

Organization Information

Organization Name

Organization Website

Street Address

City

State

Zip

Preferred Mailing Address (if different)

City

State

Zip

Executive Director / Title

Project Contact / Title

Executive Director Email

Project Contact Email

Project Information

Please be aware, funding is limited to \$2,000 per agency.

Because these are considered “project-awards” we ask that requests focus on funding projects — not programs — that support children and families in Licking County while helping to combat abuse and neglect. While programs are often ongoing and encompass a range of elements that benefit the community, projects will center on a single, specific task or element and will usually operate within an established timeframe and will pursue a tangible outcome.

Some examples of items that have been funded in the past: Supplies for therapeutic art projects, food for support group events, fees for speakers/ trainers, technology acquisition to extend the services of an on-going program.

Some examples of things that cannot be funded: Brand new programs, salaries, benefits.

Completed applications can be emailed to Corey Stutes at cstutes@unitedwaylc.org

For questions the United Way of Licking County Office at 740-345-6685

Project Name

Time Frame for Project Activities _____ to _____

Is this a new or established project for your organization? New Established (Date Established) _____

**United Way of Licking County
Women United Project Grant**



Have you previously received UWLC funding for **THIS** project? No Yes – Most Recent Funding Cycle _____

Organization Mission:

How does this **project** fit into your organizations' mission and long-range goals?

Project Description /Purpose

Provide a brief description of the activities (curriculum, services, staff, etc.) that will be used to address the objectives. (400-word limit.) If you need more space, please send as an attachment.

Implementation

Describe how you will implement this project. If this is an ongoing program/project how will this funding help you to continue or grow? (200-word limit)

Assessment

Describe how you will evaluate the program/project success. (200-word limit)

Financials

Attach a projected budget for use of funds, including costs of supplies.

List any additional grants or sponsorships.

Most recently completed fiscal year-end financial statement.

Please note that if the money is not used by the end of the designated time period, any leftover funds will be returned to United Way.

Organization Certification

We certify that, to the best of our ability, the information contained in this application is true and correct.

Board President (or equivalent) - Signature

Executive Director - Signature

Board President (or equivalent) - Printed

Executive Director - Printed

Date

Date

Board President (or equivalent) - Email

Board President (or equivalent) - Phone