



United Way
of Paducah-McCracken County

EMERGING NEEDS GRANT

INSTRUCTION & APPLICATION

United Way of Paducah and McCracken County focus areas - *education and care of children, strengthening families, emergency assistance and crisis prevention.*

Emerging Needs Grant funding

- Must fall within the scope of United Way's focus areas and MUST address an emerging community need not previously recognized nor served;
- If funding request is perceived to be a duplication of a service already being provided by another organization, requesting agency will need to contact the existing agency providing the service for possible collaboration;
- Funding for same type of request from an organization will be limited to a maximum term of 3 years.
- To ensure the on-going success of United Way's Emerging Needs Grant program, any publicity generated about the funded (in full or partially) program should include United Way's name and role in the program.

Please complete this form and follow application instructions:



- Copy of your 501c3 letter;
- Your agency's budget (*include in-kind information if available*);
- Current roster of your Board of Directors;
- Proposed project/program budget (*showing use for amount requested*);
- Seven (7) copies delivered or mailed to United Way office by Phase deadline;
- *PLEASE DO NOT USE plastic covers or any additional information not requested*;
- If awarded grant funding, please follow up within 30 days with a written report to United Way indicating results, challenges and summary of your project;
- One additional page is allowed for information about your organization - *history, Mission and other programs.*

Name of Organization(s)

Employer Identification Number

Contact Name

United Way of Paducah and McCracken County
333 Broadway, Suite 502 Paducah, KY 42001
270.442.1691 Phone 270.442.0347 Fax

www.unitedwaypaducah.org

Complete
Mailing
Address

Telephone

Email Address

Program Title

Amount requesting

Description of (1)
community need (2)
population served (3)
program or service
requiring funding to
address the need.

How will the requested
funds be utilized to
address a community
need through this
program?

Quantitative results to
be accomplished through
your program.

Other funding sources
(and amounts) committed
and/or requested for
this program.

Sustainability plan of
this project - if
ongoing

SIGNATURE OF OFFICER

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