

United Way of Aiken County, Inc.

## Grant Application

## Women United Grant Application:

\*Applicants should submit the completed application and attachments as a PDF file to kristen@uwaiken.org by 5:00PM, Friday, March 28, 2025. Please name the application file program name - agency name. (ex. Project Vision-United Way of Aiken County) Late applications WILL NOT be accepted.

## Organization Information:

Name:
Address:
Phone:
Contact Name:
Contact Email:
Organization Website Address:
Amount Requested:
<b>Program Description and Service to be provided:</b> Please describe your program and

what services will be provided, what population will be served and how the services align with Women United's mission? Describe key staff, volunteers, and any community partners relevant to the program. Please provide any supporting documentation such as numbers served.

Intended Outcomes: List three intended outcomes of your proposed program

Cost to implement proposed program: \_\_\_\_\_

**Sustainability of proposed program:** Outline your plan for sustaining this project beyond the grant year.

List all income sources for the program including the amount requested on this application. Please mark whether each income source is 'Pending' or 'Received'.

Please attach the following Supporting Documentation:

- Detailed Current Budget
- Budget Narrative
- Any other Supporting Documents