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**2022 Community Impact & Innovation**

*Our vision for Chester County is a community where all residents have opportunities to achieve  
a vibrant and healthy quality of life.*

*Our mission is to unite people and mobilize resources to build better lives and stronger communities.*

To continue to address the needs of the disadvantaged and at-risk individuals and families in Chester County, UWCC is requesting proposals for Community Impact and Innovation Grants, providing resources to **Chester County nonprofits** whose organizations and clients have been disproportionately impacted by the pandemic and ongoing resulting community conditions. We aim to build the capacity of the Chester County nonprofit community and assist in navigating the immediate and future impact on their organizations and the individuals they serve, allowing these grants to be used either for unrestricted general operating or program expenses.

United Way of Chester County remains focused on serving ALICE in the areas of education, financial independence, and health, and is requesting proposals that primarily address issues related to helping children and youth achieve their potential, promoting financial stability and self-sufficiency, and helping people live independently and overcome obstacles to good health.

United Way of Chester County is committed to equitable service delivery and funding practices, ensuring that organizations receiving United Way funding are committed to Diversity, Equity, Inclusion and Culture and can demonstrate that commitment in meaningful and measurable ways.

**Application Criteria**

**Eligible agencies must:**

* Serve primarily Chester County residents and have full time physical presence and programming in Chester County
* Address goals for UWCC priority areas, including the needs of ALICE
* Have 501c3 status or similar tax-exempt status
* Register with the State of Pennsylvania, Bureau of Charitable Organizations (as required)
* Be willing to complete UWCC inquiries regarding any information reported in proposals, including mid-cycle reports

**Submission Instructions**

Please complete this application and submit, along with a copy of your most recent annual operating budget (or audit) to Stephanie Miller at [smiller@uwchestercounty.org](mailto:smiller@uwchestercounty.org).

**Deadline for completed applications is 4:59 PM, Friday, May 27, 2022**.

***No exceptions will be made and no late or incomplete applications******will be******accepted.***

**Decisions regarding requests will be communicated to applicants by the end of June 2022.**

**APPLICATION FOR COMMUNITY INNOVATION GRANT Graphical user interface

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**Organization Information**

|  |  |
| --- | --- |
| **Organization Name** |  |
| **Address** |  |
| **City, State Zip** |  |
| **Phone** |  |
| **Website** |  |
| **FEIN** |  |
| **ED/CEO Name** |  |
| **ED/CEO Email** |  |
| **Contact Name** *(if different than above)* |  |
| **Contact Title** |  |
| **Contact Email** |  |

**Proposal Details**

As briefly but completely as possible, please complete the following questions.

**Mission Statement** - Provide the mission statement of your organization.

**Description of Services/Clients Served** - Provide a brief synopsis of the services your organization provides with a general description of the population served.

**Geographic Area** - Generally describe the geographic area served by your organization. If not all of Chester County, specify primary regions by zip code or municipality.

**Focus Area** - Select all that apply

\_\_\_ Education / Youth \_\_\_ Basic Needs

\_\_\_ Financial Independence \_\_\_ Covid-19 (Please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ )

\_\_\_ Health \_\_\_ OTHER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ALICE Essentials** – Please select any ALICE Essentials that are addressed by your organization and/or programming.

\_\_\_ Safe affordable housing \_\_\_ Quality healthcare

\_\_\_ Quality childcare \_\_\_ Reliable technology

\_\_\_ Adequate food \_\_\_ Ability to grow savings

\_\_\_ Reliable transportation \_\_\_ OTHER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Total Amount Requested** **$** \_\_\_\_\_\_\_\_\_\_\_\_\_

**Use of Funds** - Describe how this grant will be used.

**Demonstration of Need** - Provide a quantifiable justification for the requested amount.

**Impact** - Describe the expected impact of the grant and how it will be demonstrated and/or measured. Refer to UWCC’s Investment Goals & Objectives for guidance, if needed.

**Diversity, Equity, Inclusion and Culture** - Please describe specific ways your organization demonstrates equitable service delivery.

**Signature**

By submitting this application to United Way of Chester County (UWCC), I acknowledge that the awarding of all grant amounts is at the sole discretion of UWCC and the Community Impact Council Review Team (Council). UWCC retains the right to request information regarding the utilization of any grant awarded, and that all grant funds must be used for the terms as outlined in this application unless a request to use the funds otherwise is submitted to and approved by the Council. Further, I acknowledge that any information presented as part of this application is true and accurate to the best of my ability.

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**Executive Director (Signature) Executive Director (Printed)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date**