

## APPLICATION FOR GOLF FORE KIDS GRANT

**Section I – General Information**

Agency Date

Submitted By

Name Title

Email Address Phone

Mailing Address (Street, City, State, Zip) Name of Program

Amount Requested $

If this **program** has received funding from a Golf Fore Kids Grant in the past, please indicate the following information about the funding awarded.

Date: Amount Received: $

## Section II – Basic Program Information

1. Describe program to be funded, including name, description and need being addressed:
2. Describe how the need for the project was determined. If applicable, please discuss how this project reaches underserved populations and/or fits into one or more of the UWSC Community Impact 2025 Goal areas (see Appendix document at [www.uwstory.org/grants](http://www.uwstory.org/grants) ).
3. List goals and outcomes for the program
	1. State the big-picture desired outcome(s). What would you consider “success”?
	2. Identify outcomes you will track for UWSC. You must identify at least one but are encouraged to identify multiple:

## Health Performance Measures:

 # of individuals who participated in health food access/nutrition programs

 # of individuals who participated in mental health awareness programming (including domestic abuse, sexual abuse, substance abuse)

 # of individuals provided with mental health services (this includes a range of therapeutic services)

 # of surveyed individuals AND # of surveyed individuals who reported improved quality of life

## Education Performance Measures:

 # of children from underserved populations who were enrolled in high-quality early childhood education programs

 # of youth from underserved populations who were provided with access to summer enrichment programs

 # of families surveyed AND # of surveyed families who reported an increase in their parenting knowledge or skills

 # of children who participated in early childhood and out-of-school programming who improved or maintained their reading level. Please specify which literacy assessment tool you use:

 # of participants surveyed AND # of surveyed participants in community-based education programs who reported having a better understanding than before

## Financial Stability Performance Measures:

 # of individuals served through emergency food programs (pantries, shelter food programs, other)

 # of households who received financial assistance (rent and/or utilities) to help with housing cost burdens and prevent homelessness

 # of adults served (through childcare sliding fee scales,transitional living programs, or community probation services) who were able to remain in school or at their job during the program duration. Please specify the duration assessed:

 # of surveyed individuals AND # of surveyed individuals who reported a general improvement in their financial situation due to your program.

## Other Performance Measures:

 Other: Please specify

* 1. What tool(s) will be used to measure the outcome(s)? (example: survey, enrollment/exit paperwork)
	2. When will the outcome(s) be measured?
1. List any collaborating partners:

## Section III – Detailed Program Information

1. Population to be served, including:
	1. Number of constituents
	2. Geographical location of constituents Ames

Within Story County Outside Story County

* 1. Ages of constituents
	2. Income level of constituents
	3. Do any constituents have disabilities?
	4. Race and/or ethnicity of constituents (targets are acceptable if not yet known) Asian American

Black or African American

Native Hawaiian or Pacific Islander White

Two or more races Hispanic/Latinx

Not Known

* 1. Other pertinent details regarding population to be served
1. Eligibility requirements for participation in the program (explain):
2. Timeline **(attach timeline)**:
	1. Is this a one-time or long-term program?
	2. If long-term, what is the plan for sustainability?
3. Overall budget for program **(a program/project budget MUST be attached)**, include revenue sources, amounts and expenses. Note if revenue sources are committed or pending.

Program/project budget is attached. (please check)

* 1. Fees for participants, if any (attach sliding fee scale if applicable)
	2. Specific use of UWSC grant funds.
	3. Will any part of the budget qualify for matching funds? If so, please explain.
1. How will you publicly acknowledge the UWSC grant throughout the program?

## Section IV – Required Attachments (not applicable for United Way of Story County Partner Agencies)

1. IRS Determination Letter with applicable Internal Revenue Code (such as 501 (c) 3, 170 (c) (1), etc.)
2. Federal Employee Identification Number (EIN)
3. Board of Directors’ Roster
4. Brief Description of the Organization
5. Vision and Mission of the Organization

Please submit this form **electronically** to unitedway@uwstory.org. If you are not a UWSC Partner Agency, please include required attachments as outlined in Section IV.

Please limit your application to a maximum of **five written pages** and **two supporting attachments**.