

Total funding request
Type of request: (program, operating, capital)

Section 1 Organizational Information

Organization name
Legal name (if using a dba)
Primary care area
Organization Mission Statement
Contact person
Contact's Email address
Contact's Phone number
Executive Director
Mailing address
Physical address
Email address
Website
Federal tax-exempt #
Secretary of State Certification (renewal #)
Current Year Agency Operating Budget (total)

Section 2 Program Information

Program Title
Budget for the program area(s) requested
Program/service address (*Is the program/service address confidential?)
Program Focus area: (Health, Education, Financial stability)
Is this a new idea?
Complete the logic model

Describe the program (We will list you on our website as a community resource, please describe your work, as it relates to this grant, in 25 words or fewer.)

- *What is the need? (Cite statistical data and include at least one story (specific example))*
- *Succinctly list the goals (Include both output and outcome goals)*
 1. *Output goals? (# served, etc.)*
 2. *Outcome goals? (% change)*
- *What specific activities will your agency perform?*

Describe the target population (Demographics, size, etc.)

Describe the sustainability plan for this program

Section 3 Financials

Previous Year Organization "Management and General Expenses" (From 990 form)
Previous Year Organization "Fundraising expenses" (From 990 form)
Previous Year Organization "Total Revenue" (From 990 form)
This is your AFR (Admin Fundraising Ratio)
If your AFR is greater than 35% please explain why
Sources of Income table

Attachments

- Board approved non-discrimination policy (states people served as well as employees)
- Certificate of good standing from Colorado Secretary of State
- List of Board of Directors & Key Staff
- Prior fiscal year financial statements (Statement of Activities and also Statement of Financial Position)
- Current year budget
- Program budget (for the requested grant)

Did you receive a grant last year? ***("yes" response triggers the rest of these questions)***

Report for Grant Received Last Year

How much funding did you receive?

List the goals you hoped to achieve

Were all of the program services performed as expected?

List the outputs (# of individuals served, etc.)

What was the average cost to serve one person or family?

List the outcomes (% change in the need)

Are there any other results you'd like to share? (Lessons learned, positive or negative impacts, testimonials, etc.)

Organization name/mission/contact information/program data will be used in United Way of Eagle River Valley's marketing and reporting to donors, Commissioners, and at the InGear online Eagle County Dashboard.

Signature

Date