



Application for Funding – Calendar Year 2023

Date of Application:

PART I - AGENCY INFORMATION

Agency Name:

Street Address:

City:

State:

Zip:

Mailing Address if different from above :

Agency Phone Number:

Agency Fax Number:

Agency Web Site Address:

Agency Mission Statement:

Agency Statement of Anti-Racism/Ethnic Discrimination:

CONTACT INFORMATION

Primary Contact First and Last Name:

Primary Contact Title:

Primary Contact Email Address:

Primary Contact Phone:

Agency CEO First and Last Name:

Agency CEO Title:

Agency CEO Email Address:

Agency CEO Phone:

PART II – Program Information

Program Name:

Amount of Funding Requested:

What community impact area does this program address (ie: education, income, health)?

Provide the Program Background – Year started, accomplishments.

What is your target population?

How do you ensure that your programs and services are available equally to all members of your target population?

What is your agency's current annual budget?

What is this program's current annual budget (if different)?

Please list other current funding sources and amounts for this program, including any other United Way Agencies with which you are working.

Explain specifically how United Way of Logan County funding will be used in 2022. Include whether the funding will help add new services or supplement funding to maintain current service levels.

Provide the number of unduplicated individuals served in our county annually.

Estimate the number of individuals that are not served due to limited resources.

How has the COVID-19 crisis impact your organization and your ability to provide services in 2021 and into 2022?

Do you anticipate ongoing issues with services in 2023 due to COVI-19 or other concerns? What are your areas of concern?

Provide statistics on race/geneder/ethnicity with regard to those you service.

Is there any other information you would like us to know about your program?

PART III – Outcomes Data

What are your programs desired outcomes – long and short term? How do you measure success?

What information will you collect to measure the effectiveness of your program?

What are the previously measured outcomes of your program. Please explain your results.

List any influencing factors affecting the outcome results.

Please provide with this application a copy of:

- Your Program Budget current
- Your Most Recent 990
- A copy of your 501C3 unless previously provided
- A listing of your board of directors

Comments:

What is the value of your services? This will be used on our website with our Impact Calculator. For example, what will a donation of \$5.00 to your agency provide? \$10? \$50? (etc...)

What is your preferred payment timeline – (For example monthly, quarterly...):