

UNITED WAY OF CENTRAL ALABAMA
Sample Community Crisis Fund Application

ADMINISTRATIVE/CONTACT INFORMATION:

*****Required Field***

1. ****Organization Name:**
2. ****Organization Mission Statement (Limit: 100 words):**
3. ****Provide a brief agency history (Limit: 500 words):**
4. ****Physical Address:**
 - a) Address:
 - b) City:
 - c) State:
 - d) Zip Code:
5. ****Mailing Address:**
 - a) Address:
 - b) City:
 - c) State:
 - d) Zip Code:
6. ****Chief Professional Officer (Executive Director, President, CEO, etc.):**
 - a) Name:
 - b) Title:
 - c) Phone:
 - d) Fax:
 - e) Email:
7. **Primary Contact Person (if different from Chief Professional Officer):**
 - a) Name:
 - b) Title:
 - c) Phone:
 - d) Fax:
 - e) Email:
8. ****Employee Identification Number (EIN)/Tax ID Number:**
9. ****Organization Status:**
 - 501(c)(3) nonprofit
 - Other

If you've selected other, please briefly describe below:
10. ****Website URL:**
11. ****Total Annual Operating Budget:**

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12. **Current Number of Full-Time Employees:

13. **Current Number of Part-Time Employees:

GRANT DETAILS:

1. ****Requested Amount (Up to \$50,000):**
2. ****Name the program or project for which you are seeking funds:**
3. ****Is this proposal submitted on behalf of a collaborative of agencies? If so, please describe and submit a letter of support from each agency (Limit: 250 words):**
4. ****Which counties will you serve with the Community Crisis Fund resources? *Select all that apply.***
 - Blount
 - Chilton
 - Jefferson
 - Shelby
 - St. Clair
 - Walker
5. ****How soon can this funding be utilized?**
 - Immediately
 - Within 3 months
 - It will take more than 3 months for us to begin using these funds if we are awarded.
6. ****Which immediate need related to the COVID-19 crisis will you be working to address? *Select all that apply. Please see attached funding announcement for guidance on the metrics you should use to report how the program is meeting needs in these categories.***
 - **Basic Needs Assistance**
 - Supply of and access to food
 - Utilities, rent and mortgage assistance
 - Emergency medical expenses for the uninsured and underinsured
 - Prescription drug assistance
 - **Mental Health Supports**
 - Crisis intervention supports (hotlines and crisis counseling)
 - Counseling
 - Social-emotional and/or mental health supports for school-aged children
 - Domestic violence intervention
 - Child abuse treatment
 - Substance abuse/overdose treatment and prevention

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- **Education Supports**
 - Childcare support assistance
 - Academic acceleration activities
7. ****What is/are the physical address(es) where your services will be delivered? *If there are multiple sites, please provide the full address of the location, including city, county, and zip code.***
8. ****Does this program have any fees for services? Yes No**
a) If yes, please describe these fees:
9. ****Which particularly impacted populations will you be working to support? *Select all that apply.***
- Low-income residents and their families
 - Displaced workers (service industry, gig-economy workers, etc.)
 - Residents at greater health risks (seniors, individuals with pre-existing conditions, etc.)
 - Communities of color
 - Households with limited English (Immigrants, undocumented workers and families)
 - People with disabilities
 - Essential workers (grocery, pharmacy, medical, etc., as identified by [ADPH](#))
 - People experiencing homelessness
 - People at risk of intimate partner violence
 - Other
- If you've selected "other" please describe below:*
10. ****Please describe the services you plan to provide with Community Crisis Funding (Limit: 250 words):**
11. ****Please describe what community needs will be addressed with these services and what kind of community gap or disparity will be addressed, if any (Limit: 250 words):**
12. ****Please indicate the number of clients you intend to serve per month. If possible, please estimate the percentage of clients who are seeking services primarily as a result of the pandemic:**
13. ****Please describe how this program will be advertised to the populations you intend to serve (Limit: 250 words):**
14. ****Please describe any ways you intend to gather client level data such as race, gender, income level, county, and if you will be able to collect client data at the zip code level (Limit: 250 words):**
15. ****Please describe any barriers experienced by clients and potential clients that would prohibit them from fully participating in your services and how you plan to address those barriers (Limit: 250 words):**
16. ****Select the challenges your organization is facing in regard to COVID-19: *Select all that apply.***
- Cancellation of programs or events and corresponding reduced revenue
 - Disruption of services to clients and communities

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- Disruption of supplies or services provided by partners
- Increased and sustained staff and volunteer absences
- Challenges related to staff and volunteers needing to work remotely
- Increased demand for services/support from clients and communities
- Budgetary implications related to strains on the economy
- We have not experienced any COVID-19 related challenges as an organization.
- Other

If you selected "other" please describe below:

17. **What other disaster or pandemic recovery funds have you received? *Select all that apply.*

- CARES Act
- FEMA Assistance
- Other Federal Grants (National Endowment for the Arts, Department of Education, etc.)
- State Grants
- Local Assistance
- Local Grants (Alabama Power, Community Foundation, etc.)
- We have not received any pandemic related funding.
- Other

If you selected "other" please describe below:

18. If you have received additional pandemic recovery funds, please enter the total amount of funding received.

19. Please describe the purpose of any additional pandemic fund(s) you have received (250 words).

****BUDGET DETAILS:**

UWCA Community Crisis Fund Request	\$	Revenue
Total Other Support (includes in-kind)	\$	Revenue
TOTAL REVENUE	\$	
Personnel	\$	Expense
Other Direct Costs	\$	Expense
Purchased Services	\$	Expense
Indirect Costs	\$	Expense
TOTAL EXPENSE	\$	
TOTAL SURPLUS/DEFICIT	\$	

****BUDGET NARRATIVE:**

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Please provide a preliminary narrative for each line item in the budget chart.

- **Other Support**-Please list any other key sources of funding for this program. Indicate amounts, terms, whether each is pending or approved. And if there is a match requirement.
- **Personnel**-Costs and fringe benefits identified under Personnel are only for project staff who are employees of the applicant organization. Costs for project staff who are not employees of the applicant organization should be entered under **Purchased Services**.
- **Other Direct Costs**-These are direct non-personnel project-related costs such as program costs, direct client costs, subsidies, office operations (ex. supplies, telephone, postage computer usage), communications/marketing, travel, meeting expenses, and project space.
- **Purchased Services**-Consultant and/or contract costs
- **Indirect Costs**-Indirect costs are overhead expenses incurred by the applicant organization as a result of the project but that are not easily identifiable with a specific project. These are administrative expenses that are related to overall operations and are shared among projects and/or functions. Examples include executive oversight, accounting, grants management, legal expenses, utilities, and facility maintenance. **Indirect costs cannot exceed 12%** of all costs (Personnel, Other Direct Costs, and Purchased Services) associated with the project.

REQUIRED ATTACHMENTS:

All applicants must provide the following documents with your application:

- IRS Tax Exemption Letter (if applicable) *
- IRS Form 990 for the most recently completed tax year, including Schedule A (If applicable) *
- Board of Directors list *
- Most recent audit **OR** agencies without an audit or agencies with an annual budget less than \$250,000 please include a Statement of Financial Position and/or current annual operating budget (revenues and expenses) *
- Letters of Support are required from all collaborative partners

*Current UWCA partner agencies are NOT required to submit the above attachments except for collaborative partner letters of support.

I certify that the information contained here is true and correct, and that any funding received as a result of this application will be utilized in a manner that is consistent with the proposed purposes of the projects and/or programs described. I understand that United Way of Central Alabama will require reporting for any grant received, including verification of expenditures.

**Signed:

**Date: