

**WOMEN UNITED 2024 GRANT APPLICATION**  
**APPLICATION DEADLINE: FRIDAY, MAY 3, 2024, BY 5 PM**



*Before completing this form, please review the Guidelines to determine whether your organization qualifies for funding.*

Date of Application:

**A. Organization Data**

1. Name of organization:
2. Geographic area served:
3. Contact name:
4. Telephone:
5. Address:
6. Email address:
7. Date of Incorporation:
8. Fiscal Year:
9. Number of FTE employees:
10. Name of Program:
11. Is the Program a New Program \_\_\_\_\_ or Ongoing Program \_\_\_\_\_
12. AMOUNT REQUESTED \$\_\_\_\_\_ TOTAL FUNDING FOR PROGRAM \$\_\_\_\_\_
13. Organization mission:

## ***B. Program Information***

1. Describe the program for which funding is requested.
2. Briefly describe how the requested funds will be used and attach a budget form (use attached excel sheet for budget)
3. Please respond to the following outcome measurement questions (Please keep narrative to three pages or less)
  - a. Who are the program clients or intended beneficiaries? Please describe any common characteristics and the geographic locations of the population to be served.
  - b. What are the beneficiaries' needs in relation to this project?
  - c. What are the barriers to achieving your desired project goal?
  - d. What do you want to be true of program participants during or after your program? (Note that the timeframe is one year or less)
  - e. How will you know that these changes have occurred? How will you measure and track these changes?
  - f. What service or set of related activities does your program provide to these beneficiaries?
4. Is this program a collaborative effort? Does the continued success of this program depend on collaboration with other agencies? If so, please describe.
5. Please describe how you plan to raise additional funds as necessary, and identify other sources being approached for funding (please identify commitments received). Since this is a one-time grant, how will you sustain this program in the future?

This application must be accompanied by:

1. A completed budget form as requested in section B2 of the application.
2. The organization's most recent audited financial statement
3. Board of directors list

If the applying organization has NOT applied for Women United funding in the past:

4. Letter of determination as a 501(c)(3) not-for-profit
5. Current statement of non-discrimination policy

Please submit the application and attachments electronically by 5 pm on Friday, May 3, 2024, to:

[janae@ccunitedway.org](mailto:janae@ccunitedway.org)

Inquiries about the application may be directed to:  
Ja Nae Wian | Campaign and Relationship Manager  
(814) 238-8283 ext 221  
[janae@ccunitedway.org](mailto:janae@ccunitedway.org)

**Centre County United Way Women United Grant**

**Budget Information: Revenue**

<b>Organization Name</b>	<b>Program Name</b>

<b>Support &amp; Revenue</b>	<b>Program Funding Period</b> ____/____/____ to ____/____/____
Funding from Centre County United Way (funds distribution cycle)	
Gross Fundraising/Special Events Receipts	
Legacies & Bequests	
Contributed By Associated Organizations	
Special/One-Time Funding CCUW ( <b>this grant only</b> )	
Allocated By Other United Ways	
Governmental Revenue & Grants - Federal	
Governmental Revenue & Grants - State	
Governmental Revenue & Grants - Local	
Grants Other Than Governmental	
Membership Dues Received	
Other Contributions	
Program Fees & Net Incidental Revenue	
Sale of Materials	
Investment Income	
Miscellaneous Income	
<b>Total Support &amp; Revenue</b>	\$0.00

**Please include budgetary information for only the specific program this grant will support.**

**Centre County United Way Women United Grant**

**Budget Information: Expense**

**Organization Name** \_\_\_\_\_ **Program Name** \_\_\_\_\_

Expenses	Program Funding Period
	___ / ___ / ___ to ___ / ___ / ___
Salaries	
Employee Benefits	
Payroll Taxes	
Professional Fees	
Administrative Supplies	
Fundraising/Special Events Expenses	
Program Supplies	
Telephone	
Postage & Shipping	
Occupancy	
Rental & Maintenance of Equipment	
Printing & Publications	
Travel & Transportation	
Conferences, Conventions & Meetings	
Specific Assistance to Individuals	
Membership Dues	
Awards & Grants	
Interest Expense	
Insurance	
Miscellaneous Expense:	
Payments to Affiliated Organizations:	
<b>Total Expenses</b>	\$0.00
<b>Excess or Deficit [Revenue less Expenses]</b>	

**Please include budgetary information for only the specific program this grant will support.**