

2018 FOR 2019  
GRANT  
APPLICATION -  
BASIC NEEDS



221 W. RIDGE ROAD  
GRIFFITH, IN 46319  
219.923.2302

## 2018 FOR 2019 GRANT APPLICATION – BASIC NEEDS

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### **ENSURE YOU SUBMIT A COMPLETE APPLICATION**

A complete application should include the following items in the order indicated:

- A. Application Cover Sheet
- B. Section A: Agency Overview
- C. Section B: Program Description (\*one for each program funds are being requested for)
- D. Section C: Program Budget
- E. Section D: Program Client Demographics
- F. Section E: Program Logic Model
- G. Section F: Program Evaluation Plan

The following documents must be attached to the grant application:

- A. Agency Annual Operating Budget
- B. Counterterrorism Compliance Form
- C. Most Recent Annual Audited Statements
- D. Most Recent 990 report
- E. BBB Charity Review Questionnaire & Supporting Documentation (if applicable)

# 2018 FOR 2019 GRANT APPLICATION – BASIC NEEDS APPLICATION COVER SHEET

<b>Date of Application:</b>		Click here to enter text.
<b>Legal Name of Organization:</b> Click here to enter text.		
<b>Street Address:</b> Click here to enter text.		
<b>City:</b> Click here to enter text.	<b>State:</b> Click here to enter text.	<b>Zip Code:</b> Click here to enter text.
<b>Phone Number:</b> Click here to enter text.	<b>Fax Number:</b> Click here to enter text.	<b>Website:</b> Click here to enter text.
<b>Year Founded:</b> Click here to enter text.		<b>Annual Operating Budget:</b> Click here to enter text.
<b>CEO/Executive Director:</b> Click here to enter text.		
<b>CEO/Executive Director Email:</b> Click here to enter text.		
<b>Principal Contact for LAUW:</b> Click here to enter text.		<b>Title:</b> Click here to enter text.
<b>Email Address:</b> Click here to enter text.		<b>Phone Number:</b> Click here to enter text.
<b>Does your agency have affiliates, subsidiaries, chapters and/or other related entities?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If yes, please provide names and # of affiliates (if applicable):</i> Click here to enter text.		
<b>List any organizations by which your agency and/or program is certified:</b> Click here to enter text.		
<b>Is their current pending legal action against your organization?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <b><i>If yes, please explain:</i></b> Click here to enter text.	<b>Concluded legal action within the past three years?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <b><i>If yes, please explain:</i></b> Click here to enter text.	
<b>Program Name:</b> Click here to enter text.		
<b>Program Purpose:</b> Click here to enter text.		
<b>Amount Requested:</b> Click here to enter text.	<b>Total Program Cost:</b> Click here to enter text.	
<b>Geographic Area to be Served:</b> Click here to enter text.		
<b>Primary Impact Area – Indicate One Category:</b> <input type="checkbox"/> Food <input type="checkbox"/> Housing <input type="checkbox"/> Shelter <input type="checkbox"/> Utility Assistance <input type="checkbox"/> Clothing <input type="checkbox"/> Mental Health <input type="checkbox"/> Legal Assistance – for Basic Needs		
<b>CEO/Executive Director Signature:</b> Click here to enter text.		
<b>Date:</b> Click here to enter text.		

# 2018 FOR 2019 GRANT APPLICATION – BASIC NEEDS

## SECTION A: AGENCY OVERVIEW

**Please state your organization’s purpose/mission statement as it appears in your articles of incorporation, bylaws, and/or official source:**

Click here to enter text.

**Please state your organization’s vision statement (if available):**

Click here to enter text.

**Please state your organization’s values statement (if available):**

Click here to enter text.

**Please summarize your organization’s principal program service activities in 250 words or less so that it can be used in LAUW publications. Please include objective language and appropriate statistics as well as highlighting programs which receive direct LAUW funding.**

Click here to enter text.

### CURRENT BOARD OF DIRECTORS

Position	Name	Length of Continuous Board Service	Occupation/Employer	E-mail Address
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
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Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.

**Does the public board of directors have available to them, on an annual basis, the most recent IRS Form 990, most recent audited financial statements and Auditor’s management letter?**     YES     NO

**Highlight any significant accomplishments in the past 12 months:**

Click here to enter text.

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## SECTION B: PROGRAM DESCRIPTION

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<b>Program Title:</b> Click here to enter text.	
<b>When will the program take place?</b> Click here to enter text.	<b>Where will the program take place?</b> Click here to enter text.
<b>Amount requested from LAUW:</b> Click here to enter text.	<b>Estimated number of individuals served:</b> Click here to enter text.
<b>Statement of Need</b> <i>Describe the problem that the project will attempt to address.</i>  Click here to enter text.	
<b>Program Description</b> <i>Describe the program and provide information on how it will be implemented.</i>  Click here to enter text.	
<b>Who is the target audience?</b> Click here to enter text.	
<b>Goals &amp; Objectives</b> <i>Describe the program goals and objectives in measurable terms.</i>  Click here to enter text.	
<b>Evaluation</b> <i>Provide information on the metrics that will be used to determine the effectiveness of the program.</i>  Click here to enter text.	
<b>Staff and Organizational Information</b> <i>Include the staff qualifications, certifications and skills. Describe the organization and include information indicating the organization's capacity to implement and sustain the program.</i>  Click here to enter text.	
<b>Are you currently utilizing Charity Tracker?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>If not, are you willing to utilize Charity Tracker?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

## 2018 FOR 2019 GRANT APPLICATION – BASIC NEEDS SECTION C: PROGRAM BUDGET

Program expenses and revenue only.

### REVENUE

Indicate the total amount for each of the following budget categories, in this order. Also indicate which sources of revenue are committed and which are pending.

SOURCE OF REVENUE	COMMITTED	PENDING
Lake Area United Way	Click here to enter text.	Click here to enter text.
Foundations	Click here to enter text.	Click here to enter text.
Corporations	Click here to enter text.	Click here to enter text.
Local Government	Click here to enter text.	Click here to enter text.
State Government	Click here to enter text.	Click here to enter text.
Federal Government	Click here to enter text.	Click here to enter text.
Individuals	Click here to enter text.	Click here to enter text.
Publications and Products	Click here to enter text.	Click here to enter text.
Events	Click here to enter text.	Click here to enter text.
Membership Income	Click here to enter text.	Click here to enter text.
In-Kind Support	Click here to enter text.	Click here to enter text.
Other	Click here to enter text.	Click here to enter text.
<b>Total</b>	\$Click here to enter text.	\$Click here to enter text.

### EXPENSES

Indicate the expenses that the requested amount from Lake Area United Way will be used for, as well as total program expenses.

EXPENSE ITEM	UNITED WAY REQUEST	TOTAL PROJECT EXPENSES
Salaries	Click here to enter text.	Click here to enter text.
Benefits	Click here to enter text.	Click here to enter text.
Consultants and Professional Fees	Click here to enter text.	Click here to enter text.
Administrative	Click here to enter text.	Click here to enter text.
Travel	Click here to enter text.	Click here to enter text.
Equipment	Click here to enter text.	Click here to enter text.
Supplies	Click here to enter text.	Click here to enter text.
Postage and Delivery	Click here to enter text.	Click here to enter text.
Printing and Copying	Click here to enter text.	Click here to enter text.
Maintenance	Click here to enter text.	Click here to enter text.
Evaluation	Click here to enter text.	Click here to enter text.
Marketing	Click here to enter text.	Click here to enter text.
Other	Click here to enter text.	Click here to enter text.
<b>Total</b>	\$Click here to enter text.	\$Click here to enter text.

# 2018 FOR 2019 GRANT APPLICATION – BASIC NEEDS

## SECTION E: PROGRAM LOGIC MODEL

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Program Inputs

<p>Description</p> <p>Click here to enter text.</p>	<p>Type</p> <p>Click here to enter text.</p>	<p>Category</p> <p>Click here to enter text.</p>
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<b>Activities</b>	<b>Outputs</b>	<b>Short Term Outcomes</b>	<b>Indicators</b>	<b>Intermediate Outcomes</b>	<b>Indicators</b>	<b>Long Term Outcomes</b>	<b>Indicators</b>
<p>Click here to enter text.</p>	<p>Click here to enter text.</p>	<p>Click here to enter text.</p>	<p>Click here to enter text.</p>	<p>Click here to enter text.</p>	<p>Click here to enter text.</p>	<p>Click here to enter text.</p>	<p>Click here to enter text.</p>
<p>Click here to enter text.</p>	<p>Click here to enter text.</p>	<p>Click here to enter text.</p>	<p>Click here to enter text.</p>	<p>Click here to enter text.</p>	<p>Click here to enter text.</p>	<p>Click here to enter text.</p>	<p>Click here to enter text.</p>