**United Way of Greater High Point**

**2020 COVID-19 Emergency Fund Grant Application Round 2**

**What is the UWGHP COVID-19 Emergency Fund Grant?**

A COVID-19 Emergency Fund Grant from the United Way of Greater High Point is a small, grant to qualified, local nonprofits and churches. These grants are designed to meet emerging or unmet needs, and/or to support innovative solutions to local issues as a result of the COVID-19 Virus. They can be used for new programs/projects, capital requests (**must get prior approval from UWGHP VP of Community Impact prior to submitting a request)**, or to purchase needed equipment or supplies. In more limited cases, grants can be used for administrative expenses such as staffing so that a program or project can increase its sustainability with the support that paid staff can provide. Grants are open to the United Way of Greater High Point’s partner and non-partner agencies as well as round 1 grant recipients. If previously awarded funding in round 1, total awards and requests for round 1 and 2 cannot exceed $10,000 combined.

**How does an organization apply?**

A qualified organization must complete a 2020 COVID-19 Emergency Fund Grant Round 2 application and other required attachments and send them to **both** of the following:

**COVID-19 Emergency Fund Grant**

United Way of Greater High Point

815 Phillips Avenue

High Point, NC 27262

Email: Latoya.Bullock@unitedwayhp.org

Applications and attachments must be received by **3:00 pm** on **Friday, May 22, 2020.**

**How are COVID-19 Emergency Fund Grant recipients chosen?**

Grant applications will be screened and reviewed by a committee of United Way of Greater High Point volunteers weekly. Applications will be scored based on the following:

* Greater High Point’s Need
* Impact on Greater High Point
* Opportunities for Collaboration with other Organizations
* Ability to Secure other Funding
* Potential for Measurable Outcomes/Results

**Directions:**

Please review the following requirements to apply for a United Way of Greater High Point COVID-19 Emergency Fund Grant. If your organization qualifies, complete the application and submit (2) copies of the application and (1) copy of all attachments (found under “Application Checklist”) to:

COVID-19 Emergency Fund Grant

United Way of Greater High Point

815 Phillips Avenue

High Point, NC 27262

1 copy via email: Latoya.Bullock@unitedwayhp.org

Applications and attachments must be received by **3:00 pm** on **Friday, May 22 , 2020.**

**Qualifications to Apply:**

* You must be a nonprofit organization who currently has IRS 501(c)(3) tax-exempt status (Church organizations can apply if providing direct services to the community through and existing program or project)
* The funding you are applying for must be for the direct benefit of the Greater High Point community (High Point, Archdale, Trinity, and Jamestown)
* Grant requests should not exceed **$10,000.**
* Grant recipients must complete a program report due no later than 6 months after receiving grant funds.

**Application Checklist:**

Completed, Signed Application—**2 Copies**

IRS Tax Exemption Letter—**1 Copy**

Most recent IRS Form 990—**1 Copy**

Organizational Attachments (This includes any **relevant**, supplemental information that

supports your application for funding)—**1 Copy**

**Submission Instructions:**

* Applications must be typed
* Applications must be complete, signed & include both copies
* Applications and attachments must be submitted by mail or in person as well as submitted by e-mail. **In addition to hardcopies, please e-mail a copy of your completed application and attachments to Latoya Bullock, VP of Community Impact, at** [**Latoya.Bullock@unitedwayhp.org**](mailto:Latoya.Bullock@unitedwayhp.org).
* Applications and attachments must be received by **3:00 pm** on **Friday, May 22, 2020.**

**Organization Information**

**Legal Name**

**Operating Name** (if different from above):

**Physical Address**

**City**       **State**    **Zip**

**Mailing Address**

**City**       **State**    **Zip**

**Office Phone** (   )    -     **Fax** (   )    -

**Person completing this application:**

**Phone**: (   )    -     **E-Mail**

**Website**

**Executive Director**

**Board Chair**

**Organization Mission**

**Which of the following areas does your organization serve?**

High Point  Archdale  Trinity  Jamestown

**Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Executive Director Date**

**Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Board Chair Date**

**Program Information**

**What is the name of the program/project you are requesting funding for?**

**What research, data and/or indicators have you identified that show a need for this program?**

**Briefly summarize the program/project. Include number of clients projected to be served:**

**How many individuals did your program/project serve annually prior to COVID-19? How much growth are you anticipating or have already experienced in the past few weeks/months?**

**Briefly explain how funds will be used including dollar amounts**:

**If additional funds are available explain how funds will be used**:

**Are any other organizations operating similar programs/projects? If so, how are you unique?**

**Program Budget**

***Directions***: **Complete the following information regarding the budget for the *requested program only*. The amounts included should add up to the Total Program Cost.**

**UWGHP Funding Request**: **$**

**Other Government Funding**: **$**

**Other Foundation Funding**: **$**

**Foundation**:

**Foundation**:

**Foundation**:

**Other Nonprofit Funding**: **$**

**Nonprofit**:

**Nonprofit**:

**Nonprofit**:

**Other**:       **$**

**Other**:       **$**

**Other**:       **$**

**TOTAL PROGRAM COST $**