



ACTON-BOXBOROUGH UNITED WAY

2019-2020 FUNDING APPLICATION

(DUE: Wednesday, MARCH 13, 2019 BY 4:00 PM)

WHEN SUBMITTING THIS APPLICATION, PLEASE BE SURE TO SEND ONE PAPER COPY (3-Hole Punched) AND ONE ELECTRONIC COPY, AND INCLUDE:

- YOUR MISSION STATEMENT
- PROJECT BUDGET WORKSHEET
- LIST OF YOUR BOARD OF DIRECTORS INCLUDING NAME AND ADDRESS
- YOUR IRS 501(c)(3) DETERMINATION LETTER
- A COPY OF YOUR FORM PC, WITH ALL REQUIRED ATTACHMENTS
- YOUR MOST RECENT IRS FORM 990 (OR 990 EZ)

AGENCY NAME: _____

PRINCIPAL ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

TELEPHONE () _____ **FAX ()** _____

EMAIL ADDRESS: _____ **WEBSITE:** _____

APPLICATION COMPLETED BY: (must be principal contact for organization) _____

PHONE _____ **EMAIL** _____

POSITION _____

SECONDARY CONTACT: _____

PHONE _____ **EMAIL** _____

WHAT IS YOUR FUNDING REQUEST (\$ AMOUNT) FROM THE ACTON-BOXBOROUGH UNITED WAY FOR THE PROGRAM YEAR 2019-2020?

\$ _____

WHAT IS YOUR FISCAL YEAR? _____

____ This is a first time application for funding from the ABUW

____ Most recent application for funding from the ABUW _____

____ Organization currently receives funding from the ABUW

Thank you very much. You will soon be contacted regarding your committee interview and/or site visit.



PLEASE TELL US ABOUT THE PROGRAMS AND SERVICES YOUR AGENCY CURRENTLY OFFERS IN THE ACTON/BOXBOROUGH COMMUNITY.

- a) In column (1), please list each of the services and programs provided by your agency in the Acton/Boxborough community.
- b) In column (2), please estimate what percent of local agency resources (as distinguished from parent agency resources, if applicable) is allocated to that program and/or service.
- c) In column (3), please list the PERCENTAGE of your clients served, who are from Acton and Boxborough.
- d) In the columns (4) and (5), provide the number of your client population who receive this service from Acton and from Boxborough.

(1) Service Provided	(2) % of Resource	(3) % of Clients From Acton/Boxborough	(4) Total # Served From Acton	(5) Total # Served From Boxborough

Please indicate how you arrived at the numbers in columns (4) and (5), such as # of meals served, # of newsletters mailed, etc.



PROPOSAL NARRATIVE: DESCRIPTION OF PROGRAM OR SERVICE FOR WHICH YOU ARE REQUESTING FUNDS. IN THIS DESCRIPTION, PLEASE PROVIDE THE FOLLOWING:

- A. Brief summary of your agencies programs.
- B. Description of Need: What is the issue you plan to address with Acton-Boxborough United Way (ABUW) Funds? **How does this issue expressly relate to a need identified in the ABUW Community Needs Assessment ?** The full Report and Executive Summary are available on our home page, www.abuw.org. Who are the constituents for the program or services? Please include any demographic criteria that are relevant to your proposal.
- C. Specific Activities (Include information about service delivery and/or timeline.)
- D. Objectives and Goals for this Request (How will this grant strengthen the organization, address the issues, make improvements, or achieve success? How does this project address the organization's mission?)
- E. Define your criteria for evaluating success for the program or service for which you are requesting funding. What are the anticipated outcomes and how will they be measured?
- F. Do you anticipate a change in the need for services in the coming year? To what extent?
- G. Please describe how last year's funding from ABUW contributed to the success of your agency.
- H. What other sources of funding are you pursuing to support this specific program? How does this service/program compliment and/or augment already existing programs in the area? If cooperative arrangements exist with other agencies, please specify.
- I. Please describe any setbacks your agency encountered in the past year.
- J. Other (Use this section to share any other relevant information you feel would be helpful to your request for funding.



CONDITIONS OF GRANT

ABUW RECOGNITION:

Acton-Boxborough United Way (ABUW) requires supported agencies to acknowledge ABUW funding by displaying the ABUW logo on printed material, websites, and/or posters or other visual and electronic media in their office or facility where practical. Other required and acceptable methods of acknowledgement include mention of ABUW financial support in publicity materials including newspaper appeals, articles, or newsletters.

Please list your current and planned solicitation calendar and how you plan to incorporate the ABUW logo in your materials and/or facility in the upcoming year. Please describe any additional ways that you plan to acknowledge the support of the ABUW.

AGENCY STATEMENT OF NON-DISCRIMINATION:

The members, officers, directors, committee members, employees and individuals served by this organization confirms that it does not discriminate on the basis of race, color, religion, national origin, age, gender, or sexual preference.

Signature

Title

Agency

Date

CONTACT INFORMATION:

Acton-Boxborough United Way
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Acton, MA 01720
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Phone: 978-263-1777
