|  |  |  |  |
| --- | --- | --- | --- |
|  | | Date Submitted: |  |
| **Date Reviewed: (To be completed by RCUW)** | |
| RCUW Community Investment Grant Application | | | |
| **RCUW Mission Statement:** To improve lives by mobilizing the caring power of communities. **RCUW Goal:** To help more members of Roane County achieve healthier lifestyles; enhanced levels of education and job qualification; and financial stability. | | | |
| **Section 1 – Contact Information** | | | |
| **Organization Name:**  *(Must match IRS Form 990)* |  | | |
| Street Address: |  | | |
| City, State, Zip Code: |  | | |
| Mailing Address: |  | | |
| Telephone Number: |  | | |
| Email Address: |  | | |
| Website: |  | | |
| IRS Tax ID number: |  | | |
| Year Organization Founded: |  | | |
| Contact Person & Information: |  | | |
| Does your organization use another organization for fiscal management or administration? If yes, please provide the contact information.  ☐ Yes ☐ No – Contact Information: | | | |

|  |
| --- |
| Please indicate where grant awards should be mailed:  ☐ Organization mailing address listed above  ☐ Other (List Fiscal Agent name and address): |
| Is the organization an audited federal and/or state government entity? ☐ Yes ☐ No |

|  |  |  |  |
| --- | --- | --- | --- |
| **Section 2 – Amount Requested and Certification – Recommend creating a pdf of the completed application with signatures. The completed application as a pdf and a separate pdf of the signature page only is acceptable.** | | | |
| Service Title(s) |  | | |
| Total Award Amount Requesting for all services: | $ | | |
| In compliance with the USA PATRIOT ACT and other counterterrorism laws, we certify that all RCUW funds received are to be used compliance with all applicable anti-terrorist financing and asset control laws, statutes, and executive orders.  1. We certify that an active and responsible governing body directs the organization named in this application whose members have no material conflict of interest and who all serve without compensation; that publicity and promotional activities are based on actual programs and operations; and that the organization is chartered or incorporated under the State of TN.   We certify that the information provided for this application is true and accurate and either has been or will be shared with the entire Board: | | | |
| Organization Executive Signature | | Printed Name | Date |
| Organization Board Chair Signature | | Printed Name | Date |

|  |
| --- |
| **Section 3 – Financial Stewardship and Managerial (Governance) Stewardship**  ***\*See instructions for requirements on submitting financial documentation with application*** |
| Describe your process for fraud prevention: |
| **Describe your board of directors’ involvement in your organization governance, budgeting, planning and fundraising.**    **How often does the board meet?**  **How often and who reviews the organization’s financial information and assets?** |
| **Provide insight into factors that are negatively affecting your organization’s financial security or ability to provide the services being described. What actions are being taken to address these factors?** |
| **Strategic Plan:**  Strategic Plan – ***Required*** for total fund request of $5,000 or above for the organization.  If you are requesting less than $5,000, you may attach either:   * Strategic plan or * A document (one page maximum) describing your organization’s strategic direction.   **Does your organization have a strategic plan?** ☐ Yes ☐ No  **If so, what is the date of most recent update?** |
| **What is your organization’s mission?** |
| **Citizenship/Partnership:**  **Please describe how your organization has engaged in partnerships or initiatives with other organizations to target underlying issues and changing conditions in the community to benefit a specific community population.** |
| **Planned Fundraisers:**  **Please list all planned fundraisers for the next 12 month period:**  Fundraiser 1:  Fundraiser 2:  Fundraiser 3:  Fundraiser 4:  ☐ Check this box if you have no planned fundraisers for a 12-month period. |
| **Provide any additional Comments you would like to share regarding financial and managerial stewardship:** |

|  |
| --- |
| **Section 4 – Outcomes Achieved** |
| All applicants: Provide responses for each service you are requesting RCUW funds. |
| **Service 1:**  Service Title:  Description of service:  Focus Area:  Demographics of those served:       Was there eligibility requirements. ☐ Yes ☐ No, describe the requirements:  Was a service fee charged? ☐ Yes ☐ No; explain fee structure:  Provide a brief description of the performance measures used and the outcomes achieved for a 12-month period of the service delivery including a description of the service recipients demographics, cost to deliver, number of recipients, etc.  Describe the service delivery impact and include how you know if the service delivery achieved the desired impact.  Provide service delivery results/outcomes/impact communicated to your organization’s investors (donors) and to your board of directors. |
| **Service 2:**  Service Title:  Description of service:  Focus Area:  Demographics of those served:       Was there eligibility requirements. ☐ Yes ☐ No, describe the requirements:  Was a service fee charged? ☐ Yes ☐ No; explain fee structure:  Provide a brief description of the performance measures used and the outcomes achieved for a 12-month period of the service delivery including a description of the service recipients demographics, cost to deliver, number of recipients, etc.  Describe the service delivery impact and include how you know if the service delivery achieved the desired impact.  Provide service delivery results/outcomes/impact communicated to your organization’s investors (donors) and to your board of directors. |
| **Service 3:**  Service Title:  Description of service:  Focus Area:  Demographics of those served:       Was there eligibility requirements. ☐ Yes ☐ No, describe the requirements:  Was a service fee charged? ☐ Yes ☐ No; explain fee structure:  Provide a brief description of the performance measures used and the outcomes achieved for a 12-month period of the service delivery including a description of the service recipients demographics, cost to deliver, number of recipients, etc.  Describe the service delivery impact and include how you know if the service delivery achieved the desired impact.  Provide service delivery results/outcomes/impact communicated to your organization’s investors (donors) and to your board of directors. |
| **Service 4:**  Service Title:  Description of service:  Focus Area:  Demographics of those served:       Was there eligibility requirements. ☐ Yes ☐ No, describe the requirements:  Was a service fee charged? ☐ Yes ☐ No; explain fee structure:  Provide a brief description of the performance measures used and the outcomes achieved for a 12-month period of the service delivery including a description of the service recipients demographics, cost to deliver, number of recipients, etc.  Describe the service delivery impact and include how you know if the service delivery achieved the desired impact.  Provide service delivery results/outcomes/impact communicated to your organization’s investors (donors) and to your board of directors. |
| ***Provide any additional comments regarding the services listed above:*** |

|  |
| --- |
| **Section 5 – Funds Request**  ***When completing the information for each service, please remember you will be required to share your progress toward your goals (outcomes) on a semi-annual and final outcome report.***  **NOTE: There is a Section 6.** |
| **Service 1 Information (Complete both sections for this service)** |
| **Service Title:**  **Amount requested for this service: $**  **Service Description (Include expected service recipient demographics, who will deliver service, when and how often will the service be delivered, estimated cost to deliver the service per service recipient, and any partnerships with other organizations for service delivery. The service description should be easily understood with how and what the funds received from RCUW will be spent.):**  **Service objective:**  **How many years has the organization delivered the service?**  **How many years has the organization delivered the service in Roane County?**  **Describe how your organization’s service delivered in Roane County is different from another organization delivering the same service.**  Specifically addressed how the service is a strategic fit with a single area of achieving: healthier lifestyles, enhanced levels of education & job qualification, & financial stability.  **Describe how the need by Roane Countians was identified, when was it identified, estimate number who need the service.**    **Describe how and why the service has been effective in the past & how & what type of positive impact occurred for the service recipients.**  **Describe what the organization can accomplish if RCUW awards less the amount of funds requested.** |
| **Why should Roane County United Way fund this service**? |

Note: Continue to next page if you have an additional service that you are requesting funding. If you do not have additional services that you are requesting funding for proceed to the Section 6 (last page).

|  |
| --- |
| **Section 5 Funds Request continued…** |
| **Service 2 Information (Complete both sections for this service)** |
| **Service Title:**  **Amount requested for this service: $**  **Service Description (Include expected service recipient demographics, who will deliver service, when and how often will the service be delivered, estimated cost to deliver the service per service recipient, and any partnerships with other organizations for service delivery. The service description should be easily understood with how and what the funds received from RCUW will be spent.):**  **Service objective:**  **How many years has the organization delivered the service?**  **How many years has the organization delivered the service in Roane County?**  **Describe how your organization’s service delivered in Roane County is different from another organization delivering the same service.**  Specifically addressed how the service is a strategic fit with a single area of achieving: healthier lifestyles, enhanced levels of education & job qualification, & financial stability.  **Describe how the need by Roane Countians was identified, when was it identified, estimate number who need the service.**    **Describe how and why the service has been effective in the past & how & what type of positive impact occurred for the service recipients.**  **Describe what the organization can accomplish if RCUW awards less the amount of funds requested.** |
| **Why should Roane County United Way fund this service**? |

Note: Continue to next page if you have an additional service that you are requesting funding. If you do not have additional services that you are requesting funding for proceed to the Section 6 (last page).

|  |
| --- |
| **Section 5 – Funds Request continued…** |
| **Service 3 Information (Complete both sections for this service)** |
| **Service Title:**  **Amount requested for this service: $**  **Service Description (Include expected service recipient demographics, who will deliver service, when and how often will the service be delivered, estimated cost to deliver the service per service recipient, and any partnerships with other organizations for service delivery. The service description should be easily understood with how and what the funds received from RCUW will be spent.):**  **Service objective:**  **How many years has the organization delivered the service?**  **How many years has the organization delivered the service in Roane County?**  **Describe how your organization’s service delivered in Roane County is different from another organization delivering the same service.**  Specifically addressed how the service is a strategic fit with a single area of achieving: healthier lifestyles, enhanced levels of education & job qualification, & financial stability.  **Describe how the need by Roane Countians was identified, when was it identified, estimate number who need the service.**    **Describe how and why the service has been effective in the past & how & what type of positive impact occurred for the service recipients.**  **Describe what the organization can accomplish if RCUW awards less the amount of funds requested.** |
| **Why should Roane County United Way fund this service**? |

Note: Continue to next page if you have an additional service that you are requesting funding. If you do not have additional services that you are requesting funding for proceed to the Section 6 (last page).

|  |
| --- |
| **Section 5 – Funds Request continued…** |
| **Service 4 Information (Complete both sections for this service)** |
| **Service Title:**  **Amount requested for this service: $**  **Service Description (Include expected service recipient demographics, who will deliver service, when and how often will the service be delivered, estimated cost to deliver the service per service recipient, and any partnerships with other organizations for service delivery. The service description should be easily understood with how and what the funds received from RCUW will be spent.):**  **Service objective:**  **How many years has the organization delivered the service?**  **How many years has the organization delivered the service in Roane County?**  **Describe how your organization’s service delivered in Roane County is different from another organization delivering the same service.**  Specifically addressed how the service is a strategic fit with a single area of achieving: healthier lifestyles, enhanced levels of education & job qualification, & financial stability.  **Describe how the need by Roane Countians was identified, when was it identified, estimate number who need the service.**    **Describe how and why the service has been effective in the past & how & what type of positive impact occurred for the service recipients.**  **Describe what the organization can accomplish if RCUW awards less the amount of funds requested.** |
| **Why should Roane County United Way fund this service**? |

Note: If you have additional services that you are requesting funding for please utilize the additional service request form on the United Way Website. If you do not have additional services that you are requesting funding for proceed to the Section 6 (last page).

|  |
| --- |
| **Section 6 – Past Success** |

**Provide 1 success story**. This will be a narrative description of service recipient’s success. The story should be about an actual person, not a program composite. This information helps reviewers’ to understand the service (and any additional, related services) provided which affects the outcome and/or impact to the service recipient. Protect client confidentiality by changing names and details as these stories may be shared with the community in fundraising efforts for RCUW. RCUW may use this success story in promotional materials.

Please provide additional comments related to your application you feel is important for the Community Investment Committee:

Please provide suggested application or application process improvements.