program Name: \*

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

*(0 to 100)*

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. \*

Max Number of Words: 500

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. \*

Max Number of Words: 200

How will this program support early childhood education, early learning initiatives, early brain development, etc.? Please include specifics that are both directly education related and/or wrap-around services that support brain development - for example, food, shelter, medical care, transportation, etc. \*

Max Number of Words: 500

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

Max Number of Words: 150

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

%

(0 to 100)

How is this information obtained? \*

What documentation/tracking tool is used to identify the percentage of LMI individuals served by the proposed program.

## Program ONE Deliverables and Outcomes

### Activities:

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

The term "activities" should be interpreted broadly and can include key processes, projects, services, courses, interventions, or anything else that participants "do" in the program.

Activities listed should clearly benefit from resources listed in the previous section.

Max Number of Words: 200

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

Max Number of Words: 200

**Deliverables:**

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

Outputs are the direct numerical results of the program activities. Examples of outputs include the number of participants who complete each activity or the total number of hours provided during one of the program activities.

Each output listed should relate to an activity described in the previous section.

Max Number of Words: 100

How many children/families of children 18 and younger do you expect to serve in this program during the funding year? \*

How many children/families of children ages 5 to 8 do you expect to serve in this program during the funding year? \*

How many children/families of children ages 0 to 5 do you expect to serve in this program during the funding year? \*

If you cannot provide these age demographics about your program, please explain why.

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? \*

Outcomes are specific, measurable, action-oriented, realistic and timed changes in a participant's behavior, knowledge or skills.

Max Number of Words: 200

**Impact:**

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

Max Number of Words: 200

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

Select File

Choose File

No file selected

Maximum File Size: 5MB

No file attached

## 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? \*

Max Number of Words: 150

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. \*

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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). \*

Example:

United Way - \$5,000, pending

The Foundation - \$3,000, funded

ABC Foundation - \$1,000, submitted

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

Max Number of Words: 150

## Program TWO Request Summary

## Program TWO Information

Program County:

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

- ☐ Champaign  
☐ Clark  
☐ Madison

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.)

(0 to 100)

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 organizations applying for funding for an additional program.)

How will this program support early childhood education, early learning initiatives, early brain development, etc.? Please include specifics that are both directly education related and/or wrap-around services that support brain development - for example, food, shelter, medical care, transportation, etc.

(This question is **REQUIRED** for organizations applying for funding for an additional program.)\*

Max Number of Words: 500

What is the target population of the proposed program?

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

%

(0 to 100)

How is this information obtained?

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

What documentation/tracking tool is used to identify the percentage of LMI individuals served by the proposed 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 organizations applying for funding for an additional program.)

The term "activities" should be interpreted broadly and can include key processes, projects, services, courses, interventions, or anything else that participants "do" in the program.

Activities listed should clearly benefit from resources listed in the previous section.

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.)

Outputs are the direct numerical results of the program activities. Examples of outputs include the number of participants who complete each activity or the total number of hours provided during one of the program activities.

Each output listed should relate to an activity described in the previous section.

How many children/families of children 18 and younger do you expect to serve in this program during the funding year?

(This question is **REQUIRED** for organizations applying for funding for an additional program.)\*

How many children/families of children ages 5 to 8 do you expect to serve in this program during the funding year?

(This question is **REQUIRED** for organizations applying for funding for an additional program.)\*

How many children/families of children ages 0 to 5 do you expect to serve in this program during the funding year?

(This question is **REQUIRED** for organizations applying for funding for an additional program.)\*

If you cannot provide these age demographics about your program, please explain why.

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.)

Outcomes are specific, measurable, action-oriented, realistic and timed changes in a participant's behavior, knowledge or skills.

**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.

Select File

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No file selected

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## 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.

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

Example:

United Way - \$5,000, pending

The Foundation - \$3,000, funded

ABC Foundation - \$1,000, submitted



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.)

☐ Champaign

☐ Clark

☐ Madison

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.)

(0 to 100)

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.

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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.

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How will this program support early childhood education, early learning initiatives, early brain development, etc.? Please include specifics that are both directly education related and/or wrap-around services that support brain development - for example, food, shelter, medical care, transportation, etc.

(This question is **REQUIRED** for organizations applying for funding for an additional program.)\*

Max Number of Words: 500

What is the target population of the proposed program?

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

%

(0 to 100)

How is this information obtained?

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

What documentation/tracking tool is used to identify the percentage of LMI individuals served by the proposed 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 organizations applying for funding for an additional program.)

The term "activities" should be interpreted broadly and can include key processes, projects, services, courses, interventions, or anything else that participants "do" in the program.

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(This question is **REQUIRED** for organizations applying for funding for an additional program.)\*

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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.)

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## Program FOUR Request Summary

### Program FOUR Information

Program County:

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

☐ Champaign

☐ Clark

☐ Madison

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.)

*(0 to 100)*

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.

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Max Number of Words: 500

What is the target population of the proposed program?

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

%

(0 to 100)

How is this information obtained?

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

What documentation/tracking tool is used to identify the percentage of LMI individuals served by the proposed program.

## Program FOUR Deliverables and Outcomes

### Activities:

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**Impact:**

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Select File

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## Program FOUR Finance

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## Site Visits

### Site Visit Schedule

**Throughout the 2026-2027 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. \*

☐ Yes, I certify that all information is true and accurate.

**You must click the submit button to complete the application process. You will receive an automated e-mail from Smarter Select saying your application has been submitted. Please retain a copy of this confirmation for your records.**

**If you have any problems submitting your application, please contact United Way at [unitedway@uwccmc.org](mailto:unitedway@uwccmc.org) prior to the deadline of the application. Thank you.**