



## 2026-2027 Cover Sheet

### Hubbard County

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

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

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

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

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

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

**Agency Website:** \_\_\_\_\_

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

**Program Title or General Operating Request:** \_\_\_\_\_

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

#### **Proposal Requirements:**

In no more than 3 pages, address the following topics (clearly identified with headings):

- Brief history and mission of organization
- Agency and/or program description and how it aligns with one of United Way's Impact Areas:
  - **Youth Opportunity** – Preparing young people to realize their potential from cradle to career  
*Examples: childcare and early childhood education, in-school, after-school, and summer learning, family engagement, literacy development, college and career readiness*
  - **Financial Security** – Creating a stronger financial future for every generation  
*Examples: adult education, job training, and career pathways, financial education and coaching, food security, homelessness prevention, affordable housing, and homeownership, benefits access*
  - **Healthy Community** – Improving health and wellbeing for all  
*Examples: healthcare access, maternal and child health, health spaces and physical activity, mental health support, substance misuse, recovery, and prevention*
- 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)