

Application for Funding – Calendar Year 2026

Date of Application:

**PART I - AGENCY INFORMATION**

Agency Name:

Street Address:

City: State: Zip:

Mailing Address if different from above :

Agency Phone 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:

**PART II – Program Information**

Program Name and Description:

Amount of Funding Requested:

What community impact area does this program address:

Healthy Community \_\_\_\_
Youth Opportunity \_\_\_\_\_
Financial Security \_\_\_\_\_
Community Resiliency \_\_\_\_\_

What is your target population?

Year program began:

Total program annual budget:

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

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

Explain how the requested funding will be used with regard to this program.

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

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

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

How do you measure program success? What are the most recent outcomes with regards to these measures?

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

Please provide with this application a copy of:

* Your Program Budget current
* Your Most Recent 990 (Front Page Only)
* 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…):