

Level Up & Launch Grant Application Form

Thank you for your interest in applying for grant funding through United Way of Lancaster County! We look forward to receiving your application.

Please note: You can save and continue your application at any point in the process. Click on "Save & Continue", and you'll be emailed a URL to continue your application when you are ready to do so. This link will remain active until the deadline outlined in the grant RFP. Upon your final submission, you will receive a PDF version of your grant application via email.

In our commitment to ensuring a fair and thorough evaluation process, we want to emphasize the significance of the quality of your application. The thoughtfulness and depth of your submission far outweighs the speed at which it is delivered.

Take the time you need to carefully articulate your project goals, showcase your organization, and convey the potential impact of your initiative. Your application serves as a crucial representation of your vision, and we encourage you to invest the necessary time to make it as compelling as possible.



Organization Information

Organization Name *(Required)*

EIN *(Required)*

Address *(Required)*

Street Address

Address Line 2

City

State

ZIP Code

Contact Name *(Required)*

First

Last

Contact Phone *(Required)*

Contact Email *(Required)*

Executive Director / President (If different)

First

Last

Eligibility Criteria

Is your organization a registered nonprofit organization with an official letter of determination of 501c3 status from the Internal Revenue Service? *(Required)*

- Yes
- No

Has your organization operated in Lancaster County for at least one year (in operations in Lancaster County on or before July 1, 2023)? *(Required)*

- Yes
- No

Does your organization provide services to families at or below the ALICE threshold in Lancaster County? *(Required)*

- Yes
- No

[Find out more about ALICE](#)

Is your organization delinquent on any state or federal debt? *(Required)*

- Yes
- No

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? *(Required)*

- Yes
- No

Application Elements

Organization Description *(Required)*

Provide your organization's mission statement and a brief description of the work that you do.

Note: Use this space to explain what your organization does overall. Tell us your story. This is not a space to focus on the work proposed in the application, rather this is to share general information about your organization.

(5 points)

Suggested Length: 150–200 words

0 of 1000 max characters

Commitment to Equity *(Required)*

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. Explain how your organization is representative of the community you serve and elevates community voice.

If applicable, how does this project address issues identified in the [Lancaster County Racial Equity Profile](#)?

Note: 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,

(20 points)

Suggested Length: 150–200 words

0 of 1000 max characters

Proposal Details

Main Priority Area *(Required)*

- Education
- Economic Mobility
- Health

Second Priority Area (If applicable)

- Education
- Economic Mobility
- Health

Grant Dollar Amount Requested *(Required)*

What percent of the overall project budget is covered by the Level Up & Launch grant? *(Required)*

Please enter a number from **0** to **100**.

Project Description *(Required)*

- a. Describe the work your organization is proposing. Please specify if it is a new project idea or you plan to expand or continue an existing project/program.
- b. Describe how your work meets at least one goal and strategy from the Priority Area you selected.

Note: Make sure to include both the “what” and the “how”. In addition to describing WHAT you are going to do, elaborate on HOW you are going to do it.

(25 points)

Suggested Length: 250–300 words

0 of 1500 max characters

Collaboration

Are you planning to collaborate with other organizations through your proposed project/program/initiative. If yes, please describe:

Implementation Plan *(Required)*

Describe your implementation plan for this proposed program. List all the activities you plan to execute during the duration of the program.

(20 points)

Outcomes & Evaluation *(Required)*

- a. What are the specific outcome(s) your organization can achieve if awarded this grant?
 - i. Outline your attainable and impactful goals. (5 points)
 - ii. Include tangible/measurable outcomes. (5 points)
 - iii. Include information about what will change for individuals and/or families you serve because of the services you provide. (10 points)
- b. How will you evaluate outcomes?
 - i. Specify your program metrics (10 points)

Note: Program metrics refer to quantifiable measures used to assess and evaluate the performance an

program or initiative. These metrics are helpful to provide valuable insights into various aspects of program implementation, success, and impact.

(30 points)

Suggested Length: 250–300 words

0 of 1500 max characters

Documents

Required Documents *(Required)*

Please upload the following documents before submitting your application:

- IRS Nonprofit Determination Letter
- Program Budget
- Organization Budget
- Board of Directors Roster
- Due Diligence Documentation

Drop files here or

Max. file size: 128 MB.