

Organization Information

Organization Name _____

Organization Website _____

Street Address _____

City _____

State _____

Zip _____

Preferred Mailing Address (if different) _____

City _____

State _____

Zip _____

Executive Director _____

Project Contact _____

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 Cory 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.)

Implementation

Describe how you will implement this project. If this project is already underway, how will this funding help you to continue or grow? (200-word limit)

Assessment

Describe how you will evaluate the project's success in achieving its specific goals. (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

United Way of Licking County

Diversity, Equity, and Inclusion: A Statement of Principle

The United Way of Licking County Board of Directors, staff, and volunteers will strive to reflect all of the many faces and walks of life which make up our community. We will genuinely demonstrate the principles of Diversity, Equity, and Inclusion which enrich all communities and by doing so we will become the model for all communities. To value diversity is to respect and appreciate race, religion, color, gender identity, nationality, socio-economic status, sexual orientation, physical and mental abilities, age, familial/parental status and any other protected classes as defined by federal, state and local regulations. Being inclusive to us means respecting, valuing and bringing together unique individual backgrounds to collectively and more effectively address issues facing our communities. The core values of Diversity, Equity, and Inclusion will be reflected in every partnership, strategy and investment involving the United Way of Licking County. Diversity is a critical component to achieving success in an everchanging environment. Every day, we experience dramatic changes occurring in our county: changing demographics and changing needs. Our ability to model effective, inclusive practices and make them an integral part of our business culture will enable our United Way to fulfill its Mission to improve lives by uniting the community. This mission will then support our Vision that Licking County is a productive community where individuals achieve their full potential.

We firmly oppose the many forms of structural racism and ethnic discrimination that persist in our society. We acknowledge the harm that has been caused to Black, Indigenous, and People of Color by these systems and unequivocally support equity for all. No one should be denied rights, liberties, or protection under the law due to the color of their skin or ethnic heritage, and we are committed to working to advance racial equity within our community and our organization. Through the relationships that we have built in Licking County since our founding in 1933, we have come to recognize that structural racism inhibits us from fulfilling the mission of the United Way of Licking County. We will work to promote and advocate for racial equity and an end to systemic racism which continues to harm our neighbors, friends, and family members.

Approved by the Board of Directors 11/8/2021

United Way of Licking County

Diversity, Equity, and Inclusion: A Statement of Principle

The above Diversity and Inclusion Statement was read and considered by our Agency leaders and its Board of Directors. It was agreed that our agency will abide by and adhere to this Statement for FY 2023.

Signatures – In signing, the persons whose names appear below attest that they are fully authorized to act on behalf of the agency they represent.

AGENCY: _____ Name of Agency

SIGNED: _____ Board President

PRINTED: _____ Board President

SIGNED: _____ Executive Director/CEO/President

PRINTED: _____ Executive Director/CEO/President

DATE: _____



United Way of Licking County Counterterrorism Compliance

In compliance with the spirit and intent of the USA PATRIOT Act and other counterterrorism laws, the United Way of Licking County requires that each funded organization certify that it is in compliance with United Way Worldwide's compliance program.

Organization Name: _____

Check the appropriate box to indicate your compliance with each of the following:	Comply	Do Not Comply
This Organization is not on any federal terrorism "watch lists," including the list in Executive Order 13224, the master list of specially designated nationals and blocked persons maintained by the Treasury Department, and the list of Foreign Terrorist Organizations maintained by the State Department.	<input type="checkbox"/>	<input type="checkbox"/>
This Organization does not, will not and has not knowingly provided financial, technical, in-kind or other material support or resources* to any individual or entity that is a terrorist or terrorist organization, or that supports or funds terrorism.	<input type="checkbox"/>	<input type="checkbox"/>
This Organization does not, will not and has not knowingly provided or collected funds or provided material support or resources with the intention that such funds or material support or resources be used to carry out acts of terrorism.	<input type="checkbox"/>	<input type="checkbox"/>
This Organization does not, will not and has not knowingly provided financial or material support or resources to any entity that has knowingly concealed the source of funds used to carry out terrorism or to support Foreign Terrorist Organizations.	<input type="checkbox"/>	<input type="checkbox"/>
This Organization does not re-grant to organizations, individuals, programs and/or projects outside of the United States of America with out compliance with IRS guidelines.	<input type="checkbox"/>	<input type="checkbox"/>
This Organization takes reasonable, affirmative steps to ensure that any funds or resources distributed or processed do not fund terrorism or terrorist organizations.	<input type="checkbox"/>	<input type="checkbox"/>
This Organization takes reasonable steps to certify against fraud with respect to the provision of financial, technical, in-kind or other material support or resources to terrorists and terrorist organizations.	<input type="checkbox"/>	<input type="checkbox"/>

* In this form, "material support and resources" means currency or monetary instruments or financial securities, financial services, lodging, training, expert advice or assistance, safehouses, false documentation or identification, communications equipment, facilities, weapons, lethal substances, explosives, personnel, transportation, and other physical assets, except medicine or religious materials.

I certify on behalf of the Organization listed above that the foregoing is true.

Print Name _____ Title _____

Signature _____ Date _____