|  |  |  |  |
| --- | --- | --- | --- |
|  | | 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 Tennessee.   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 changes that are affecting your organization. Describe how the organization will assure financial security and stability/continuity.** |
| **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 collaborated with organization(s) to target underlying issues and changing conditions in Roane County.** |
| **Planned Fundraisers:**  **Please list all planned fundraisers for the next 12 month period including the activity and when the fundraiser will take place:**  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 – 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.*  *If requesting funds for more than one service, please copy and complete Section 4 for each service.*  NOTE: There is a Section 5. | |
| **Service 1**  **Information** | **Service Title:**  **Amount requested for this service: $**  **Service objective:**  **Service Description (Describe the service. Include in the description: expected service recipient demographics; when, where, how of the service delivery; and any partnerships with other organizations for service delivery. Provide cost detail(s) of expected funding expenditures over the 12-month period.) Also, describe how and when the need for this service in Roane County was identified and estimate number of Roane Countians who need the service:**  **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 or similar services.**  **Specifically address how the service is a strategic fit with a single RCUW goal: (1) healthier lifestyles, (2) enhanced levels of education & job qualification, OR (3) financial stability. If the service addresses multiple goals, pick the one goal for which the service will have the most impact.** **Describe how the service aligns with a single aspect of the service model and describe how the service will make a lasting change and in which community. (Reference:** [**http://unitedwayroane.org/2013/wp-content/uploads/2017/11/CI-Grant-Process-description-criteria-final-2017.pdf**](http://unitedwayroane.org/2013/wp-content/uploads/2017/11/CI-Grant-Process-description-criteria-final-2017.pdf) **The Service Model is the impact triangle in this document.)**  **Describe outcomes: (1) how and why the service has been effective in the past and (2) how and what type of positive impact occurred for the service recipients.** |
| **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 – Past Success |

**Provide 1 RECENT 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. The example should be timely or recent. If you have received previous funding from RCUW, carefully consider providing a more recent example. 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 confidentially 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.