

## **UWSCTN - 2026 Thriving Community Grants Application**

Use this document to draft and review your responses before submitting your official application online [here](#). Only applications submitted through the online form by March 10 at 11:59 pm will be considered. Note: Word counts in the online form are enforced automatically.

### **SECTION 1: ORGANIZATION INFORMATION**

#### **Coordinating Agency**

- Legal Name & DBA
- EIN
- Street & Mailing Address
- Primary Contact & Executive Director (Name, Title, Email)
- Financial Documents/Giving Matters Link
- 211 Link

#### **Collaborative Application? Yes/No**

- If yes, list collaborating agencies and EINs

Briefly describe your organization's mission and history serving the community. What relevant experience, successful partnerships, or organizational strengths position you to deliver impactful programs in our region?

### **SECTION 2: PROGRAM OVERVIEW**

- **Program Title**
- **Brief Program Description** (100 words max)
- **Detailed Program Description** (250 words max)
  - What are the program activities?
  - What is your implementation plan and timeline for the funding cycle?
- **Program Experience** (250 words max)
  - *New programs:* How does your approach align with best practices? Why is it likely to achieve results?
  - *Existing programs:* What evidence demonstrates past success (outcomes, metrics, participant feedback)?
- **Place-Based Service Delivery** (250 words max)
  - How will your services be delivered on-site at the Resource Center at Mitchell-Neilson?
  - What days/times do you propose availability of services?
  - What space or resources will you need at the Resource Center?
- **How will you ensure the program is inclusive and responsive to diverse needs?** (250 words max)

### **SECTION 3: PROGRAM IMPACT & COMMUNITY NEED**

- **Statement of Need** (250 words max)
  - Who is your priority population in the Mitchell-Neilson neighborhood?
  - What specific needs or challenges do they face?
  - How were these needs identified and what evidence supports them?
- **Alignment with ALICE Focus** (250 words max)

- Describe how your program will directly impact ALICE households in the Mitchell-Neilson neighborhood. What specific barriers or challenges faced by ALICE households does your program address?
- Select the ALICE categories that best fit the services you provide: \* (Select all that apply)

Housing & Shelter

Utilities & Technology: water, electricity, internet, cellphone services, etc.

Child Care & Education: enrichment activities for children, educational opportunities for any age, summer camp, etc.

Food: food security, access to healthy food, access to food pathways

Transportation: auto repairs, DMV fees, insurance costs, etc.

Health Care: physical, mental, holistic, and substance abuse services.

- **Service Gap** (150 words max)
  - What specific service gap does your program address for families in the Mitchell-Neilson neighborhood?
  - How does your program complement (rather than duplicate) the family support coordination already provided at the Resource Center?
- **Coordination Capacity** (150 words max)
  - Describe your organization's capacity and willingness to participate in quarterly coordination meetings with other Thriving Community grant recipients and Resource Center staff.
  - What does effective coordination look like? What strengths does your organization bring to a collaborative service model?

## SECTION 4: BUDGET

### Amount Requested

#### What percent of your total program budget is your allocation request?

Upload completed Program Budget Template including:

1. Program Income or Revenue
2. Budgeted Program Expenses
3. Use of Requested United Way Funds

#### Budget Narrative (250 words max)

- Explain major program expenses and how they support program activities
- And how UW funds are used
- What other financial resources will be used to support this program?
- *If collaborative:* Funding allocation per agency and purpose of the funds

## SECTION 5: IMPACT & EVALUATION

**How many unduplicated individuals** do you expect to serve with this program during the funding cycle?

**This section asks you to describe your program's intended impact:**

- **Goals:** The broad change you're working toward (e.g., "ALICE families will achieve greater financial stability")
- **Outcomes:** Specific results participants will achieve (e.g., "Participants will increase income and reduce debt")
- **Measurements:** The data points you will track (e.g., "% of participants who increase income or access to resources")

**Program Goals** (200 words max) What are the primary goals of this program? What will be different for participants or the community because of this program?

**Program Outcomes** (250 words max) What specific, measurable outcomes do you expect participants to achieve? How will you know if someone has been successful in your program?

**Shared Data Collection Capacity:** (250 words max) What data collection systems or tools does your organization currently use to track program outcomes? Describe your organization's capacity and willingness to adapt these processes to align with shared measurements developed collaboratively with other Thriving Community grant recipients.

## **SECTION 6: SUBMISSION**

*Required attachments:*

- Patriot Act Form
- Partnership Agreement

Save and finish later?

The Save button below will open a new dialog box where you may choose to sign up or log in to a free Jotform account to save and easily manage the application drafts in your account. You can also use the Skip Create an Account link at the bottom of the save dialog box to get a link to the draft application or have it emailed to you.

When you are done with your application, please click the Submit button.