2026 Community Impact Grant Application

Applications are open from May 1, 2025- June 1, 2025 for 2026 funding. All applications must be submitted through e-Cimpact. Late applications will not be accepted. New applicants are encouraged to attend an application training session in April 2025. Please direct any questions to our Director of Community Impact, Courtney Etheredge, at cetheredge@unitedwaynega.org.

Required Documents:

Please review information on our website including eligibility requirements and tips for your application for more details about these documents.

1. 501(c)3 Letter
2. Board Roaster
3. Current Agency Budget- this is for your current fiscal year at the time of completing the application.
4. Current Balance Sheet
5. Current Profit and Loss Statement
6. Most Recent 990- this is from your most recent completed fiscal year.
7. Most recent Audit, Financial Review, or Compilation- for the same year as your fiscal year. Document type depends on your revenue and expenses on your 990.

Agency Information

Name of Organization:
Tax ID:
Address:
Web Address:
Key Contact Name:
Key Contact Phone Number:
Key Contact Relationship to Organization:
Is the Key Contact the primary person completing the application?

Basic Program Information

Name of Program Applying for Funds:
Address of Primary Program Site:
Fiscal Year:

Agency Description

1. Agency Description (4,000 characters)
2. What is your agency's mission? (500 characters)
3. How does your Board of Directors contribute to the organization's mission? This should include things like financial support, advocacy, strategic direction and more. Please cite at least three examples. (1,000 characters)

4. Is your organization part of a larger, national organization? Yes/No
5. Do you have a local board of directors or local decision-making committee? Yes/No

Our organization understands this is the mission and vision of United Way of Northeast Georgia:

Mission: To make positive, sustained, and measurable change through: identifying regional needs; collecting, sharing, and removing barriers to local resources; and building nonprofit capacity.

Vision: A UNITED Northeast Georgia region where everyone has the opportunity to grow, succeed, and thrive

Equity Statement: At United Way of Northeast Georgia, we believe a focus on diversity, equity, and inclusion is essential to the success of our region. We all must do our part, working UNITED, to create a more equitable community and ensure that everyone has access to the resources, opportunities, and support they need to live and thrive.

Acknowledge

Program Information

Program Impact Area: Basic Needs/Early Childhood Success/Workforce Development

Total Request From United Way of Northeast Georgia:

Your applied Focus Area is [select one from Basic Needs, Early Childhood Success or Workforce Development] and the key indicators are:

A. **Basic Needs:**
- % of families skipping less than 2 meals a week
- % of people experiencing homelessness moving to stable housing
- % of individuals report needs met after facing a defined emergency

B. **Early Childhood Success:**
- % of births with prenatal care in first trimester
- % of children meeting developmental milestones (birth-5 year-olds)
- % of children meeting kindergarten readiness benchmarks
- % of parents demonstrating increased parenting skills and knowledge

C. **Workforce Development:**
- % of students enrolled in postsecondary training, certification, or education one year after high school graduation
- % of 16-24-year-olds engaged in education
- % of 16-24-year-olds engaged in work
- % of job readiness participants retain employment for 90 days or more
- % of job readiness participants who are employed and earn above the ALICE Threshold

6. Give a brief overview of the program for which you are requesting funds and its connection to the Focus Area chosen. Please note if this is a new program. (1,000 characters)

7. Describe the specific community need your program seeks to address and how it relates to this Focus Area's indicators. Be sure to include data points and/or qualitative evidence from client experience where possible. For additional data support sorted by Focus Area use the Resource Center tab on the e-CImpact main page. (1,500 characters)

8. ==Question 8 is specific to each focus area. You will only answer the questions for the focus area you are applying under.==
    ==Basic Needs Specific Questions.== How will this program address the need you have outlined and provide access to emergency food, shelter, other essential resources, and/or move clients out of crisis and into a place of stability? Please describe any evidence-based strategies, practices or curricula used in this program. (2,000 characters)

    a. Does your program follow-up with clients to learn about their long-term outcomes? Please describe challenges and successes in this area. (1,000 characters)

    b. Does your program relate to another Focus Area? If so, which one and how so? As a reminder those are Early Childhood Success (ages 0-5 and their caregivers) and Workforce Development (ages 16-24) (1,000 characters)

    ==Early Childhood Success Questions.== How will this program address the need you have outlined and help children 0-5 meet developmental milestones, prepare for kindergarten and/or be better supported by their caregivers than they would be without it? Please describe any evidence-based strategies, practices or curricula used in this program. (2,000 characters)

    a. How does your program directly engage the children you serve (if it does)? (1,000 characters)

    b. How does your program directly engage caregivers (if it does)? (1,000 characters)

    c. Does your program relate to another Focus Area? If so, which one and how so? As a reminder those are Basic Needs (food, shelter, other emergency/crisis response and stabilization) and Workforce Development (ages 16-24) (1,000 characters)

    ==Workforce Development Specific Questions== How will this program address the need you have outlined and make the youth you serve more likely to be employed or in an

education/certificate program during ages 16-24 than they would be without it? And/or how will intervention your program provides make those you serve more likely to retain employment after 90 days? Please describe any evidence-based strategies, practices or curricula used in this program. (2,000 characters)

      a. Do you engage employers to create hiring opportunities or help with employee retention as part of your program model? If so, how? If not, why not? (1,000 characters)

      b. Does your program follow up with clients to learn about their employment and/or wages following completion of the program? Please describe challenges and successes in this area. (1,000 characters)

      c. Does your program relate to another Focus Area? If so, which one and how so? As a reminder those are Early Childhood Success (ages 0-5) and Basic Needs (food, shelter, other emergency/crisis response and stabilization) (1,000 characters)

9. What organizations do you work with in order to meet clients' outcomes? Please provide at least two examples. (This may include referral sources, resource sharing, etc.) (1,500 characters)

10. Please describe your target population. Include age range demographic information and income level if available. (this should include the population who could most benefit from your program and any intentionally emphasized groups, not just those whom you currently serve). How does your program reach your target population? (1,500 characters)

11. Do you gather feedback from current and/or former clients in this program? Has this feedback impacted or evolved your service delivery? Please describe any barriers to collecting client feedback. (1,500 characters)

12. If your program receives this grant, funding is for one year. Please describe the plan for sustainability/stability of this program past the one year of funding. (For example: Are there multiple funding sources? What gives you confidence this program will be available for years to come?) (1,500 characters)

13. How will this request for funding increase the quantity or quality of program services and client outcomes? If granted less than the full applied for amount, how will this impact the quantity or quality of service this program delivers and its clients' outcomes? (1,500 characters)

14. Cost per Beneficiary (please include the cost per unit of service and the time over which that service is delivered) (250 characters)

15. Counties Served by Program (describe differences in service by county if any exist)

Banks	Yes/No
Barrow	Yes/No
Clarke	Yes/No
Elbert	Yes/No
Franklin	Yes/No
Greene	Yes/No
Hart	Yes/No
Jackson	Yes/No
Madison	Yes/No
Morgan	Yes/No
Oconee	Yes/No
Oglethorpe	Yes/No

Collaboration

16. Are you applying as a collaboration (this refers only to collaborations that will share United Way of Northeast Georgia's funding)? Yes/No

==Only answer if the above answer was yes.==
    a. How many collaborating partners will you share this funding with?
    Name of Collaborator 1 (your organization)
        i. Grant funding amount to be distributed to this collaborator
    Name of Collaborator 2 (collaborating organization)
        ii. Grant funding amount to be distributed to this collaborator
        iii. Collaborator 2 Contact Person Name
        iv. Collaborator 2 Contact Person E-mail
    b. How does each collaborator contribute to the overall outcomes? (1,500 characters)
    c. If granted less than requested, how will funding be distributed to collaborators? Is there a minimum required for you to be able to disburse funds proportionally to what is proposed? (1,500 characters)

Program Performance Measures Output
Focus Area: [select one from Basic Needs, Early Childhood Success or Workforce Development]

Output: Please write at least one output measure. Each outcome should have at least one output. You may have multiple outputs for one outcome. You are only required to list one output measure and one outcome measure.

	Previous Year Actual (2024)	Year to Date (2025)	Projected (2026)

Number	#	#	#

17. How do you plan to track these Outputs? (1,000 characters)

18. Which Outcome Measure in the following section does this Output Measure help you accomplish? (500 characters)

19. How will these Outputs help participants achieve the Outcome(s) you have selected (i.e. how will attending these trainings help youth obtain employment)? (1,500 characters)

20. What would you consider success in reference to this Output Measure? If there is a standard success measure for programs like this, please share that. If this is a new program, please explain why this is the benchmark you have set. (1,000 characters)

21. If your program is not performing at the standard of success you would like to see, please explain. (temporary barriers, systemic challenges, etc.) (1,000 characters)

Outcomes

Focus Area: [select one from Basic Needs, Early Childhood Success or Workforce Development]

Outcome Measure: Please select one of the following outcomes or write in your own outcome measure.

    A. Basic Needs:
- % of families skipping less than 2 meals a week
- % of people experiencing homelessness moving to stable housing
- % of individuals report needs met after facing a defined emergency

    B. Early Childhood Success:
- % of births with prenatal care in first trimester
- % of children meeting developmental milestones (birth-5 year-olds)
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- % of parents demonstrating increased parenting skills and knowledge

    C. Workforce Development:
- % of students enrolled in postsecondary training, certification, or education one year after high school graduation
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	Previous Year Actual (2024)	**Year to Date (2025)**	**Projected (2026)**
# Served	#	#	#
# Achieving	#	#	#
% Achieving	%	%	%

22. How do you plan to track these outcomes? (1,000 characters).

23. If this is a write-in outcome measure, please explain how this outcome measure improving makes a significant impact in this focus area.

24. What would you consider success in reference to this Outcome Measure? If there is a standard success measure for programs like this, please share that. If this is a new program, please explain why this is the benchmark you have set. (1,000 characters)

25. If your program is not performing at the standard of success you would like to see, please explain. (temporary barriers, systemic challenges, etc.) (1,000 characters)

<p align="center">Program Budget Request</p>

Program Revenue

	Previous Year Actual 2024	**UW Funding Request 2026**	**Other Funding 2026**	**Total Program Budget 2026**
UW Request				
Grants				
Events Revenue				
Program Fees				
Individual donations				
Other Revenue (click to add)				
Total				

Program Expense

	Previous Year Actual 2024	UW Funding 2026	Other Funding 2026	Total Program Budget 2026
Personnel Costs				
Client Service Costs (participant financial support, participant wages, educational/certification costs, etc.)				
Program Materials/Supplies (including food)				
Occupancy				
Travel				
Auxiliary (phone, internet, postage)				
Contracted/Professional Fees				
Legal and Accounting				
Insurance				
Other Program Expenses (click to add)				
Total				

	Previous Year Actual 2024	UW Funding 2026	Other Funding 2026	Total Program Budget 2026
Program Budget Surplusor (Deficit)				

Budget Notes

Please include any information you would like to be considered regarding the budget charts (1,000 characters).

How many funders does this program have in each revenue category (example Grants (4), Event Revenue (1), Program Fees (100), Individual Donors (50))?

How many "Other Revenue" items do you need to add? Note: These should reflect what was added under Other Revenue on the Program Budget Request.

     Other Revenue Name:

     List # of funders for "Other Revenue" like above: