

SPECIAL GRANT

Grant Application Cover Page

Name of Organization:

If your organization is a 501(c)3, please attach documentation.

Mission of Organization:

Name of Project:

Amount Requested:

Fiscal Agent (if applicable):

Contact Person Name:

Title:

Phone:

Email:

Address:

Project Summary:

SPECIAL GRANTS Grant Application

Detailed Project Description:

Please provide a description of the project including: purpose, anticipated results, sustainability, date, location, planning and implementation timeline, targeted population, number of individuals served, and the impact this project has on the individuals served and the Community.

Vision Councils Impact Areas:

The United Way will consider applications that address a need within the following impact areas:

Childhood Development Self Sufficiency for aging and vulnerable populations Health & Safety Inclusiveness

This project will address a need in the following Impact areas (select from the above list):

Explain how this project relates to this Vision Council Impact Area:

Project Collaboration: (if applicable)

Are other community partners involved with this project? If yes, please explain. What are other organizations are doing similar work in the community? How do you partner with these organizations?

Leadership

What is the leadership structure of your organization or group? Who are the key leaders for this project and what are their roles?

Financials

Please attach a project budget and your organization's most recent financial statements. In the space provided below, identify and explain how the requested funds will be expended and explain plans for future project funding, if applicable.