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**2024 SUMMER GRANT PROGRAM APPLICATION**

Date Click here to enter a date.

Organization: Click here to enter Organization Name

Federal Tax ID # Click here to enter Federal Tax ID #.

Address Click here to enter address.

City Click here to enter City State Click here to enter State Zip Click here to enter Zip

Phone(s) Click here to enter Phone Fax Click here to enter Fax

Name of Project: Click here to enter Project Name

Contact Name: Click here to enter Contact Name Email: Click here to enter Contact Email

**Please indicate which priority need(s) will be met by this project (check all that apply)**

Health  Education

Financial Stability  Basic Needs (Food, Shelter, Clothing)

Number of Indiana County residents projected to be involved: Click here to enter number

Who is the target population: Click or tap here to enter text.

Approximate date(s) and/or time span of project: Click here to enter dates

Total Cost of Program: Click here to enter Total Cost

Total Grant Amount Requested and What the Request Would Cover: Click here to enter Requested Amount

Did this program receive United Way summer grant funding in 2023?

**Program Description**: Please provide the following information and attach the Summer Grant Application Outcomes form.

1. How was the need for this program identified?Click or tap here to enter text.
2. Describe services/activities to be provided including length of service and frequency, where it is provided and when it is offered in Indiana County (ie. Daily, 1 day/week, etc), the overall goal of the program, how many staff/volunteers provide the service in Indiana County, and historical outcomes, and any other information relevant to explaining the program. Be as descriptive as possible. Click or tap here to enter text.
3. Briefly describe the program’s anticipated outcomes. Provide detail in the Summer Grant Application Outcomes form that is provided as part of this package. Click or tap here to enter text.

1. Is this an existing program, when and how long did it occur, and what are your historical outcomes of the project/program/service/activity? Click or tap here to enter text.

**Budget**: On a separate page, please provide a budget for your program. This should include separate line items for costs such as any direct service personnel (including related taxes/benefits), materials, supplies, equipment and/or transportation costs with enough detail to identify what is being purchased, the amount, total expense, funding/revenue supporting the project/program/activity/etc. Show the total budget for your program as well as the specific amount you are requesting from the United Way of Indiana County Grant Program.

*\*Please provide a descriptive budget for the above. Providing general financials will not satisfy this requirement.*

**Audit:** Submit an audited financial report from your most recent fiscal year or other documentation that outlines proper fiscal responsibility and organizational stability. (Audit can be submitted in separate .pdf or .jpg attachment).

**Related Documents**: Please complete and include the Anti-Terrorism Compliance and Charitable Status disclosure below, copy of charitable status documentation, along with a copy of your agency’s Non-discrimination policy.

My signature verifies that the organization is a nonprofit in good standing and that all information included in this application is true and correct.

Executive Director:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program Contact:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



655 Church Street Suite 114

Indiana, PA 15701

**2024**

**Anti-Terrorism Compliance and Charitable Status**

In compliance with the USA PATRIOT Act and other counterterrorism laws, the

**United Way of Indiana County**

requires that each agency certify the following:

“I hereby certify on behalf of

**AGENCY NAME HERE**

that all United Way funds and donations will be used in compliance with all applicable anti-terrorist financing and asset control laws, statutes and executive orders.”

Additionally, I hereby certify that the above named organization is eligible to receive charitable contributions as defined under section 170(c) of the Internal Revenue Code.

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_