United Way of Central Kansas

Community Partner Application

Request for Funding Cover Sheet (all agencies must complete)

Allocation Year April 1, 2024-March 31, 2025

Our vision is that all people have an equal opportunity to succeed. We believe that a community cannot be truly successful unless everyone in that community succeeds, most especially those with the least. Through our partnerships with our Community Partners and other organizations in our community, we strive to create an equitable society for all our neighbors. We seek to do this by focusing on Health, Education, and Financial Stability-the building blocks for a successful community.

Agency Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FEIN#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mailing Address \_\_\_\_\_

Email \_\_\_\_\_\_ \_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency Website\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount Requested $ \_\_\_\_\_\_\_\_ \_\_\_\_\_

Is your agency listed on 211? If not, why? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

**Please indicate which area your program’s outcome goals fit most closely (choose one).**

**Education** – Helping individuals achieve their potential by improv**ing access to affordable, quality childcare and early childhood learning opportunities, partnering with schools and parents to improve student success rates, and providing after-school and mentoring programs for children and teens.**

**Financial Stability** – Helping families become financially stable and independent by s**upporting basic needs while improving financial education and providing childcare scholarships so families can stay at work.**

**Health** – Improving people’s health by incr**easing access to health care services, reducing substance abuse, child abuse and domestic violence, senior health and well-being, and increasing health education and preventative care.**

**Other** – If your agency does not do work in one of these program areas, please describe your goals. Agencies that do not fit into one of these areas may not be eligible for funding. Please describe your agency’s goals: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program you are requesting funding for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program Overview (1-2 sentences): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe any significant organizations changes in the last 12 months. (Leadership, staffing, new or cut programs, funding, etc) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Signatures:

Requesting Agency Executive Director Date

Board President or Other Authorized Member Date