

2014 UNITED WAY OF LAREDO COMMUNITY IMPACT GRANTS

AVAILABLE FUNDS: \$3,000 Dimmit County and \$30,000 Maverick County

ESTIMATED RANGE OF AWARDS: \$1,000 - \$5,000

ESTIMATED NUMBER OF AWARDS: No more than one grant will be awarded per agency.

PROJECT PERIOD: one (1) year; monies will be awarded in November 2015. The final receipts and reports are due upon the completion of the project. The deadline for submitting the final reports and receipts is November 1st, 2015.

POPULATION GROUPS: Non-profit organizations with an IRS 501 (c)(3) classification providing services in the Dimmit and/or Maverick County service area.

RESTRICTIONS: Community Impact (CI) grant requests can be for (1) programs and/or services already being provided, (2) new initiatives to address community needs or, (3) building repairs and/or the purchase of equipment. CI grants can be used to extended programs already in existence and funded through other sources. Funding would help to increase the number of clients served. CI grants may also be used to implement new programs or services not currently funded by the agency. These programs are greatly encouraged, especially when they address vital community needs. Grant request for programs that address basic needs will be prioritized. While CI grants may be used for building repairs, monies cannot be used for building improvements such as permanent fixtures or minor construction. Monies may be used for acquisition of materials and equipment to provide services to clients.

Should a project be delayed, and the agency invest the funds (while project is started and completed) subject funds will be restricted to the approved venture. Additionally, funds lapsed past the deadline are to be returned along with the equivalent interest earned.

Failure to return unexpended funds or the required receipts will result in the reduction of any future allocation of funds. Such failure by a non-United Way Agency could preclude the awarding of any future funds by the United Way of Laredo.

APPLICATION PROCESS:

Two-page application signed by Board of Directors President or Chairperson, Executive Director, or Program Director indicating purpose of organization, amount and purpose of request, proposed evaluation plan and community significance. Please provide the original and 4 copies.

Required Attachments: (1) IRS proof of 501(c)(3) status; (2) current operating budget; and (3) proposed budget for requested project.

DEADLINE FOR APPLICATIONS: Friday, October 15, 2014, 12:00 pm at the United Way office.

DEADLINE FOR EXPENDITURE OF FUNDS: November 1, 2015. All receipts for the grant must be provided to the United Way of Laredo by the November 1st, 2015 date. The receipts should total the amount of the check issued to the agency. If the project was delayed, the amount should also include any interest earned on the funds provided.

United Way of Laredo, Inc.

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AGENCY NAME: _____

Project Name: _____

Amount Requested _____

ORGANIZATION OVERVIEW: Describe your organization and its mission. If you are a relatively new organization, explain why you got started and describe the accomplishments of your board and/or staff.

PROGRAM GOAL(S) AND OUTCOME OBJECTIVES: Describe the problem/need you will be addressing with the proposed program. State the program goals & objectives: (What do you hope to accomplish with the funds you are requesting? How many people do plan on serving? How will it benefit your client?)

PROGRAM DESCRIPTION: Circle the geographic county served: Dimmit or Maverick

Who will be involved in the project? _____

Address where services will be provided? _____

Indicate the days and hours of operation: _____

Describe the process for clients to be selected to participate in this program. Include Information regarding fees charged to clients or donations requested from clients.

Describe program activities. (What will the client do? What will they receive? How will they benefit from your agency/service?)

Describe the direct products of the program activities. (Ex: Number of participants to be served, classes taught, counseling sessions, materials distributed, meals served, meals delivered, etc.)

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Will you be partnering with another agency to provide services to your client? Yes or No
If yes, please provide details of the agency name, contact, and your agency's relationship with the organization, and/or a copy of the memorandum of understanding.

PROGRAM EVALUATION:

Describe the evaluation system used to measure client benefits resulting from this program. What is the cost per client? Is the cost reasonable for the service provided? Describe the process for obtaining client feedback regarding the program services and how that feedback is utilized.

COMMUNITY IMPACT

1. Based on your stated program goals/objectives and evaluation information obtained, describe the desired program outcomes/results. If your agency has done this program in the past, what is the difference from previous results?

2. How do the achieved outcomes/results directly impact your community? Does this program help improve the community? Why are you the best organization to provide this program?

Agency Contact Person:	
Agency Mailing Address:	
Contact Phone Number:	
Fax Number:	
Contact e-mail:	

I, _____, certify that I am the duly authorized representative for the agency named in this grant. I further certify that on behalf of the organization all of the information provided in this grant is accurate and correct to the best of my knowledge. If funded, we agree to comply with the restrictions and requirements placed on the funds by the United Way of Laredo, Inc.

Representative Signature

Date

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AGENCY: _____

SUPPORT REVENUES & EXPENSES

2014 Agency Budget

Public Support & Revenue - All Sources

1. GRANT FROM UNITED WAY OF LAREDO	0
2. Contributions	
3. Special Events	
4. Legacies & Bequests (Unrestricted)	
5. Contributed by Associated Organizations	
6. Allocated by Other United Ways	
7. Fees & Grants From Government Agencies	
8. Membership Dues	
9. Program Services Fees & Net Incidental Revenue	
10. Sales of Materials	
11. Investment Income	
12. Miscellaneous Revenue	
13 TOTAL SUPPORT & REVENUE (Add 1 thru 12)	\$0

Expenses -

14. Salaries	
15. Employee Benefits	
16. Payroll Taxes, etc.	
17. Professional Fees	
18. Supplies	
19. Telephone	
20. Postage & Shipping	
21. Occupancy	
22. Rental & Maintenance of Equipment	
23. Printing & Publications	
24. Travel	
25. Conferences, Conventions & Meetings	
26. Specific Assistance to Individuals	
27. Membership Dues	
28. Awards & Grants	
29. Miscellaneous	
30. TOTAL EXPENSES (Add 14 thru 29)	\$0

36. EXCESS (DEFICIT) OF REVENUE OVER TOTAL SUPPORT	\$0
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**United Way of Laredo, Inc.
2014 Community Impact Grants Dimmit & Maverick Counties**

All Financial Information Rounded to Nearest Dollar

PROPOSED PROJECT BUDGET FORM

Total Revenue for the proposed project:

Amount Requested from United Way of Laredo

Other sources of revenue

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Total Expenses for the proposed project:

\$0

