

ELIGIBILITY

Please complete the following questions to the best of your ability. We look forward to receiving your application. You may return to/edit your application until the application period ends. If you have any questions, please contact grants@uwlanc.org. Please allow 2 business days for a reply.

1. Is your organization a registered nonprofit organization with an official letter of determination of 501(c)3 status from the Internal Revenue Service or awaiting paperwork for an already approved 501(c)3?

Yes

No

2. Has your organization operated in Lancaster County for at least one year (in operations in Lancaster County on or before July 1, 2021)?

Yes

No

If less than one year, please indicate the date your operations began

3. Does your organization provide services to families with low income in Lancaster County?

Yes

No

4. Is your organization delinquent on any state or federal debt?

Yes

No

If yes, please explain:

5. Does your organization share United Way's view of collaborative and inclusive service to the entire community, without excluding anyone on the basis of race, color, religion, gender, ethnicity, national origin, age, disability, sexual orientation, or any other factor not relevant to a person's eligibility for service or ability to contribute?

Yes

No

If no, please explain:

ORGANIZATION INFORMATION

6. Organization Details

Name	<input type="text"/>
Year Founded	<input type="text"/>
Current Year's Budget	<input type="text"/>
Last Year's Budget	<input type="text"/>
Federal Tax Number	<input type="text"/>
Address	<input type="text"/>
City	<input type="text"/>
State	<input type="text"/>
Zip	<input type="text"/>
Main phone	<input type="text"/>
Website	<input type="text"/>
CEO/ED/President's name	<input type="text"/>
CEO/ED/President's email	<input type="text"/>
Program/Project contact's name	<input type="text"/>
Program/Project contact's email	<input type="text"/>
Marketing contact's name	<input type="text"/>
Marketing contact's email	<input type="text"/>
Person submitting grant (name)	<input type="text"/>
Person submitting grant (email)	<input type="text"/>

ORGANIZATION DESCRIPTION & COMMITMENT TO EQUITY

7. Provide your organization's mission statement and a brief description of your organization and the work you do. Tip: Use this space to explain what your organization does overall. This is not a space to focus on the work proposed in the application, rather this is to share general information about your organization. Often our reviewers comment that they do not have a good understanding of the organization from the information in the proposal.

Suggested Length: 2-4 paragraphs

8. We understand that equity is a journey for both individuals and institutions, and that your organization may be at the beginning stages of this work or more advanced. Tell us where you are on the journey and where you're headed next.

9. How do you listen to the voices of those you impact?

10. How do you engage with the people you seek to serve, help, or impact?

11. How do you incorporate feedback from those impacted by this project?

12. Please describe how voices of historically excluded groups and/or individuals with lived experience are sought out and reflected in program decision making.

13. Amount requested

14. Priority area(s):

- Education
- Economic Mobility
- Health & Well-being
- Women United (2022 focus: Economic Mobility | separate funding stream serving women only)

15. Describe the work you are proposing to start, continue, expand, iterate on, etc. if you were to receive funding through this initiative.

Suggested length: 2-4 paragraphs

16. How do you measure those you serve?

- Individuals served
- Households served
- Other measurement

If Other (please specify)

17. If Individuals served, how many individuals can you serve with the grant you are requesting?

18. If Households served, how many households can you serve with the grant you are requesting? What is the average number of people in the households you serve?

19. Describe the community (or communities) you serve with your work. Explain why serving this community (or communities) can help advance common goals and their commitment to equity. Describe your organization's cultural and linguistic capacity to serve the community.

Tip: Communities can be geographic, but they can also be based on other demographic information. Include demographic information about the community you serve such as race/ethnicity, geography, socio-economic status, language, family structure, housing status, etc.

Suggested Length: 2-4 paragraphs

DATA

Select the Priority area under which you are applying and then select the standard measure(s) relevant to your work. You must select at least one measure to report on.

20. EDUCATION (Level Up grants only)

- Number of families and/or caregivers provided with information, resources, tools, trainings, and/or skills that support development.
- Number of youth who participate in school and/or community-based out-of-school time programs and/or receive individualized supports.
- Number of youth who participate in school and/or community-based out-of-school time programs that support career exploration/mentoring/job readiness.
- Number of opportunity youth (ages 15-24) who gain employment.
- Percent of youth (K-12) served who maintain satisfactory or improve school attendance.
- Percent of children and youth (K-12) served who graduate high school on time.

Other (please specify)

21. ECONOMIC MOBILITY (Level Up AND Women United grants)

- Number of individuals who access affordable housing, financial products, and services.
- Number of individuals who receive high school diplomas, GEDs, certificates or degrees for careers with family-sustaining wages, or secure employment in a field with a family-sustaining wage.
- Percent of individuals served who earn job-relevant licenses, certificates, and/or credentials.
- Percent of individuals served who gain employment or increase their wages.
- Other (please specify)

22. HEALTH & WELLBEING (Level Up grants only)

- Number of individuals participating in physical activity and/or healthy food access/nutrition programs.
- Number of individuals served with access to healthcare services and supports.
- Number of individuals served with access to healthcare insurance.
- Percent of individuals who eat healthier, increase their physical activity, and/or move towards a healthy weight.
- Percent of mothers who access prenatal care
- Percent of babies who experience healthy birth outcomes (e.g., carried to full term, born at a healthy weight and/or celebrate their first birthday)
- Percent of individuals served who avoid or reduce risk-taking behaviors
- Other (please specify)

23. How does *your* organization measure success? If awarded a grant, what do you imagine will be the outputs in six months? What do you imagine will be the outcomes at the end of a year?

Tip: This space is where you can share your own measures of success. Include information about how things can change for the families you serve because of the services you provide. Include tangible/measurable outcomes and information on how you can measure that information.

Suggested Length: 2-4 paragraphs

24. The challenges our neighbors face change over time and great organizations address new and growing barriers in the community. In what ways does your proposal bring innovation to existing work or bring new solutions to community challenges?

25. We also believe that great work deserves acceleration. In what ways do you see the potential for your work to scale to more comprehensively address the various barriers your work addresses?

26. Describe how you will collaborate with other organizations through your proposed project/program/initiative.

27. If you are proposing a new collaboration with others, have you already come to a formal or informal agreement for your proposed project/program/initiative? Please describe.

WOMEN UNITED APPLICANTS ONLY

These questions are to be answered only by those who are applying for a Women United grant.

28. If you are proposing a new project/program, clearly articulate the implementation plan and strategy to attain clients.

29. If you are proposing the expansion of an existing project/program, clearly articulate the plan for expanding services or increasing clients.

30. Describe how the program collaborates with other organizations to enhance the quality of service for clients and reduces duplication of service across the county

31. How will data and assessments be used to inform your work?