

Live United Grants FY17-18

United Way of Frederick County

General Information

Project Name*

What is the project, program or services of your agency for which you are requesting funding?

Character Limit: 100

Grant Amount Requested*

Please specify an amount between \$500 and \$10,000.

Character Limit: 20

Anticipated Total Cost of Project:*

Please specify the anticipated total cost of the project inclusive of the grant amount you are requesting.

Character Limit: 20

Project Type*

Select the category that best describes your project.

*Please refer to the 2017-18 Live United Grant Criteria and Guidelines for further information regarding project types.

Choices

One Time Project

On Going Project

Entrepreneurial / Incubator Funds

Impact Area*

Select the one impact area that best applies to your organization. Please review United Way's Community Impact Strategy Map when preparing your application.

Choices

Education

Health

Financial Stability

United Way Community Impact Strategy Map*

Check off the goals of the Community Impact Strategy Map your proposal addresses. Make sure to only check options within the Impact Area you previously selected (i.e. Education, Financial Stability or Health). You may check off multiple goals within an Impact Area, but doing so does not necessarily have an impact on the competitiveness of your application.

Choices

- Education - Early Childhood Development
- Education - School Readiness & Success
- Education - Post-High School Graduation Preparation & Career Readiness
- Financial Stability - Continuing Education
- Financial Stability - Safe & Reliable Transportation
- Financial Stability - Stable Housing
- Health - Trauma Prevention, Treatment & Awareness
- Health - Improved Behavioral Health
- Health - Eliminating Health Disparities

Publicity & Acknowledgement*

Does your organization agree to market and/or promote the funded project through news releases, printed material, website, social media, and other channels if chosen for grant funding?

Choices

Yes

Live United Grants Criteria and Guidelines*

Please confirm that you have read and understood the Live United Grants Criteria and Guidelines document that can be found at unitedwayfrederick.org/liveunitedgrants

Choices

Yes

Organization Information

Mission Statement*

Please share your organization's mission statement.

Character Limit: 2500

Organization's Total Operating Budget:*

Character Limit: 20

IRS Form 990*

Provide a copy of most recent IRS Form 990. The Form 990 must be signed by an officer of the organization or include Board minutes showing approval of the return.

File Size Limit: 14 MB

Project Information

Please be brief and concise in your answers.

1. Describe the need for the proposed project.*

Include why this project is critical for meeting a need in the community and why it is important to the organization. Be specific about how it aligns with United Way's targeted goals and outcomes under Education, Financial Stability or Health. Please review United Way's Community Impact Strategy Map when preparing your application.

Character Limit: 5000

2. What are the specific activities of the project?*

Describe the overall work plan for the project, including a timetable. Also include how volunteers will be utilized for this project (per the Criteria & Guidelines preference is given to applications that utilize volunteers).

Character Limit: 5000

3. Best Practices Used*

Please provide a bulleted list of best practices you employ in this program.

Character Limit: 2500

4. How are you raising and spending money for this project?*

Please provide the project's total budget. The budget should include all sources of income (anticipated support from United Way, financial donations, in-kind donations, earned income, grants, sponsorships, earned revenue, etc.) and expenses. **Specifically indicate which expenses any received United Way funds would be spent on.** You may view a sample budget by clicking [here](#).

File Size Limit: 6 MB

4. a. Additional project budget information.*

Total expected expenses should be equal to or less than total expected income in the budget you provided above. If not, an explanation must be provided here. **All applicants should include a short explanation of how the project would go forward without United Way funding.**

Character Limit: 5000

5. How will this project's success be measured?*

Please include clearly defined goals and performance measurements. Explain what impact this project will have in meeting the need identified in your answer to question 1.

Character Limit: 5000

6. How will you collaborate with other organizations on this project?*

Please include the names of collaborating businesses and/or nonprofit organizations and describe the nature of the relationships with these organizations. If another organization also provides a similar service/project, please explain how your organization will collaborate with them to multiply your impact.

Character Limit: 5000

6. a. Letters of Support for Entrepreneurial/Incubator Projects Only.

If you selected Entrepreneurial/Incubator funding under project type, please attach a copy of letters of support for each partner named in your answer to question 5 above. You will have to combine multiple letters into a single document as you can only upload one file to your application.

File Size Limit: 5 MB