

Youth United Way Program Grant Application
PROGRAM APPLICATION (due May 7, 2020)

NOTE: Please leave all font properties as they are set

Program Information

<i>Program Name</i>	<i>Organization Name</i>
<i>Contact Person & Title</i>	<i>IRS Tax Exempt Number</i>
<i>Email</i>	<i>Telephone (XXX) XXX-XXX</i>
<i>Street/Mailing Address</i>	

Amount Requested from YUW:

Mission Statement:

How does your program impact our community? Tell us what this program does for our community.

Program Reach

Geographical Area Served by this Program	Number of People Served by this Program in 2017-2018	
Residents of the Stillwater Area Public School District (zip codes 55082, 55001, 55003, 55042, 55043, 55047, 55125, 55129)		
Residents of Washington County, MN (including above residents)		
TOTAL PEOPLE SERVED BY PROGRAM (including above residents)		

Program Financials

Last year's YUW support: \$

(Please put N/A if funding was not received last year)

Please describe how YUW funding this program impacted program results, clients, and the community. (ex. increased reach, program results, community impact, improved or continued access, greater collaborations, bridged gap in unmet needs, etc.):

(Please put N/A if funding was not received last year)

Current Youth United Way Requested Grant		\$	
Other Foundation/Organization/Government Funds		\$	
Other Revenue		\$	
Total Program Budget		\$	

More about the Program

Program Target Audience

Describe the demographics of the population the program strives to serve. When possible, include gender, age, income, conditions, risk factors, and ethnic origin if data is available.

Demand for Program Services

Describe any changes in demand for services or the type of needs that clients are experiencing in the past 12 months. Include any relevant data.

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Testimonials/Case Studies

Give a specific example of how this program has benefited an individual or a family. Use fictional name(s), but give an actual account of how the program helped someone. This example may be used in United Way promotional materials. Photos of service delivery are optional, but also helpful.

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Additional Information

Provide any additional information that will clarify your request, including any other observations, concerns, changes or challenges that your program is facing? You may also attach a program brochure if desired.

Signatures

Volunteer *Title*

Board President or Officer *Title*

Date of Application

Please return the following to your local United Way:
3 copies of this application (printed front and back if possible)
3 brochures/flyers for your organization or program (if possible)
Photos of services and clients (if possible)
Additional testimonials can also be helpful in learning more about your program

**Youth United Way
PO Box 305
Stillwater, MN 55082**

Please contact the Youth United Way Coordinator, Lois Conn at lois@uwwce.org
or at (651) 439-3838 or (612) 201-9948 with questions or concerns.