



UNITED WAY OF ROCKBRIDGE
 Agency Funding Application for Calendar Year 2025

PART I. AGENCY INFORMATION

Contact Information

Agency Name:			
Project Name:			
Funding Amount Requested:			
Executive Director's Name:			
Phone:		Email:	
Address:		City:	State: ZIP Code:
Name & Phone # of Funds Distribution appointment contact if different from Executive Director:			
Website:		EIN:	

Please answer the following questions.

	Yes	No
Does your agency currently have a 501 (c) (3) status?	<input type="checkbox"/>	<input type="checkbox"/>
Is your agency affiliated with a regional or national organization? If so, which one?	<input type="checkbox"/>	<input type="checkbox"/>
Are you currently an existing organization with an established Board of Directors or defined governing agency that meets at least 4 times a year?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a recently completed review or audited financial statement prepared by a CPA?	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
Does your agency have a written mission, goals and objectives?	<input type="checkbox"/>	<input type="checkbox"/>
Is your agency currently in existence and currently providing services in our community?	<input type="checkbox"/>	<input type="checkbox"/>
Does your agency actively collaborate with other agencies in the community?	<input type="checkbox"/>	<input type="checkbox"/>
Is your agency doing regular outreach into the community?	<input type="checkbox"/>	<input type="checkbox"/>



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PART II. Project Narrative

Project name:

Amount of UWR funding requested for this project in CY2025: _____

Project Overview

1. Describe your project - What services does it provide?
2. Describe the intended impact of your project. How will you measure the achievements or effectiveness of the project? If possible, please include both qualitative and quantitative measurements.
3. Who is your target population for this program? Are you planning to serve specific ages, geographic areas, etc.? What is your outreach strategy to reach this population?
4. If demand exceeds your capacity to deliver services within this program, how will your agency decide who will be served?
5. Are there other agencies in the community working to address a similar need or provide a similar service? If so, how does this project differentiate itself?
6. United Way places a high value on interagency cooperation and cross-community collaboration. Explain how you will work with other community organizations to enhance your project's effectiveness.
7. If fees are charged for services, how are these fee levels set? How do you handle if a potential client who cannot afford the fees?
8. **United Way Community Impact & ALICE Initiatives.** United Way of Rockbridge has identified a focus of supporting projects that strengthen early childhood education and supporting ALICE (Asset-Limited Income-Constrained Employed) households. Does your project directly or indirectly relate to either of these focus areas? If so, please elaborate.



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PART III. Project Financials & Budget for CY 2025

Please note that we require a project-level budget as an attachment, in addition to completing the questions below:

Project Financials	
Project name	
Total funding needed	
United Way of Rockbridge funding requested	
Total amount pending from other requests (grants, fundraising, carryover funds, etc.?)	
What is your fiscal year?	
If you're not on a calendar year, what proportion of the project will be completed in CY 2025?	
Has your project been funded by UWR previously?	
If your funding request for an increase, a decrease, or stable funding?	
Is this a multi-year project?	
If it is, please be sure to include the multi-year project budget as an attachment.	
<i>*Please note that UWR does not provide multi-year funding.</i>	

The undersigned agency executive and officer of the board have approved this application. They are prepared to discuss this proposal with UWR community reviewers and the Executive Director.

Name: _____ Title: _____

Signature: _____ Date: _____

Name: _____ Title: _____

Signature: _____ Date: _____