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| **Organization Information** | |
| Organization |  |
| Street Address |  |
| Mailing Address |  |
| EIN Number |  |
| Website |  |
| Organization Mission |  |
|  |  |

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| --- | --- |
| **Primary Point of Contact** | |
| Name |  |
| Position |  |
| Email |  |
| Phone Number |  |
| **Secondary Point of Contact** | |
| Name |  |
| Position |  |
| Email |  |
| Phone Number |  |

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Description automatically generated

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| **Program Information** | |
| Program name |  |
| Is this a new or existing program | ☐ New ☐ Existing |
| If new, is implementation contingent on funding received from HCUW? | ☐ Yes ☐ No |
| Amount of funding requested |  |
| Total number of individuals to be served with proposed funding |  |
| **Please select all counties served:** | |
| ☐ | Watauga |
| ☐ | Avery |
| ☐ | Ashe |
| ☐ | Mitchell |

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| **Please select the primary Community Impact or Basic Need Strategy your proposal is designed to meet:** | |
|  | Income: Fund initiatives to procure and maintain housing for individuals for which expenses do not exceed 30% or less of income; including increasing work force, low income, and income challenged housing as well as addressing existing substandard housing situations. |
|  | Income: Fund programs for skill development/training initiatives that create better employment opportunities |
|  | Income: Fund initiatives that facilitate maintaining employment. |
|  | Health: Fund programs that provide substance use prevention and/or treatment and/or harm reduction. |
|  | Health: Fund programs that create and sustain healthy environments by increasing access to healthy foods and/or physical activity |
|  | Health: Fund programs that provide whole person care and increase access/reduce barriers to one or more of the following areas: medical, dental, behavioral healthcare, or other basic needs for achieving and maintaining health for the most vulnerable populations |
|  | Health: Fund programs that address prevention of early childhood trauma, adverse childhood experiences (ACEs), and support healthy early childhood. |
|  | Education: Fund sustainable initiatives targeting at-risk populations that support early childhood education with specific focus on early literacy outreach. |
|  | Education: Fund alternative programs for elementary, middle, high school, and adult aged individuals that will enable them to become high school completers and/or obtain employability skills through certification. |
|  | Basic Needs: Fund basic human needs such as food, housing, clothing, etc |
|  | Basic Needs: Fund emergency needs encompassing safety, shelter, fuel, electricity, etc. |

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| **Program Description:** Please describe the proposed program and how the funds will be used |
| Maximum Word Count: 1000 |

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| **Community Need:** Please describe the existing community need that will be addressed if this program is funded |
| Maximum Word Count: 1000 |

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| **Collaboration:** Please describe how the organization/program will collaborate with other community partners to achieve intended outcomes. |
| Maximum Word Count: 1000 |

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| **Please share any additional information about the proposed program you would like reviewers to consider.** |
| Maximum Word Count: 1000 |

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| **COVID-19 Organizational Assessment** | |
| Has your organization provided services throughout the stay at home order? |  |
| Number of staff employed throughout COVID-19 |  |
| Projected financial loss as a result of cancelled or postponed events due to COVID-19 |  |
| Number of cancelled or postponed fundraising events: |  |
| Projected financial loss in general donations as a result of COVID-19: |  |
| Projected financial loss in government grants as a result of COVID-19: |  |
| Secured or anticipated increase in governmental grant funding as a result of COVID-19 |  |
| Projected financial loss in foundation or other philanthropic revenue as a result of COVID-19 |  |
| Secured or anticipated increase in foundation or other philanthropic revenue as a result of COVID-19 |  |
| Percentage increase in overall service demand resulting from COVID-19: |  |
| Projected added cost as a result of increased services: |  |
| If applicable, percentage decrease in overall service demand: |  |
| Projected loss of revenue resulting from reduced or suspended services or programs |  |
| Our organization experienced a loss of staffing hours due to disruptions in school or child care: | Yes No |
| Our organization experienced a loss of volunteer hours due as a result of COVID-19: | Yes No |
| What are your greatest organizational needs as a result of COVID-19? |  |
| What is your greatest funding need as a result of COVID-19? |  |

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| **Certifications** | |
|  | The information contained in this application and attachments is accurate and correct to the best of my knowledge. |
|  | I certify that the program(s) seeking United Way support are open to all eligible citizens regardless of race, color, sex, disability, veteran status, sexual identity or orientation, religious affiliation, or national origin. |
|  | I certify that neither religious education nor worship shall be supported by program funds, if granted. |
|  | I certify that the organization’s Board of Directors endorses this funding application and agrees to the requirements set forth in the Standards of Participation |