Community Investment Grant Application
2019-2020

Name of Organization

_____

1. Organization's mission statement:

2. Mailing
Address:_____

Grant contact name: _____   Contact's title_____

Phone: _____   Contact's email:_____

CEO/Executive Director:_____
email:_____

Registered 501(c)(3) tax ID number (EIN):_____
Year established: _____

3. **Proposal Information**

Which of the following geographic areas best describes the community the funding request will primarily serve?

___Carpinteria   ___Santa Barbara   ___Goleta/Isla Vista   __Santa Ynez Valley

___ Santa Maria   ___ Lompoc   ___ Guadalupe

4. **<u>Brief program description and summary of request:</u>**

5. Name of proposed program: _____

6. Amount requested:_____

7. Total program budget:_____

8. Total budget of your organization:_____

9. Expected program duration:_____

Nondiscrimination statement of compliance:

United Way of Santa Barbara County (UWSBC) supports organizations that do not discriminate in their delivery of programs and services based on the basis of race, color, religion, gender, national origin, ancestry, age, medical condition, disability, veteran status, marital status, sexual orientation, or any other characteristic protected by law. UWSBC funds projects of faith-based organizations, but those projects must be secular in nature and open to individuals of all faiths and or those with no religious affiliation. Any funding request that would support an organization whose own policies run counter to UWSBC's nondiscrimination policy may be denied even if the project and the requesting organization meet all of the other criteria for funding.

___Yes, our agency is in compliance

___No, our agency does not act in accordance with the above policy and we have included a statement of explanation (maximum of 1 page).

<u>Proposal authorization</u>

___I certify that the Executive Director or CEO has read and approved

<u>Application Questions</u>

1. Briefly describe your organizational goals and principles.

2. How does the proposed program improve the ability to support and provide quality programming in the areas of education, financial stability or health.

3. Please describe the proposed program's process, tasks, timeline, proposed outcomes and roles of all program partners.

4. Describe expertise and capacity of the program team, including program partners if applicable.

5. Does the proposed program serve a specific age, gender, ethnicity or other group? If yes, please explain.

6. Please share how the proposed program will serve/impact intended population.

7. What evidence or research supports your proposed effort and outcome?

8. What evaluation methods or processes do you already use or plan to use to evaluate the effectiveness of the program?

Program Budget

Program request:_____

Budget dates for grant period:_____

Income:

Source	Total Program ($)	Pending ($)	Secured ($)	Notes
Total Income				

List any in-kind (non-cash) contributions:

Expenses:

Item	Total Program Cost	This request	Notes
Total Expenses			

Please list all of the members of your organization's Board of Directors or Governing Body.

Name	Affiliation/Profession	Board Position	Years of Service