

# **Berwick Area United Way**

## **Special Program Grant**

### **I. Funding Parameters:**

- A. The Special Programs Grant will be available for programs or services that meet new needs or existing needs in a creative way. These funds could also provide seed money for new programs and could be a source of matching funds.**
- B. Funding is open to all 501(c)(3) health and human care agencies that are addressing critical needs. No commitment is made for continued support. Funding is awarded on a competitive basis.**
- C. Reserve Funds: Funds from the Special Programs Grant can be used at the discretion of the Board of Directors in the event of a campaign shortfall to supplement agency allocations.**
- D. Grants will typically be in the \$500 to \$3,000 range.**

### **II. Application Process:**

- A. Grant funding will be determined through a formal application process to the Berwick Area United Way Board.**
- B. The application will be screened by the Board of Directors.**
- C. Agency representatives may meet with members of the United Way Board (a representative from each Board committee) to present their program proposal and answer questions.**
- D. The application review process may include further research. In order to fully evaluate the project as it relates to providing unmet community needs, the Board may seek additional consultations.\***
- E. The Special Program Funding Committee will meet quarterly to consider and act upon requests. Applications are due by the first day of each quarter (January, April, July, October) Action will be taken by the last day of the quarter for which the application has been submitted.**

\*Additional information may be required of the agency to complete the application process.

# Special Program Grant Application Form

Organization Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone number: \_\_\_\_\_ Fax number: \_\_\_\_\_

Title of Program: \_\_\_\_\_

Total Grant Requested: \$ \_\_\_\_\_ Tax ID #: \_\_\_\_\_

Brief Summary of Project: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please attach two copies** of the following documentation together with any additional information you feel may support your request:

- A copy of your current total agency operating budget
- Proposed program/project budget
- List of anticipated funding sources and dollar amounts.
- List of agency Board of Directors
- Written evidence of current tax exempt status
- Copy of most recent audited financial statement
- Copy of most recent internal financial statement
- Any additional information, pamphlets, brochures, etc.

**Please note that if you are already a United Way participating agency**, you need to submit only a completed application and the proposed program/project budget. It is your responsibility, however, to be sure that the remaining above listed items are on file with the United Way.

**1) Please describe the "problem" that your program targets and specific objectives or ways in which your organization will address the problem.**

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**2) Describe the target population(s) for your program including both demographic and geographic data. Please estimate the number of individuals you expect to benefit from the program during this grant period.**

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**3) Share with us information on the design and planned implementation of the program. Include a brief timetable, description of people/organizations involved in carrying out the program (include their specific qualifications for same) and your organization's background in this or related areas.**

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**4) Please tell us when and how you plan to evaluate the program's success.**

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**5) List any other funders who are considering your proposal and the amount you are requesting from each.**

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**6) If start-up funds are provided, how will the program be supported in the future?**

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**7) If your organization is awarded this program grant the United Way would expect to be publicly acknowledged as the grantor. How will you accomplish this?**

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**8) Please explain how the Berwick Area would benefit if this program were funded.**

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**9) Any other comments you wish to make that will assist the Committee in its consideration of your request (no more than 1/2 page please).**

***THANK YOU FOR YOUR APPLICATION, AND FOR INVITING THE BERWICK AREA UNITED WAY TO BE A PARTNER WITH YOU IN IMPROVING OUR COMMUNITY.***

## Special Programs Funding Evaluation

Name of Agency \_\_\_\_\_ Responded \_\_\_\_\_

Name of Program Funded \_\_\_\_\_

Funded Amount \_\_\_\_\_ Date Funding Received \_\_\_\_\_

Date Questionnaire Completed \_\_\_\_\_ Phone Number \_\_\_\_\_

**(1) How were United Way dollars utilized?**

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**(2) Please evaluate the success of the program funded by the grant.**

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**(3) If program expectations were not met, how would you restructure the program for success?**

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**(4) How many Berwick Area residents were served through this program?**

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**(5) Other comments (Use up to one other page)**

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**(6) Please enclose any supporting data with regard to the program funded as well as any promotional or media material.**