The Community Focus Grant is an outreach of the United Way’s Community Impact funding process and the Willmar Area Community Foundation’s Discretionary Funding. The available amount of grant dollars each year is subject to change. Grants, up to $3,000 will be awarded to organizations aligned with UWWCM and WACF’s priority areas of Education, Health, Basic Needs, Engaged Youth, Productive Aging, and Bridging Diverse Communities.

**General Information:**

Name of Agency: Click here to enter text.

Name of Program: Click here to enter text.

Mailing Address: Click here to enter text.

Contact Person: Click here to enter text. Title: Click here to enter text. Phone: Click here to enter text.

Email Address: Click here to enter text.

Federal Tax Identification Number: Click here to enter text.

Mission Statement of organization: Click here to enter text.

**Please select the area your grant request addresses:**

**Education** – Making sure that our children come to school prepared for school, supporting them through high school, and helping people of all ages gain job skills.

**Health** – Extend access to health care, health education and related services that will enable more people to live healthier lives.

**Basic Needs** – Supporting agencies that provide building blocks for a good life for individuals and families in West Central Minnesota.

**Engaging Youth** – Providing opportunities to connect area youth with mentors, volunteerism, community service, and out of school activities.

**Productive Aging** – Ensuring opportunities that provide a high quality of life for area seniors and foster their continued volunteerism/engagement in community life.

**Bridging Diverse Communities** – Networking and connecting residents of varied backgrounds together for meaningful interactions that result in more welcoming communities for all.

## Amount Requested $Click here to enter text.

List other co-sponsors of this proposal: (organization, contact person and telephone)

Click here to enter text.

**Proposal:**

On a maximum of two additional pages, describe the proposed project using the following format. Please number each section.

1. Identify what the request is for:

Click here to enter text.

1. Identify why you need funds:

Click here to enter text.

1. Identify target population:

Click here to enter text.

1. State your program’s goals and objectives:

Click here to enter text.

1. Describe how this funding will help you achieve your goals and objects:

Click here to enter text.

1. How do you plan to measure the success and results of your program?

Click here to enter text.

1. Please describe your long-term plans. How will you continue to implement and fund this program for the next 3 to 5 years?

Click here to enter text.

1. Describe any program or agencies that currently exist which provide similar services to residents in this area.

Click here to enter text.

1. List collaborative efforts with other community organizations (public, private, non-profit.

Click here to enter text.

1. Budget (form attached)

### Submit 1 copy of completed application and 1 copy of the following:

(Note: Organizations that are currently member agencies of United Way of West Central Minnesota do not need to resubmit the following materials. If the organization is not a member agency, but has submitted this information in the past, please only submit information where there are changes, i.e. governing board).

* Total Budget for Project (form attached)
* Latest Financial Statement
* 501(C) 3 or Government Organization Certificate
* List of Board of Directors
* Copy of By-laws

Applications should be mailed to:

**United Way of West Central Minnesota**

Community Focus Grant Request

PO Box 895

Willmar, MN 56201

Questions Call the United Way of West Central Minnesota office at (320) 235-1050

Describe budget for this proposal, not sponsoring organization(s)

Revenue:

|  |  |
| --- | --- |
| 1. UWWCM-WACF Community Focus Grant | **$** Click here to enter text. |
| 1. Click here to enter text. | **$** Click here to enter text. |
| 1. Click here to enter text. | **$** Click here to enter text. |
| 1. Click here to enter text. | **$** Click here to enter text. |
| 1. Click here to enter text. | **$** Click here to enter text. |
| 1. Click here to enter text. | **$** Click here to enter text. |

**Total**  $ Click here to enter text.

**Expenses:**

|  |  |
| --- | --- |
| 1. Personnel | $ Click here to enter text. |
| 2. Office supplies | $ Click here to enter text. |
| 3. Advertising and printing | $ Click here to enter text. |
| 4. Travel | $ Click here to enter text. |
| 5. Dues and subscriptions | $ Click here to enter text. |
| 6. Rent and equipment | $ Click here to enter text. |
| 7. Professional fees | $ Click here to enter text. |
| 8. Click here to enter text. | $ Click here to enter text. |
| 9. Click here to enter text. | $ Click here to enter text. |

**Total**  $ Click here to enter text.

Is there a charge for service provided by this project or activity? Click here to enter text.

Please explain: Click here to enter text.

Prepared by: Click here to enter text. Title: Click here to enter text. Date: Click here to enter text.

**END PROJECT REPORT**

Please submit at least three photographs with signed release forms from your project with this report for use by United Way of West Central Minnesota.

**Return completed report to**:

UnitedWay of West Central Minnesota, PO Box 895, Willmar, MN 56201 or [james@liveunitedwcm.org](mailto:james@liveunitedwcm.org)

**Project Title:** Click here to enter text.

1. Number of people involved in the planning of this project:

Click here to enter text.

2. Number of people who attended/benefited from this project:

Click here to enter text.

3. Describe the project.

Click here to enter text.

4. Did you accomplish what you set out to accomplish? Do you consider this project a success?

Click here to enter text.

Example: Click here to enter text.

5. What would you have done differently?

Click here to enter text.

6. What changes happened as a result of this project?

Click here to enter text.

7. Did this project provide parent education? If so what?

Click here to enter text.

8. How do you intend to continue this project, or similar projects, in the future?

Click here to enter text.

9. How did you give recognition to United Way of West Central Minnesota for funding your project?

Click here to enter text.

10. Name and Number of Contact Person.

Click here to enter text.

\****United Way of West Central Minnesota and the Willmar Area Community Foundation requests an end project report from agencies within 60 days of project completion.***

**Thank You!**