



**United Way of Aiken County, Inc.
Community Impact Grant
Request for Proposal**

APPLICATION

**Issue Date: 28 April 2005
Due Date: 31 May 2005, 3:00 p.m.**

**235 Barnwell Avenue, NW
Aiken, SC 29802-0699
(803)-648-8331
(803) 641-2887 fax
mary@uwaiken.org
www.uwaiken.org**

***One copy containing original signatures must be provided.
Additional digital copy (MS Word) must be provided via email or on a CD.***

**United Way of Aiken County, Inc.
Community Impact Grant
Request for Proposal Application**

I. APPLICANT INFORMATION

Agency Name			
EIN			
Executive Director			
Contact Name		Title	
Address			
Telephone		Fax	Email
Major Field of Service			
Mission Statement			

**II. PROJECT SUMMARY (Complete this section AFTER completing all of the other sections.)
Provide a brief summary of the project, goals, methods, and outcomes.**

Agency	Project
--------	---------

III. ORGANIZATION HISTORY

Provide a brief background and history of your organization. Include your organization's qualifications to operate the project and any licenses or accreditations.

Agency	Project
--------	---------

IV. PROJECT INFORMATION

A. Please indicate the Community Impact Area the project will address.

Encouraging Health Lifestyles

Goal: To provide support services and educational programs that encourage healthy lifestyles. These programs may included, but are not limited to: nutritional awareness, obesity prevention, smoking cessation, maintaining health blood pressures, lipid levels and blood sugar levels.

Avoiding Risky Behaviors

Goal: To provide support services and educational programs to encourage the avoidance of risky behaviors. These may include, but are not limited to: drug, alcohol and tobacco abuse, unsafe sexual activities, dropping out of high school and dangerous driving.

B. Name of Project:

C. What specific need in the community does your project address? Describe the relationship of the project to unmet community needs.

Agency	Project
--------	---------

D. Who are the intended beneficiaries of your project? Describe them as a group in terms of their needs, requirements and strengths.

E. Describe the scope of services you propose to offer or expand and the geographic area that will be served. Include the project design and goal(s).

Agency	Project
--------	---------

F. Why is your approach the most effective one to use with the intended beneficiaries?

G. Describe the relative importance of the project and consequences of action or inaction.

Agency	Project
---------------	----------------

H. Describe how these services will link clients to other mainstream and community resources. What other services or projects address similar issues?

I. List specific anticipated outcomes of the project and describe how they will measure your success in meeting them.

Agency	Project
---------------	----------------

J. If your proposal is for a collaborative project, define the role of each participating agency. What are the specific responsibilities of each agency and what specifically will each agency contribute (facilities, staff, and/or resources)?

K. If the project is to be continued beyond the initial funding period, explain specifically how it will be funded in future years.

Agency	Project
---------------	----------------

V. PROJECT BUDGET

A. Total Project Budget

B. Grant Funds Request (not > \$100,000)

\$	\$
-----------	-----------

C. Project Budget

		Total Agency Expenses/Budget		Proposed Project Budget
		Actual Last Year	Budget This Year	
SUPPORT & REVENUE – OPERATIONS				
1	Allocation/Grant from this United Way			
2	Contributions			
3	Special Events			
4	Allocated by Other United Ways			
5	CFC Contributions			
6	Fees & Grants from Government Agencies			
7	Membership Dues			
8	Program Service Fees			
9	Investment Income			
10	Miscellaneous Revenue			
11	Other (Specify)			
12	TOTAL REVENUE & SUPPORT			
EXPENSES – OPERATIONS				
13	Personnel			
14	Occupancy Costs			
15	Supplies			
16	Printing			
17	Postage & Shipping			
18	Telephone			
19	Specific Assistance to Individuals			
20	Payments to Affiliated Organizations			
21	Travel			
22	Miscellaneous			
23	Capital Assets			
24	TOTAL EXPENSES			
	TOTAL REVENUE LESS TOTAL EXPENSES			
	# Unduplicated Individuals Served			
	# Full-Time Equivalent Employees			
	# Of Volunteers			

Agency	Project
---------------	----------------

VI. SUPPORTING MATERIALS

- A. Internal Revenue Service (IRS) determination letter or other proof of standing with IRS – tax-exempt status and contributions to the agency are considered tax deductible by the IRS.
- B. Financial statements
- C. IRS 990
- D. List of current Officers and Board of Directors with titles.

VII. AGENCY AGREEMENT AND SIGNATURES

The Conditions of the Grant, as explained in the United Way of Aiken County Community Impact Grant Guidelines, are incorporated by reference and it is agreed that if this application is funded, the applicant agrees to abide by all the conditions of the grant.

Agency Executive Director/CEO
Print Name
Date
Board Official
Print Name & Title
Date

Incomplete, faxed, emailed, or late original applications will not be accepted.