



# SMALL GRANTS APPLICATION

**APPLICATION TYPE**

Community Relief Fund (for COVID-19 Response)

UWNCO Small Grant Funding

**SECTION ONE. ORGANIZATION INFORMATION.**

**NAME OF ORGANIZATION**

**FEDERAL EIN**

**WEBSITE/SOCIAL MEDIA**

**LEAD CONTACT NAME**

**CONTACT EMAIL**

**CONTACT PHONE**

**ADDRESS**

**ORGANIZATION MISSION**

**ORGANIZATION DESCRIPTION**

## SECTION TWO. "WHAT ARE YOU DOING?" PROGRAM INFORMATION.

PROGRAM NAME

PLEASE SELECT THE RESULTS STATEMENT THAT THIS PROGRAM WILL BE WORKING TOWARD.

- All residents in north central Ohio live in safe neighborhoods.
- All children in north central Ohio will achieve their full potential.
- All children & adults in north central Ohio are mentally & physically healthy.
- All residents in north central Ohio are able to meet their financial needs.

WHAT IS THE GOAL OF THE PROGRAM?

PLEASE DESCRIBE WHAT SPECIFIC ACTIVITIES YOU WILL CARRY OUT TO ACHIEVE THE GOAL?

PLEASE LIST ANY PARTNERS FOR THE PROGRAM:

## SECTION THREE. "HOW MUCH?" TARGET POPULATION.

TARGET POPULATION(S). WHO WILL YOU SERVE?

HOW MANY UNDUPLICATED INDIVIDUALS/FAMILIES WILL YOUR PROGRAM REACH?

**SECTION FOUR. "IS ANYONE BETTER OFF?" PERFORMANCE MEASURE(S). HOW WILL YOU KNOW YOU ARE ACHIEVING THE GOAL OF YOUR PROGRAM?**

<b>PERFORMANCE MEASURE(S)</b>
<b>HOW WILL YOU COLLECT DATA FOR THE MEASURE(S)?</b>

**SECTION FIVE. FINANCIAL INFORMATION.**

<b>WHAT IS THE TOTAL BUDGET FOR THE PROGRAM?</b>	<b>WHAT IS THE FUNDING REQUEST FROM UNITED WAY?</b>
\$	\$
<b>DESCRIBE HOW YOU WILL USE IN-KIND &amp; VOLUNTEER RESOURCES TO CONTRIBUTE TO AND ENHANCE YOUR PROGRAM:</b>	
<b>PLEASE ATTACH YOUR 501(C)3 DESIGNATION LETTER OR RELEVANT DESIGNATION.</b>	

COMPLETED APPLICATIONS MAY BE EMAILED TO [AMBER@UNITEDWAYNCO.ORG](mailto:AMBER@UNITEDWAYNCO.ORG) OR MAILED TO UNITED WAY NCO AT 125 EXECUTIVE DRIVE, SUITE 100, MARION, OH 43302.

PLEASE CALL 740-383-3108 WITH ANY QUESTIONS.