



Heart of Arkansas United Way 2018-19 Community Grant Application

Who We Are

Our Mission:

Through leadership, partnerships and innovation, Heart of Arkansas United Way unites community resources to meet changing health and human needs.

Everyone deserves opportunities to have a good life: a quality education that leads to a stable job, enough income to support a family through retirement and good health. That's why our competitive grants program is focused on investing in programs that form the building blocks for a good life: Education, Financial Stability and Health.

Advancing the common good is less about helping one person at a time and more about changing systems to help all of us. We are all connected and interdependent. We all win when a child succeeds in school, when families are financially stable, when people are healthy. Our goal is to create long-lasting changes by addressing the underlying causes of these problems. It takes everyone in the community working together to create a brighter future.

Basic Information and Instructions

Eligibility

All applicants must meet and provide evidence of the following requirements:

- Be a not-for-profit, tax-exempt organization
- Have an active, locally based, volunteer board of directors that meets regularly, makes policy decisions and holds election of officers
- Have an administrative structure with defined lines of responsibility, a mission statement and bylaws
- Be financially stable, perform a regular budgeting process and can submit audited financial statements and/or IRS Form 990
- Can demonstrate effectiveness of its programs/services through measurable outcomes
- Registration with the Arkansas Secretary of State

Guidelines

- Organizations may apply for funds to start a new program or for the expansion of an existing program.
- Grant funding can be used for both administrative expenses, (no greater than 10%), and programmatic expenses to support the program.
- Grant cannot be used for capital expenditures such as building, plans, construction or renovation.
- Minimum grant request is \$5000.00.

Priorities for Funding

Each application will be reviewed by local United Way volunteers. Proposals should clearly demonstrate how the program or initiative makes a measurable impact in one of the following areas:

- Education – Preparing children, youth and young adults to succeed in school and life.
- Financial Stability - Helping individuals and families pave a path to financial independence.
- Health – Helping individuals live quality lives and achieve maximum health and independence.



Timeline

February 19, 2018 – Grant applications available
February 28, 2018 – Agency Training
April 13, 2018 – Grant applications due
May - June 2018 – Grant application review and site visits
June 2018 - Grant Announcements
Quarterly payments begin September 15, 2018

Please keep your answers limited to the space provided.

Date:

Agency Information

Legal Name of Organization <i>(Write the name of your organization as it is listed on your IRS):</i>	
Doing Business As <i>(If applicable):</i>	
Physical Address, City, State, Zip:	
Mailing Address <i>(If different from above):</i>	
Phone Number:	Fax Number:
Website:	
Contact Information:	CEO name, number, email
Title:	
Phone Number:	
Email Address:	



Agency Mission Statement:

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Documentation Required:

- **Board of Directors Roster**
- **Verification of Tax Exempt Status**
- **Most recent IRS filing, such as a Form 990**
- **Most recent audit or financial review**
- **Program Budget Worksheet (downloadable from our website)**

Is your agency registered with the Arkansas Secretary of State's office? Yes No

Number of Employees:

Number of Volunteers:

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Geographic Area(s) Served:

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Program or Initiative Details

Program Name:

Check one:

New _____

Existing _____

Amount Requested:

Total Cost of Program:

Program or initiative description for which funding is requested.

Briefly describe how the requested funds will be used.



Describe how the proposed program or initiative falls within the focus areas of either Education, Financial Stability or Health.

Describe the anticipated outcomes of the proposed program or initiative. How will it create lasting change in the lives of those served?



How is the program or initiative measured?

Describe how this program or initiative is a collaborative effort.

List corporation and foundation sources being approached for funding.

Signature

Signature

Name and Title of Chief Executive

Name and Title of Chief Volunteer

Date

Date