

2019 UW Innovation Grant Form

Let's begin!

Organization Name *

Legal Name (if dba)

Type of Request *

Primary Care Area *

Organization Mission Statement *

Organization Contact

First

Last

Contact Email *

Enter Email

Confirm Email

Contact Phone *

Executive Director *

First

Last

Director Email *

Mailing Address

Street Address

Address Line 2

City

State

ZIP Code

Physical Address

Street Address

Address Line 2

City

State

ZIP Code

Website

Federal Tax Exempt # (EIN)

Secretary of State Certification (Renewal #)

Current Year Organization Budget (\$) *

Program Title *

Budget for the Program Area(s) requested

Program Service Address *

Street Address

Address Line 2

City

Colorado



State

ZIP Code

Is the program service address confidential? *

Yes

No

Program / Service Area *

Health
Education
Financial Stability

Is this a new idea?

Yes

No

Complete the following 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.)

0 of 150 max characters

0 of 150 max characters

What is the need? *

Cite statistical data and include at least one story (specific example)

0 of 520 max characters

0 of 520 max characters

Succinctly list the output goals (# served, etc) *

0 of 520 max characters

0 of 520 max characters

What specific activities will your agency perform? *

0 of 520 max characters

0 of 520 max characters

Succinctly list the outcome goals (% change) *

0 of 520 max characters

0 of 520 max characters

Project the timeline of milestones *

List the approximate dates in the project cycle when key action steps are to be accomplished.

Date

Milestone



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

Who will benefit? How many people will it help? (Directly) How will that affect the community?

Describe the sustainability plan for this program *

Describe how this project is innovative for our community

Innovation Grant Applicants: Begin answering this question using the words, "This project is innovative for our community because...". Include responses to these questions: What are the key components of this project that make it creative and unique? Are there any other efforts or existing projects underway that would compete or contribute to this innovation/idea?

Outside of funding, what other obstacles do you think your organization or those you serve might face in the next few years, and how could United Way partner with you to overcome these barriers?

Financials

Previous Year Organization "Management and General Expenses" *

Enter the total from your IRS 990 form, part IX, column C. If your organization is brand new, please enter zero.

Previous Year Organization "Fundraising expenses" *

Enter the total from your IRS 990 form, part IX, column D. If your organization is brand new, please enter zero.

Previous Year Organization "Total Revenue" *

Enter the total from your IRS 990 form, part VIII, column A (line 12). If your organization is brand new, please enter zero.

Your AFR (Admin/Fundraising Ratio)

Based on the data you've entered, this ratio explains the amount of your revenue that you spend on overhead and fundraising expenses (rather than to your programs/delivering your services). If your ratio is greater than 35% we recommend that you confirm the accuracy of your entries or revisit your organizational accountability policies.

Sources of Income table: Organization *

Total percent must equal 100%

Source

Percent



Sources of income table: this program only *

Total percent must equal 100%

Source

Percent



Attachments

2 letters of support

Attach two letters of support from individuals who will benefit from this project.

Drop files here or

Select files

Board approved non-discrimination policy *

MUST include the phrase "people served" as well as employees.

Choose File no file selected

Certificate of good standing from Colorado Secretary of State

Choose File no file selected

List of Board of Directors & Key Staff

Choose File no file selected

Prior fiscal year financial statements

Statement of Activities and also Statement of Financial Position

Drop files here or

Select files

Current year organization budget

for the requested grant

Choose File no file selected

Program budget

for the requested grant

Choose File no file selected

Did you receive a grant of this type last year? (Innovation or regular) *

If you respond no, please agree to the disclosure statement then sign and submit the application. If you respond yes, please answer all of the questions following this one.

Yes

No

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. *

Agree

[Save and Continue Later](#)

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