# United Way of Muscatine 2024-2025 Community Investment Request



Welcome to the United Way of Muscatine Community Investment application for Household Stabilization! Household Stabilization grants focus on the immediate needs of food, emergency shelter, and crisis stabilization.

## Request*

Amount of request ($30,000 limit per program):

*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?

#### Choices

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?

*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*