Organization Information

Save your work

You have the option to save your work and submit the application at a later time. Be sure to click the "Save" button at the bottom of the section to save your work. There is a time-out feature for security purposes. If the page remains idle for 20 minutes, it will not save your work, and will require you to log back in.

Indicates required field

Organization Information

* Organization Legal Name:

* Year Founded:

* Street address:

* Mailing address:

* City/Town:

* State:

| Select | ⌄ |

* Zip:

Organization Website:

* Organization phone:

Organization fax:

* Organization fiscal year:

*Organization mission statement: *(Max. words 100)*

*Organization overview:

Give a brief description of the entire organization, history, programs and services (including those outside of the current grant request). Describe the organization's management structure and capability to undertake this program.

Contact Information

*Contact person first name:

*Contact person last name:

*Contact person title:

*Contact person email:

*Contact person phone number:

General Information

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Please complete the required fields. Please ensure that your contact information is correct. We will use this information to contact you, if needed. You may save and return to the application dashboard by clicking Save and Return to Application. You can return any time to complete the process Please note: not all questions are required. .

*Indicates required field

General Information

***Program Name:**

What is the name of the program your organization is seeking grant funds for?
If you are proposing general support for your organization please write the name of your organization.

*Program Description:

Briefly summarize the key elements of this program (not your organization). If funded, this description may be used by United Way of Alamance County for external communications including the website:

[   ]

*Alignment with United Way Approach

United Way is committed to reducing disparities by decreasing the number of families living in poverty, particularly focusing on communities of color and others who have been systematically and historically excluded. Please explain how your program aligns with our approach.

[   ]

*Amount requested from United Way:

[$]

*Program Need

How will this program work to eliminate disparities and inequities that exist in Alamance County? Please provide local data to support your request and list that source below.

[   ]

*Unduplicated Count of Persons to be Served

Indicate the (unduplicated) number of persons projected to be served using grant funds.

[   ]

Affirmations

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*Indicates required field

Affirmations

*Grant Workshop

Did you attend a United Way grant workshop?

[   ]

*Upload Solicitation License or Letter of Exemption

Upload a copy of your current Solicitation License from NC Secretary of State. If you are exempt from holding a Solicitation License please upload your exemption letter. Please note, this is different from a 501c3 designation letter from the IRS. Reference: NC Secretary of State

[Browse...   ]

🛈

*<u>Audited Financials</u>

Does your organization have audited financials from a CPA firm?

○ Yes   ○ No

<u>Audit Date</u>

If so, when was your most recent audit completed?

[   ]

*<u>990 Form</u>

Does your organization file the IRS form 990?

○ Yes   ○ No

*<u>Letter of Support</u>

Our organization's Board of Directors is aware of this grant application and could provide a Letter of Support if requested.

○ Yes   ○ No

*<u>Terms of Agreement</u>

United Way does not require submission of certain documents referenced in the affirmations above, but reserves the right to view them upon request. Please indicate your acceptance of this statement.

○ Accept   ○ Decline

Electronic Signature

[   ]

*Signature:
Enter your name as **"Sally Gordon"** to Confirm your Electronic Signature.

Program Demographics

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For the following section of questions use previous year's program data or project the demographics of the clients to be served.

You may save and return to the application dashboard by clicking Save and Return to Application. You can return any time to complete the process.

*Indicates required field

Program Demographics

<u>Age Range:</u>

Please provide the number of unduplicated clients in each age range below. If age is not tracked, put 0 in the box below.

*Age Range: 0 – 5:

[   ]

*Age Range: 6 – 12:

[   ]

*Age Range: 13 – 18:

[   ]

*Age Range: 19 – 65:

[   ]

*Age Range: Over 65:

[   ]

*Total Served by Age Range:

| 0 | Calculate |

Gender Served

Are your services offered to all genders?

○ Yes   ○ No

Please Explain:

[   ]

*Race/Ethnicity Served:

We highly encourage agencies to track who they are serving to better understand where there may be gaps in services. If you do not track race/ethnicity currently, please plan to do so in the future and explain how you plan to do so.

[   ]

Caucasian (not Hispanic/Latinx):

[   ]

African American:

[   ]

Latinx/Hispanic Origin:

[   ]

Asian:

[   ]

Native American:

[   ]

Multi-Racial:

[   ]

Other Race:

[   ]

Total served by race/ethnicity:

0	Calculate

Geographic Area Served:

Please provide the number of unduplicated clients in each zip code. If geography is not tracked, put 0 in the box provided.

27201:

27215:

27217:

27253:

27258:

27244:

27302:

27340:

27349:

Rest of County:

Out of County:

Total of Geographic Area Served:

0	Calculate

*Military or Veterans Served:

Please provide the number of unduplicated clients that are veterans. If this is not tracked, put N/A in the box below.

*People served with a Disability:

Please provide the number of unduplicated clients that have a disability. If this is not tracked, put 0 in the box provided.

[   ]

Is your facility ADA compliant?

○ Yes   ○ No

*LGBTQIA Served:

Please provide the number of unduplicated clients served that identify as LGBTQIA. If this is not tracked, put 0 in the box provided.

[   ]

*Poverty Level Served:

Please discuss the poverty level(s) that your program serves.

References:
DHHS Poverty Guidelines

[   ]

Program Details

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*Indicates required field

Program Details

*<u>Program Goal</u>

Goals provide programmatic direction, such as an expected outcome that a program is designed to address, these are not measurable -- they set an ideal to work toward. What does your program intend to accomplish? How does your goal align with the United Way Approach?

[   ]

<u>Measured Outcome(s)</u>

Provide the desired outcomes your program is attempting to achieve:
•They should be based on the goal above.
•The outcome(s) must be measurable, time-oriented, specific, and lead to accomplishing a stated goal(s).
•They should include directional terms (increase, decrease, improve, reduce, etc.), along with the percentage change that is projected to achieve the outcome.
•You must state at least one measurable outcome (can state multiple)
•They should relate back to the United Way Approach of eliminating disparities in the areas of education, health, and/or financial stability.
For Example: There will be a 20% reduction in tobacco use among teens at ABC Center by December 31, 2021 or By June 30, 2021, at least 50 of the 100 program participants will graduate as documented by school records.

[   ]

*<u>Collaboration</u>

In the recent year, how has your agency built new relationships to help you navigate through COVID-19? Please provide a list of contacts should we have any questions.

*<u>Outreach</u>

What are you doing to reach vulnerable, underserved, or marginalized communities with your programs? What is your strategy or marketing techniques?

*<u>Program Details</u>

Where and how is your program taking place? How have you become more flexible or innovative during this time?

*<u>Capacitive Building</u>

Do you have plans within your organization to address inequities you are seeing in the communities you are serving? What additional resources might you need to reach these goals or plans? (i.e. interpretation services, volunteers, space, trainings, technology, etc.)

Financial Information

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*Indicates required field

Financial Information

---

*<u>Most Recent Financial Statements</u>

Upload your most recent year-end financials for your organization (i.e. board approved statements, audit, etc.). Additional information may be requested after further review.

| | Browse... |

*<u>Budget</u>

Please upload the program budget.

| | Browse... |

*<u>Budget Narrative</u>

Provide a brief description of how the funds you are requesting will be used.

*__Matching Funds__

Are these funds being used as matching funds for another grant your agency received? If so, what grant?

[   ]

__In-Kind Donations:__

List all in-kind donations you may receive (i.e. volunteer time, items/supplies, office space, etc.) and a brief description.

*In-Kind donation type: *In-kind donation description:

[   ]   [   ]   Delete

[Add another In-Kind Donations]

__Multiple County Service Area__

If your organization is a multi-county operation, what system is in place to guarantee that grant funds are monitored and expended only to provide services in Alamance County?

[   ]

Admin Donations Repeater

Admin Users Repeater

*In-Kind donation type:

[   ]

*In-kind donation description:

[   ]

Grant Award Agreement

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*Indicates required field

Grant Agreement

*Contact person first name:

[   ]

*Contact person last name:

[   ]

*Organization Legal Name:

[   ]

*Mailing address:

[   ]

Please review the attached partner agreement for 2023.

Partner Agreement 2023.pdf

*Staff electronic signature agreeing to the 2023 partner agreement terms.

[   ]

*Board Chair electronic signature agreeing to the 2023 partner agreement terms.

[   ]

*Please upload completed Electronic Fund Transfer & Anti-Terrorism Compliance Form:

[   ] [Browse...]

ACH enrollment BLANK (2).pdf

*Please upload a copy of a Voided Check (or deposit slip):

[   ] [Browse...]

Mid Year Report

Save your work as you go!

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Please complete the required fields. You may save and return to the application dashboard by clicking Save and Return to Application. You can return any time to complete the process.

*Indicates required field

Mid Year Report

*<u>Program Name:</u>

What is the name of the program your organization is seeking grant funds for?
If you are proposing general support for your organization please write the name of your organization.

[   ]

*<u>Mid – Year Program Update</u>

Provide a brief program update, include any significant changes related to the agency, service delivery, staffing, programming, or funding.

[   ]

*<u>Unduplicated Count of Persons to be Served</u>

Indicate the (unduplicated) number of persons projected to be served using grant funds.

[   ]

*<u>Mid-Year Unduplicated Individuals Served</u>

What is the total count for unduplicated individuals served so far?

*<u>Success Story</u>

What does success look like in your program? Provide a story or event that captures the results you are striving to achieve.

(This information might be used for fundraising and marketing, please be sure you have permission to share this information, consider changing any personal or identifying information).

*<u>Additional Financial Information</u>

Are revenues and expenditures on target with the budget?

○ Yes   ○ No

*Explain any challenges or changes?

*<u>Program Goal</u>

Goals provide programmatic direction, such as an expected outcome that a program is designed to address, these are not measurable -- they set an ideal to work toward. What does your program intend to accomplish? How does your goal align with the United Way Approach?

*<u>Program Goal Update Mid-Year</u>

Goals provide programmatic direction, such as an expected outcome that a program is designed to address, these are not measurable -- they set an ideal to work toward. What does your program intend to accomplish? State the goal below.

For Example: To eliminate smoking among teenagers in Alamance County.

<u>Measured Outcome(s)</u>

Provide the desired outcomes your program is attempting to achieve:
•They should be based on the goal above.
•The outcome(s) must be measurable, time-oriented, specific, and lead to accomplishing a stated goal(s).
•They should include directional terms (increase, decrease, improve, reduce, etc.), along with the percentage change that is projected to achieve the outcome.
•You must state at least one measurable outcome (can state multiple)
•They should relate back to the United Way Approach of eliminating disparities in the areas of education, health, and/or financial stability.
For Example: There will be a 20% reduction in tobacco use among teens at ABC Center by December 31, 2021 or By June 30, 2021, at least 50 of the 100 program participants will graduate as documented by school records.

<u>Measured Outcome(s) - Mid-Year:</u>

Provide the desired outcomes your program is attempting to achieve:
- They should be based on the goal above.
- The outcome(s) must be measurable, time-oriented, specific, and lead to accomplishing a stated goal(s).
- They should include directional terms (increase, decrease, improve, reduce, etc.), along with the percentage change that is projected to achieve the outcome.
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For Example: There will be a 20% reduction in tobacco use among teens at ABC Center by December 31, 2021 or By June 30, 2021, at least 50 of the 100 program participants will graduate as documented by school records.

*Mid-year Outcomes and Explanation

Using clear figures explain the outcome results to date (during the first 6-months, January 1 - June 30, 2022):

*Mid-year Additional Explanation

Is there anything else that would be beneficial to United Way that has not been shared already on this report?

○ Yes   ○ No

*Please explain:

Year End Report

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Please complete the required fields. You may save and return to the application dashboard by clicking Save and Return to Application. You can return any time to complete the process.

*Indicates required field

Year End Report

---

*Program Name:

What is the name of the program your organization is seeking grant funds for?
If you are proposing general support for your organization please write the name of your organization.

*Mid – Year Program Update

Provide a brief program update, include any significant changes related to the agency, service delivery, staffing, programming, or funding.

*Year – End Program Update

Provide a brief program update, include any significant changes related to the agency, service delivery, staffing, programming, or funding.

*Mid-Year Unduplicated Individuals Served

What is the total count for unduplicated individuals served so far?

Year-End Unduplicated Individuals Served:

*What is the total count for unduplicated individuals served so far?

[   ]

Uni   ut

*Remaining Funds:

Are there any remaining funds?

[   ]

*<u>Success Story</u>

What does success look like in your program? Provide a story or event that captures the results you are striving to achieve.

(This information might be used for fundraising and marketing, please be sure you have permission to share this information, consider changing any personal or identifying information).

[   ]

*<u>Recent Financial Statements</u>

Upload the most recent financial statements submitted to your board of directors.

[| Browse...]

*<u>Additional Financial Information</u>

Are revenues and expenditures on target with the budget?

○ Yes   ○ No

*Explain any challenges or changes?

[   ]

*<u>Program Goal Update Mid-Year</u>

Goals provide programmatic direction, such as an expected outcome that a program is designed to address, these are not measurable -- they set an ideal to work toward. What does your program intend to accomplish? State the goal below.

For Example: To eliminate smoking among teenagers in Alamance County.

[   ]

*<u>Year – End Program Goal</u>

Goals provide programmatic direction, such as an expected outcome that a program is designed to address, these are not measurable -- they set an ideal to work toward. What does your program intend to accomplish? State the goal below.

For Example: To eliminate smoking among teenagers in Alamance County.

[   ]

<u>Measured Outcome(s) - Mid-Year:</u>

Provide the desired outcomes your program is attempting to achieve:
- They should be based on the goal above.
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Year – End Measured Outcome(s) :

Provide the desired outcomes your program is attempting to achieve:
- They should be based on the goal above.
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For Example: There will be a 20% reduction in tobacco use among teens at ABC Center by December 31, 2021 or By June 30, 2021, at least 50 of the 100 program participants will graduate as documented by school records.

*Year – End Outcomes and Explanation

Using clear figures explain the outcome results to date? (for the 2021 calendar year)

[ ]

*Year-End Additional Explanation

Is there anything else that would be beneficial to United Way that has not been shared already on this report?

○ Yes   ○ No

*Please explain:

[ ]