



LIVE UNITED™

Community Enhancement Grants

Offered by The Callaway County United Way

To best serve our community, we must encourage innovative and creative problem solving. The Callaway County United Way Community Enhancement Grant program will offer opportunity to our current partner agencies as well as other organizations, and in some cases, individuals, that offer unique, creative and measurable solutions to problems we face in our community.

Callaway County United Way Community Enhancement Grants

The Callaway County United Way offers quarterly Community Enhancement Grants to partner agencies, non-partner organizations and, in rare instances, individuals in Callaway County. These Community Enhancement Grants will help fund projects that concentrate on Health, Education, Income and/or Emergency Services* for our community.

The Callaway County United Way may award up to two \$500 and one \$1,000 grants per quarter.

A panel of volunteers will review the applications for each quarter. A list of the members of this panel is available upon request.

Deadlines and Disbursement Dates for applications:

First Quarter Deadline: 10/14/2014	Disbursement 01/06/2015
Second Quarter Deadline: 01/13/2015	Disbursement 04/07/2015
Third Quarter Deadline: 04/14/2015	Disbursement 07/07/2015
Fourth Quarter Deadline: 07/04/2015	Disbursement 10/06/2015

Criteria for Applying

- The project must benefit the people of Callaway County exclusively.
- Funds must be accounted for in writing upon request (within 2 business days)
- Projects must address one or more of the following (examples provided):
 - HEALTH
 - Directly providing healthcare
 - Supportive healthcare
 - Improving Lifestyles/Life Choices
 - Managing Chronic Illnesses
 - Improved Diet/Exercise
 - EDUCATION
 - Adult Basic Education
 - Readiness to Work
 - Skill Set Training
 - Diversity/Inclusion Training
 - Arts Education
 - Parenting Skills
 - INCOME
 - Improving Income Stability
 - Budgeting 101
 - Resume' Writing
 - Application Preparedness

- Individual applicants must be willing to submit to a background check and be willing to be bonded at own expense before receiving funding.
 - Individuals should provide at least 3 letters of recommendation with their application. The letters should support the categories funding is being applied for – e.g. health, education, income. Letters of recommendation should be printed on letterhead when appropriate.
 - Current CCUW partner agencies may not apply for grants to supplement programs or services currently being funded by the CCUW, but rather for new programs and/or projects.
 - This application serves as consent to photographs and the voice recording of the program/project and participants and the use of these photographs and/or recordings singularly or in conjunction with other photographs and/or recordings for advertising, publicity, commercial or other business purposes. I understand that the term "photograph" as used herein encompasses both still photographs and motion picture footage.
 - I further consent to the reproduction and/or authorization by the **Callaway County United Way** to reproduce and use said photographs and recordings of my voice, for use in all domestic and foreign markets. Further, I understand that others, with or without the consent of **Callaway County United Way** may use and/or reproduce such photographs and recordings. This application releases the **Callaway County United Way** and any of its associated or affiliated companies, their directors, officers, agents, employees and customers, and appointed advertising agencies, their directors, officers, agents and employees from all claims of every kind on account of such use.
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Organization or Individual Applying:

Name: _____

Address: _____

Telephone: _____

Executive Director: _____

Email: _____

Primary Project Contact Person and Email: _____

Is your organization a 501©3? _____

Employee Identification or SSI: _____

Are you currently a CCUW partner agency? _____

Project for which you seek funding

Project Name: _____

Area Served: _____

Demographic Served: _____

Number served by Project or projected to be served: _____

Total Program Budget: _____

List other sources of income for project:

Category under which project falls

_____ Health

_____ Education

_____ Income

_____ Emergency Need*

History

Please describe your experience with similar projects, successes and failures, other services you currently provide

Needs Statement

Describe the problem or issue in our community that your project will address:

Supportive Data

Provide statistics (including sources) supporting the need for your project.

Project Proposal

Describe how you will address the problem or issue. In other words, what is the heart of your project?

Projected Goal

What will be the outcome of your project?

Metrics

How will you measure the success or failure of your project?

Budget

Please attach a copy of your budget to this proposal.

I attest that the information provided to you in this application is true to the best of our ability and is suitable for submission to the Callaway County United Way

Executive Director/President/CEO

Date: _____