

# Community Response Grant Application Guidelines

## **PURPOSE/EXPECTATIONS**

The Community Response Grant is designed to respond swiftly in support of non-profit organizations that are serving the escalating needs of our communities by providing funds to help solve short-term emerging needs and programs. Our expertise in community partnerships, resources, and connections ensures we are addressing the most pressing needs to keep our region strong and balanced.

## **COMMUNITY RESPONSE GRANT FUNDING CRITERIA/ELIGIBILITY REQUIREMENTS**

1. Non-profit 501(c)(3) organizations operating in Beltrami, Hubbard, and/or Clearwater Counties.
2. Alignment with at least one of United Way of Bemidji Area's areas of focus:
  - Youth Opportunity:** Preparing young people to realize their potential from cradle to career
  - Financial Security:** Creating a stronger financial future for every generation
  - Health Community:** Improving health and wellbeing for all
3. Potential for solving an emerging short-term need, as defined by the objectives of the project itself, and as indicated by the capabilities of the agency/organization.
4. Evidence of non-duplication if other services/programs are currently available to the target population in the identified geographic area of service.
5. The ability of the agency or project to attract or develop funds to continue the project after funding through the Community Response Grant is exhausted, if appropriate.

## **GRANT DEADLINE AND ANNOUNCEMENT OF GRANT RECIPIENTS**

Agencies may submit one grant application per calendar year. Grants may be submitted at any time and review of applications will begin the first Friday of each month. Applications submitted prior to the first Friday of the month will be notified of the committee's decision on the third Friday of that month.

## **GRANT CYCLE**

While there is no set grant cycle, agencies may only submit one grant application per calendar year and the application should address the timeframe that the funds will be expended.

## **DOLLAR AMOUNT OF REQUEST**

The maximum grant available through the Community Response Grant Program is \$2,500. There is no minimum grant request.

## **GRANT SUMMARY**

Organizations, as a provision of accepting grant monies, must provide a Grant Summary Report to United Way demonstrating that the funds were used for their intended purpose, within *30 days* of conclusion of the project.

The Grant Summary Report should include the following:

- The number of people receiving services as a result of the grant award and a summary of the project outcomes.
- An itemized list of expenditures funded by the grant award, including copies of the receipts.
- Copies of any public advertising associated by the grant award.

## **RESTRICTIONS**

Athletic teams or events, school activities for which school credit is earned, political activities, proposals to fund prior year's deficits, general operating expenses, one-time presenters or presentations, marketing expenses, previously purchased equipment or programs in progress, government-funded and/or for-profit organizations will not be funded.

# Community Response Grant Application Procedures

## A COMPLETE APPLICATION INCLUDES THE FOLLOWING:

### 1) COVER SHEET

- Please use the provided cover sheet.

### 2) PROJECT BUDGET

### 3) CURRENT BOARD APPROVED LOCAL ORGANIZATION BUDGET

### 4) PROPOSAL (no more than 3 pages):

Your concise proposal must contain the following information clearly identified with headings:

- Brief history and explanation of mission of organization
- Project description and how it aligns with at least one of United Way's focus areas:
  - Youth Opportunity:** Preparing young people to realize their potential from cradle to career
  - Financial Security:** Creating a stronger financial future for every generation
  - Health Community:** Improving health and wellbeing for all
- Geographic area that will benefit from the project
- The human service need being addressed
- Specific target population and estimate of the number of people affected
- Expected outcomes of this project
- Evaluation procedure description (the method for measuring expected outcomes)
- Future funding sources for the project (if applicable)
- Implementation schedule for the project (specific dates)
- Plan for acknowledging United Way as a funding source

***The following is the preferred language for press statements: "This project was made possible in part through funding from a United Way of Bemidji Area Community Response Grant".***

### 5) VERIFICATION OF 501(c)(3)

- Please include a copy of your official 501(c)(3) verification form.

**Organizations, as a provision of accepting grant monies, must provide a Grant Summary Report to United Way demonstrating that the funds were used for their intended purpose. The Grant Summary Report is due within 30 days of conclusion of project.**

**The Grant Summary Report should include the following:**

- The number of people receiving services as a result of the grant award and a summary of the project outcomes.
- An itemized list of expenditures funded by the grant award, including copies of the receipts.
- Copies of any public advertising associated by the grant award.

**\*\*\* SUBMIT GRANTS VIA EMAIL TO [GRANTS@UNITEDWAYBEMIDJI.ORG](mailto:GRANTS@UNITEDWAYBEMIDJI.ORG) \*\*\***



# Community Response Grant Application Cover Sheet

**Date of Application:** \_\_\_\_\_

**Name of Organization:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Contact Person (Name and Title):** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Project Title:** \_\_\_\_\_

**Dollar Amount Requested:** \_\_\_\_\_

**Project Dates:** \_\_\_\_\_

**Total Project Budget:** \_\_\_\_\_

**Agency Annual Operating Budget:** \_\_\_\_\_

**Other Sources of Project Revenue (Please list all confirmed & pending sources):** \_\_\_\_\_

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***By signing, we agree that all information submitted is correct and that a Grant Summary Report must be submitted to the United Way within 30 days of the conclusion of the project.***

**SIGNATURES** (at least two of the following are required)

Contact Person: \_\_\_\_\_ Date \_\_\_\_\_

CEO/Exec. Director: \_\_\_\_\_ Date \_\_\_\_\_

Board President: \_\_\_\_\_ Date \_\_\_\_\_