

United Way of Muscatine 2022-2023 Community Investment Request

Community Foundation of Greater Muscatine

Funding Request



United Way of Muscatine

Welcome to the United Way of Muscatine Community Investment application! Community Investment focus areas are Basic Needs, Education/Job Training, and Housing. United Way Self-Sufficiency Common Measures can be found here.

Request*

Amount of request:

Character Limit: 20

Budget*

Total budget for the program or project:

Character Limit: 20

Budget Upload*

Download our budget template here, complete it and save, then upload the completed budget.

File Size Limit: 5 MB

Budget Narrative

Provide any additional information you would like to share pertaining to the budget.

Character Limit: 5000

Funding Description*

Provide a brief description of the funding request:

Character Limit: 500

Program Information

Program/Project Name*

Name of Program or Project:

Character Limit: 100

Focus Area*

Which focus area best describes the program this request is supporting? United Way Self-Sufficiency Common Measures can be found here.

Choices

EDUCATION: Every Child Enters Kindergarten Ready to Learn

EDUCATION: Every Child Succeeds Academically Through Support In and Out of School

EDUCATION: Every Student Graduates from High School Prepared for Post-secondary Education/Training

EDUCATION: Every Adult Has the Education and Skills to Obtain a Career That Can Sustain a Family

STABILIZATION: Every Household Has Their Basic Needs Met (Food,Shelter,Safety,Crisis Stabilization)

Mission and Purpose*

Please provide a description of the program for which this grant is sought, including an explanation of the goals, objectives, and activities:

Character Limit: 5000

Need for Program*

Using quantitative data when possible, explain the scope of need for this program or project. Why is this program or project essential in addressing the need and how will it improve quality of life in Muscatine County?

Character Limit: 5000

Demographic Served*

Which category best describes who your project or program will serve?

Choices

Youth

Adults

Families

Seniors

All

Demographic Narrative*

How many Muscatine County residents will directly benefit from this project or program? Describe the population to be served (demographics, eligibility, etc.) based on client need. How many unduplicated clients were served in the last fiscal year? If client numbers are duplicated, please explain what barrier you are facing to collect this data.

Character Limit: 5000

Impact Measurement*

How will your organization measure the impact and success of this program or project? For Education/Training programs, what information have you requested from the shared data system, and how did you use it? How will you use the shared data system to help meet your education goals?

Character Limit: 5000

Impact Story*

Please share a success story that best illustrates your program outcomes.

Character Limit: 5000

Publicity*

May we use this story in our marketing material? (whether you allow our use of this story will not have any impact on funding decisions)

Choices

Yes

No

Collaboration*

How are you collaborating with other agencies/programs in your service area that address these program needs?

Character Limit: 5000

Program Fees*

Are fees charged for this program? If so, please describe how they are set and administered. If not, please explain why they aren't.

Character Limit: 5000

Program Changes*

Have there been any changes in the past year with the program? If so, please describe the changes.

Character Limit: 5000

Additional Narrative

Is there any additional information you would like the granting committee to know about this request when reviewing your application?

Character Limit: 5000

If you are not the executive director, please invite an authorized signor to certify and sign this application.

Signature

Click on the blue collaborator button in the top right corner, below your name. Complete the

requested information and invite the authorized signor to submit the application.

For a full tutorial on the Collaborator feature, [click here](#).

Certification*

I certify that all statements and information contained in this request are true and complete to the best of my knowledge and belief.

Choices

Yes

Executive Director Electronic Signature*

Please input your name to confirm your signature

Character Limit: 250

Date*

Character Limit: 10