

**Franklin County Area United Way
Community Grant Application**

The purpose of the Community Grant is to give agencies and organizations the opportunity to improve the quality of life for the residents of the Franklin County area. The three types of community grants available include:

1. The pursuit of new and innovative health and human service programs.
2. The expansion or enhancement of an existing program or service that represents an improvement, enhancement or advancement of an existing program or service.
3. The development and/or improvement of quality standards to ensure the efficient and effective delivery of health and human services.

Each community grant is limited to a maximum of \$1,000.

| | | | |
|---|-----------------|--------|------------------|
| Applicant Agency: | | | |
| Address: | | | City, State, Zip |
| Phone: | Fax: | Email: | |
| Sponsoring Organization: | | | |
| 501(c) Non-Profit Status (circle one): | Yes | No | In Process |
| Federal ID Number: | | | |
| Amount Requested: | | | |
| Project | Beginning Date: | | |
| | Ending Date: | | |
| Explain the purpose of your grant: | | | |
| Define in concise terms what specific services will be provided and for whom they will be provided: | | | |

List the specific measurable objectives of this project in concise terms and include completion dates for each objective:

Specify the exact use of Community Grant funds (staff salary, resource books, transportation, etc.)

How many people will directly benefit from these funds?

This project is (check all that apply):

- A new project
- An expansion of an existing project
- For the development and implementation of quality standards
- For the replacement of other funding sources
- Other

If this project is to continue beyond the initial funding period, specifically identify how the project will be funded.

Agency Director

Date

Board President

Date