

**United Way
of Rutland County**



2024 Community Impact Grants

BENNINGTON APPLICATION

**United Way of Rutland County - Serving Bennington
County 67 Merchants Row, Rutland, VT 05701**

Main: (802) 773-7477

Fax: (802) 770-5133

www.uwrutlandcounty.org

Questions?

Contact info@uwrutlandcounty.org

Or call (802)773-7477

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of Rutland County**

www.uwrutlandcounty.org



For the most up-to-date application materials, including the new 2024 Community Impact Grants Handbook, visit our website at

<https://www.uwrutlandcounty.org/grants/>

In the handbook you will find an overview of the United Way of Rutland County Mission and Purpose; a description of the three Priority Areas: Health, Education, and Financial Stability; General instructions for completing the application and the evaluation process; and reference materials.

Proposal Submission Checklist

Submitted proposals may pertain to an entire program, or a specific project within that program. For this application the term 'Program' is used, but should be considered interchangeable with 'Project.' Please tailor your answers to the specific work your proposal intends to do.

Before submitting a proposal for United Way of Rutland County's (UWRC) Bennington Community Impact Grants, please be certain the following application materials are complete:

- UWRC Proposal Cover Sheet** *Form below*
- Program Narrative** Please no more than 250 words per question *Questions are part of this packet (below)*
- Program Measurement Tool** Please provide a copy or description of the tool you will use to measure outcomes and outputs.
- Program Budget Narrative** *Please use the form provided in the application packet*
- Organizational Annual Budget**
- Last Fiscal Year Organizational Budget to Actual and Balance Sheet**
- Proof of Nonprofit Status**
- Optional Letter(s) of Support** *Form below*
- Optional Supporting Materials** Any additional information describing the program you would like to include. E.g. marketing materials, informational handouts, data supporting the need for the program, etc.

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Submitting the Proposal:

Please submit all application documents/materials in **one correspondence**. Materials submitted separately may not be properly attached to your application for reviewers. This means attaching all materials to one email, sending a link to one dropbox/google drive location, or mailing all materials in one envelope. You may also submit your application online through this Google Form

<https://forms.gle/JoJ2s3NtihbhPtxL8>

We recommend reviewing the full application below and collecting the information needed prior to beginning the Google form. You must fill and submit the entire Google form in one session (you cannot save a partially completed form to finish at a later time).

APPLICATION DEADLINE: 5pm, August 30th, 2024

SUBMIT to isabella@uwrutlandcounty.org

This Application is also available as a Google Form at:

<https://forms.gle/JoJ2s3NtihbhPtxL8>

We recommend reviewing the full application below and collecting the information needed prior to beginning the Google form. You must fill and submit the entire Google form in one session (you cannot save a partially completed form to finish at a later time).

The Google form allows you to upload spreadsheets, documents, or other files as a simple option for completion. Please utilize this option if it is convenient to you, and if you have any questions don't hesitate to reach out!



UWRC Program Cover Sheet - Bennington

ALL SECTIONS ARE REQUIRED UNLESS SPECIFIED

Program Information	
Name of the Program (or Project):	
Grant type	<input checked="" type="checkbox"/> Mini (< \$3000)
Name of the Organization	
Fiscal Agent (<i>if Applicable, not required</i>)	
Program contact person & title/role	
Phone Number	
Email	
Organization Mailing Address	

Program Details
Brief Description of the program <i>Overview of the program activities and intended outcomes (100 words or less):</i>

Total Program Cost		Amount of Funding by UWRC	
Total	\$	Total	\$

Program Narrative

ALL SECTIONS ARE REQUIRED UNLESS SPECIFIED

Additional Information		
Priority Area (Circle all that apply)		
€ Health	€ Education	€ Financial Stability
Problem/Condition Program Addresses		

Program Partner(s) <i>(if applicable, not required)</i>	
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Purpose of the Funding
Brief description of how the funds will be used (100 words or less):

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Justice, Diversity, Equity, and Inclusion
Describe how your proposed program considers barriers to access or success due to race, gender, religion, sexual orientation, ethnicity, nationality, socioeconomic status, language, (dis)ability, age, size, religious commitment, or political perspective (100 words or less):

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Goals and Outcomes

Discuss how your proposed goals and outcomes are informed by Justice, Diversity, Equity, and Inclusion principles (100 words or less):

Questions

Please no more than 250 words per question.

1. Agency Mission

Please describe your Agency Mission and add a brief overview of its current work.

2. Brief Overview of Proposed Community Impact Program

Please provide a brief overview explaining how this proposed program fits within your mission. Remember to state specific program details within this section. Describe target population, numbers served, and how the program will change lives.

3. Program Activities

Please describe your intended program activities (e.g., the services to be provided, interventions to be put in place, facilities and/or resources made available, etc.).

4. Evidence of Need & No Duplication

Please provide an overview of other similar programs within Bennington County, if they exist, and demonstrate how this program will differ. Explain how you collaborate with other agencies, and how the community will be better off for having the program.

5. Intended Program Outcomes

Please describe your intended program outcomes (e.g., measurable, documentable changes to how people live and behave, and/or to systems that impact this). Describe the data you will collect, the methodology, and measurement tools to be used in collection.

Budget Narrative

See spreadsheet – “2024 App Budget Spreadsheet”

- Download and fill out the [2024 App Budget Spreadsheet](https://www.uwrutlandcounty.org/grants/) located on our website <https://www.uwrutlandcounty.org/grants/>
- Attach this completed form to your application

Signatures

I/we, the undersigned, agree that the information provided in this Application Proposal is an honest and accurate representation of the proposed Community Impact Program.

Name of Person Completing Application	Signature	Date

I/we, the undersigned, agree that the information provided in this Application Proposal is an honest and accurate representation of the proposed Community Impact Program, and that by signing on behalf of _____ (name of agency) for which I/we am/are an authorized representative, said agency accepts all terms and conditions relevant to this program.

Name of Organization Program Manager	Signature	Date

Name of Organization Executive Director	Signature	Date



Letter of Support (Optional)

Program Information	
Name of the Proposed Program (or Project):	
Contact Information	
Supporter Name	
Title/Role	
Organization	
Phone Number	
Email	
Organization Mailing Address	

Briefly describe your primary level of support within this program partnership. Please include services, space, equipment, materials, staff time, or other resources that your organization will be committing to the program (Please limit response to 250 words).

This form should only be filled out by the primary program partner/supporter indicated above, not by the community impact grant applicant.