



United Way of Columbia and Greene Counties, Inc.
P.O. Box 718, Catskill, NY 12414
Phone: 518-943-3285

GIVE. ADVOCATE. VOLUNTEER
LIVE UNITED

2015 GRANT AVAILABILITY NOTICE

Attention: 2015 Grant Applicants

In 2005, The United Way of Columbia and Greene Counties implemented a new Community Investment process. The intent of this modification process was to provide greater flexibility to agencies to meet emerging needs. The Board of Directors of United Way has decided to sustain implementation of this process, giving funding priorities to the following areas.

The 2015 Community Investment Grant Initiative has been established by the Board of Directors of the United Way of Columbia and Greene Counties to address issues in the following areas; helping children and youth succeed, strengthening and supporting families, building vital and safe neighborhoods and supporting the health, independence and vital services of our seniors.

Organizations may apply for 2015 Community Investment Grant Funds by completing the attached application. After review, recommendations for funding are made by teams of community volunteers to the United Way Board of Directors for final determination.

Please submit the completed application no later than **Friday, August 21, 2015**. If you have any questions on this process, please feel free to contact:

Teresa Lyons, Bookkeeper & Office Manager
United Way of Columbia and Greene Counties, Inc.
(518) 943-3285
tlyons@uwcg.org

COMMUNITY INVESTMENT INITIATIVE 2015 GRANT APPLICATION GENERAL INFORMATION

ORGANIZATION NAME: _____

Please read the following information carefully, as United Way has changed its grant making procedures and application forms. All previous funding guidelines and application forms are no longer applicable. These grant guidelines and procedures are effective May, 2012.

These guidelines offer general guidance and are not a guarantee for success in obtaining a grant. Each proposal is evaluated on its potential value to communities we serve, the quality of planning, leadership, support and vision expressed; the relative need for the program proposed and the current funds available for distribution and how it relates to our Community Impact areas.

For the 2015 Grant Application, United Way of Columbia and Greene Counties, Inc.'s Grant requests will be up to \$500.00. Applicants can apply for more, but the Grant is at the discretion of the Allocations Committee.

What is Community Investment Funding?

Community Investment funding is:

- A grant, not an allocation.
- One time funding for providers that are 501 (c) (3)
- For emerging needs within the community
- For emergency and unforeseen circumstances that have an immediate impact on service delivery.
- For community building events.

Funding Considerations

United Way will consider funding the following and preference is given to projects or programs that:

- Are collaborative projects or programs.
- Address priority community issues and demonstrate measurable outcomes identified in the Community Investment Plan.
- Leverage additional resources.
- Test or demonstrate new approaches and techniques in the solution of community problems.
- Are intended to strengthen the management capabilities of agencies and/or promote volunteer participation and citizen involvement in community affairs.
- Agency's management and fiscal stability.
- Agency's participation in United Way co-marketing efforts.

**COMMUNITY INVESTMENT INITIATIVE
2015 GRANT APPLICATION
GENERAL INFORMATION**

ORGANIZATION NAME: _____

Eligibility:

Grants are made only to nonprofit organizations that have federal tax exempt status as a section 501 (c) (3) in Columbia and/or Greene Counties.

Exclusions to United Way Columbia and Greene Counties, Inc. funding:

- Individuals
- Annual fund drives
- Operating deficits or after the fact support
- Direct or grass roots lobbying
- Religious purposes
- Hospitals, medical research or academic research.

Decision Making and Grant Reviewing Process

Upon receipt of the completed application, the request will go through a competitive grant review process driven by trained and experienced United Way volunteers. As a steward of community dollars, **United Way requires thorough evaluations of all requests received.** The process may require additional information from the applicant. Final decisions on all grant requests rest with the United Way Board of Directors on the advice of the Community Investment Committee recommendations.

Confidentiality

Although the deliberations and discussions of the Community Investment Committee are strictly confidential, the Executive Director of United Way or designated Board of Directors Member may discuss general concerns and questions with the grant seeker, individuals, agencies and other potential funders to assist the grant seeker as needed.

**COMMUNITY INVESTMENT INITIATIVE
2015 GRANT APPLICATION
GENERAL INFORMATION**

ORGANIZATION NAME: _____

Conflict of Interest Policy

United Way of Columbia and Greene Counties maintains a strict conflict of interest policy for its Board of Directors, staff and volunteers to ensure independence and integrity in its recommendations. Staff and volunteers may not accept any form of compensation, gifts or favors from any organization or representative that anticipates submitting a grant proposal to United Way or has submitted a proposal or has received a grant. To avoid the appearance of a conflict of interest, paid staff members of United Way may not serve on the Board of Directors (governing or advisory) of any nonprofit organization without the approval of the Executive Director and or the Chairman of the Board of the United Way of Columbia and Greene Counties.

Notification

Agencies will be notified in writing of the funding decisions made by the United Way Board of Directors. Due to the volume of request, program staff will not call to inform grant seekers of funding decisions.

Questions:

Any questions regarding the grant application process should be directed to:

Teresa Lyons, Bookkeeper & Office Manager

United Way of Columbia and Greene Counties, Inc.

Phone – (518) 943-3285

E-mail – tlyons@uwcg.org

Mail – P.O. Box 718, Catskill, NY 12414

**COMMUNITY INVESTMENT INITIATIVE
2015 GRANT APPLICATION
Funding Priorities**

The United Way of Columbia and Greene Counties has identified four Community Impact Areas. Priority will be given to those initiatives with the most potential for making a sustained impact in one of these areas. Your initiative **must** address at least one of these impact areas:

Helping Children and Youth Succeed

- Enhancing the quality of preschool, after school and childcare services.
- Increasing children's enrollment in health care programs resources offering health care, education and recreation.
- Expanding youth involvement in community service and leadership.

Strengthening and Supporting Families

- Increasing access to affordable family service and support programs.
- Collaborating with public and private organizations to promote sustained, quality employment and career opportunities.
- Providing supportive programs for facing the challenges of domestic violence, depression, mental illness, substance abuse and child abuse.

Building Vital and Safe Neighborhoods

- Lead community-building efforts.
- Supporting neighborhood-led public-private initiatives.

Supporting the Health, Independence and Vital Services for our seniors

- Access to comprehensive health care services.
- Services that support independence.
- Increased access services for individuals facing crisis.

Initiatives that involve a collaborative effort between organizations will be given top consideration.

2015 GRANT APPLICATION INSTRUCTIONS

ORGANIZATION NAME: _____

Instructions:

- Type all proposals; single spacing is not necessary.
- Answer all of the questions in the order listed.
- Use headings as provided.
- Submit only one copy.
- Do not include any materials other than those specifically requested at this time.
- **COMPLETE AND RETURN THE COUNTERTERRORISM FORM**
- Completed Grant Application deadline is **Friday, August 21, 2015**

Purpose of grant (one sentence): _____

GRANT REQUEST: \$ _____

(Up to \$500.00. Applicants can apply for more, but the Grant is at the discretion of the Allocations Committee.)

Check One: Program Support: _____ General Support: _____

Total organizational budget (for current year): \$ _____

Dates covered by this budget (mo./day/year): _____

Total program budget (if requesting program support): \$ _____

Dates covered by program budget (mo./day/year): _____

Program name (if applicable): _____

2015 GRANT APPLICATION

ORGANIZATION NAME: _____

Date of Application: _____

Name of organization to which grant will be paid. Please list exact legal name.

Program Name: _____

Address: _____

Telephone: _____ **Fax:** _____

E-Mail: _____ **Federal Tax #:** _____

Is your organization an IRS 501(c) (3) organization? Yes _____ No _____

Board Chairman:	
Telephone:	E-mail:
Chief Professional Officer:	
Telephone:	E-mail:
Program Contact:	
Telephone:	E-mail:
Fiscal Contact:	
Telephone:	E-mail:

Completed grant application is due no later than Friday, August 21, 2015.

We affirm that the information submitted in this grant application is true and accurate to the best of our knowledge.

Board Chairman: _____ **Date:** _____

Chief Professional Officer: _____ **Date:** _____

2015 GRANT APPLICATION

ORGANIZATION NAME: _____

I. PROPOSAL SUMMARY: *One-half page, maximum*

Please summarize in a short paragraph the purpose of your agency. Briefly explain why your agency is requesting this grant, what outcomes you hope to achieve, and how you will spend the funds if a grant is made.

II. NARRATIVE: Five pages maximum.

A. Background — Describe the work of your agency, addressing each of the following:

1. A brief description of its history and mission.
2. The need or problem that your organization works to address and the population that your agency serves, including geographic location, Socio-economic status and other relevant factors.
3. Your organization's relationships — both formal and informal — with other organizations working to address the impact area(s) you have selected. Explain how you will collaborate with other agencies addressing similar needs.
4. Discuss potential to leverage resources as a result of this grant

B. Funding Request — Please select the Impact Areas which you are seeking funding from the following list:

Your initiative ***must*** address at least one of these impact areas:

Helping Children and Youth Succeed

Strengthening and Supporting Families

Building Vital and Safe Neighborhoods

Supporting the Health, Independence & Socialization of our seniors

2015 GRANT APPLICATION

ORGANIZATION NAME: _____

If your request is for a specific program, please explain the program, including:

- A statement of its primary purpose and the need or problem that you are seeking to address. The population that you plan to serve and how these populations will benefit from the program.
- Strategies that you will employ to implement your program.
- The proposed staffing pattern for the program, and the names and titles of the individuals who will direct the program.
- Anticipated length of the project.
- How the program contributes to your organization's overall mission.

C. Evaluation —

Please explain how you will measure the effectiveness of your activities

Describe your criteria for a successful program and the results you expect to have achieved by the end of the funding period.

2015 GRANT BUDGET		
<u>Income</u>	<u>Budget for 2014</u>	<u>Budget for 2015</u>
Funds from Governmental Sources		
Membership/Program Fees		
Contributions/Legacies/Requests		
Fund Raisers		
Investment Income		
Agency's Contribution		
Other Funding: Specify		
Total Income:		
<u>Expenses</u>		
Salaries		
Employee Benefits		
Payroll Taxes		
Rent, Insurance		
Utilities		
Travel		
Equipment, rental or purchase		
Supplies		
Postage, Shipping, Printing		
Contractual Services		
Conferences, Conventions		
Fees, Dues		
Other : Please Specify		
Total Expenses:		

2015 GRANT APPLICATION

ORGANIZATION NAME: _____

III. ATTACHMENTS

Please label all attachments to correspond to the capitalized items below.

- A. Financial Information – Please provide the dates that each document covers.
 - 1. A CURRENT EXPENSE BUDGET FOR THE GRANT REQUEST.
List each staff line separately and include percentage of time spent on project. Indicate the specific uses of the requested grant if possible.
 - 2. A list of all SOURCES OF INCOME toward the program, actual and prospective, with amounts.

- B. Other Supporting Materials
 - 1. A list of your Board of Directors, with their affiliations.
 - 2. A completed and signed Counterterrorism Affidavit.

2015 GRANT APPLICATION

ORGANIZATION NAME: _____

PROPOSALS SHOULD BE SUBMITTED TO:

**UNITED WAY OF COLUMBIA AND GREENE COUNTIES, INC.
P.O. BOX 718
CATSKILL, NY 12414**

**COMPLETED APPLICATIONS MUST BE POSTMARKED BY
FRIDAY, AUGUST 21, 2015**

COUNTERTERRORISM COMPLIANCE FORM – ATTACHMENT A

In compliance with the spirit and intent of the USA PATRIOT Act and other counterterrorism laws, the United Way of Columbia and Greene Counties, Inc. requests that each funded agency (“Organization”) certify that it is in compliance with the United Way of Columbia and Greene Counties, Inc. and the United Way of America’s (“UWA”) 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 regrant 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, safe houses, 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: _____