United Way of Northeast Kentucky 2022 Grant Extension Request Form

* Required			
Organizational I	nformation		
1. Organization Name	*		
2. Organization Mailir	ıg Address * 		
3. Primary Contact Na	me and Title *		
4. Primary Contact Em	nail Address *		

5. Primary Contact Phone *
6. Secondary Contact Name and Title *
7. Secondary Contact Email *
8. Secondary Contact Phone *
9. Board of Directors President or Chairperson Name *
^{10.} Board of Directors Treasurer Name *

11. Organization Tax ID Number/EIN *
^{12.} If the organization/program you were funded for is under a parent organization's EIN or other entity, please provide the name of the parent organization below:
^{13.} Please select all of the counties within the UWNEK region served by your program: *
Boyd County
Carter County
Elliott County
Greenup County
Lawrence County
Other

^{14.} What is your organization's mission statement? *	
^{15.} Is your organization listed in the UWNEK 211 database? *	
○ Yes	
○ No	
○ Uncertain	

Program Details

Answer the following questions regarding an individual program for which you received UWNEK funding in the 2021-22 grant cycle. If you were awarded funding for more than one program, submit information for each program.

16. Program(s) name(s) for which you received UWNEK funding: *	
17. Will your organization continue the program through the end of 2022? *	
○ Yes	
○ No	
18. Provide a description of the program for which you were funded during the 2021-22 UWNEK grant cycle. (If requesting a program funding change, please explain and describe the new program for which funding is being requested.) *	<u>}</u>

wit	h? *
\circ	Empowerment - defined as a program or service that executes active steps for individual or familial confidence within the served client population and strength in taking or regaining control over their life's path to success and fulfillment
\circ	Education: defined as a program or service that executes active learning processes or pathways for served clients that result in the development of new skills and experiences for the purpose of self-actualization.
\circ	Employability: defined as a program or service that utilizes skill development and personal awareness practices within the served client population for the purpose of attaining successful and self-sustaining employment.
0	Basic Needs: defined as a program or service that focuses on the provision, either directly or indirectly, of food (including water), shelter, clothing and other physiological needs, items and services to individuals and/or families.
crit	<u>rou selected the Empowerment initiative</u> , please select the UWNEK-identified ical community issue that most closely aligns with the direct service provision for ich you were awarded UWNEK funding. Professional case management services
0	Volunteer or professional mentoring
	Other

19. Which of the following UWNEK-defined initiatives does the program PRIMARILY align

21.	. <u>If you selected the Education initiative</u> , please select the UWNEK-identified critical community issue that most closely aligns with the direct service provision for which you were awarded UWNEK funding.
	Early childhood learning (Pre-K)
	Youth education
	Adult education
	Financial education
	Other
22.	If you selected the Employability initiative, please select the UWNEK-identified critical community issue that most closely aligns with the direct service provision for which you were awarded UWNEK funding. Career preparation Job training Childcare Transportation Housing
	Other

23. <u>If you selected the Basic Needs initiative,</u> please select the issue that most closely aligns with the direct service provision for which you were awarded UWNEK funding
Meal service
O Food pantry
O Food rescue
Emergency or temporary shelter
Clothing assistance
Hygiene services or items
Other

^{24.} What is the PRIMARY focus of the program for which you received UWNEK funding in 2021-22? *	d
Adult education	
Child advocacy	
Clothing assistance	
Oisaster relief	
O Domestic violence	
O Food insecurity	
Health and wellness	
O Holiday assistance	
○ Homelessness	
○ Housing	
Mental health	
○ Mentoring	
O Youth education	
Other	

25	. How has Covid-19 impacted, positively or negatively, your organization's ability to provide or conduct this/these program(s) since the grant approval start date of July 1, 2021? *		

Program Outcomes

When completing the UWNEK 2021-22 grant application, you were asked to choose outcomes you measure for the program. Please indicate your measurement(s) for the program from the list below:

26. H	low does your organization measure the success of this program? *
	rovide <u>at least two</u> examples of program success from the 2021-22 grant cycle pecifically related to UWNEK funding. *

28. What metrics do you use to support successful program outcomes?
Number of individuals served
Number of program participants
Number of staff assigned to this program
Number of volunteers recruited
Number of volunteers assigned to this program
Other
29. What other funding sources, if any, does your organization receive <i>specifically for this program?</i> *
Federal grants
State grant
Covid-19 Funding (Local, State, Federal)
Community Development Block Grants (CDBG)
Community or business foundation grants
Donations from individuals or businesses throughout the community
Fundraising event(s) conducted by your organization specifically for this program
Other
30. What percentage of the program budget does UWNEK funding account for?

The value must be a number

	How has your organization recognized UWNEK funding and partnership over the last year? *
32. I	If funding is continued, how will your organization recognize and promote UWNEK funding and partnership in 2022? *
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