

FAMILY STABILIZATION GRANT APPLICATION

Food, housing, and other basic needs are a key part of the equation for ending generational poverty. While systems change and upstream program design to address root causes is central in achieving our goal of ending generational poverty, basic human needs must always be met, and provide the building blocks for family stabilization.

Family Stabilization funds are meant to provide direct assistance to low-income families to stabilize a financial crisis to prevent homelessness, utility shut-offs, the use of pay day lenders, and/or abusive or unsafe environments. Administrative and programming expenses directly related to these funds should be included in the request to ensure proper outreach, navigation, and distribution.

2022-2023 Family Stabilization Funds will be invested to increase the success of anti-poverty work through low-barrier access to basic needs like:

- Food pantries & food banks
- Served hot meals
- Mobile food delivery
- Transportation for healthy food access
- Rent and mortgage assistance
- Utilities assistance
- Direct client financial supports to secure and stabilize housing
- Emergency and safe shelter
- Transitional housing
- Permanent supported housing
- Permanent affordable housing

RANGE OF FUNDING

Projects are funded up to \$25,000.

Family Stabilization and Anti-Poverty grants share the same eligibility criteria and application and review processes.

1. Organization Name:

2. Organization Information:

Tax ID:	EIN:
Phone number:	Website:
Mailing Address:	
City:	Zip Code:



3. Main Point of Contact Information

Name:	Title:
Phone Number:	Email:

4. Executive Director/CEO Contact Information

Name:	
Phone Number:	Email:

5. Funding request:

Eligible Service (reference list below)	Requested Amount
	\$
	\$
	\$
	\$
	\$
Total Request	\$

Instructions: Please respond to the questions below as succinctly as possible, with no more than 150-word limit per question recommended.

6. What is your organization's mission and a summary of core programs and services?

7. How does your organization demonstrate diversity, equity and inclusion in practice, including in operations, programs and services?



8. How does your organization integrate trauma awareness in operations, programs and services?

9. What is the program or project name that will serve to deliver the funds?

10. Are you currently providing services for which you requesting funds or will this be a new effort?

- Existing program New effort

Basic needs support is provided by several agencies through multiple funding sources. Collective impact requires an understanding of the service delivery landscape to effectively fill gaps and meet community needs. If this is a new effort, please briefly outline what collaboration or partnership efforts were made to inform your approach and ensure successful delivery. (50-word limit)

11. Please check all eligible services for which you are requesting funds:

- | | |
|------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <input type="checkbox"/> Food pantry that includes fresh produce, healthy protein, and dairy options | <input type="checkbox"/> Mobile food delivery |
| <input type="checkbox"/> Served hot, freshly prepared meals | <input type="checkbox"/> Rent and mortgage assistance |
| <input type="checkbox"/> Transportation to food sites | <input type="checkbox"/> Utilities assistance |
| <input type="checkbox"/> First month rent and deposit | <input type="checkbox"/> Permanent affordable housing |
| <input type="checkbox"/> Emergency shelter | <input type="checkbox"/> Direct financial supports for household basic needs |
| <input type="checkbox"/> Supported housing | |



12. What is the unduplicated number of individuals that will be served? *Please provide the anticipated output for every eligible service for which you are requesting funds.*

Output Category (individuals/families/households)	Projected #

13. What are the eligibility criteria for services?

Please include specific information regarding criteria for every service for which you are requesting funds. Include criteria related to income, residency, family status, religious affiliations, social or personal identity, and/or legal identification requirements. (100-word limit)

14. What is the process for obtaining services? How do you work to mitigate or remove access barriers? (100-word limit)

15. Who are the populations being served by this program? Select all that apply.

- Asian Pacific Islander
- Black/African American
- Indigenous/Native American/Alaskan Native
- Latinx/Hispanic
- Middle Eastern and North African
- LGBTQIA2S+
- Low-income
- Caregivers with young children
- Children from birth to Pre-K
- Children and youth grades K-12
- Young adults 18-25
- Older Adults ages 65+
- People with disabilities
- Individuals and/or families in rural Douglas County
- If not listed above, please specify:



CERTIFICATIONS

Please check to certify that your organization meets the following United Way funding requirements.

- I certify that this organization (or fiscal sponsor) is a service organization with charitable status under section 501(c)3 providing services to people in Douglas County, Kansas
- I certify that this organization accounts for its funds in accordance with Generally Accepted Accounting Principles.
- I certify that a governing body with at least five members, whose members have no material conflict of interest and serve without compensation, actively directs this organization.
- I certify that we maintain qualified staff, paid or volunteer, who carry out the policies developed and adopted by its Board and who operate under Board-approved personnel policies.
- I certify that all programs are open to eligible persons of all races, ethnicities, sex, religion, national origin, sexual orientation, gender identity, gender expression, (dis)ability, age, or veteran status.
- I certify there are no legal citizenship or religious affiliation requirements for services

ATTACHMENTS

1. **Current Board of Directors roster, including contact information and term**
2. **Organizational statement and/or policy of equity, inclusion, diversity, and nondiscrimination**
3. **Most recent IRS Form 990** (only required for registered 501c3s with annual operating budgets over \$1m)
4. **Most recent financial audit** (only required for organizations with operating budget over \$1m annually)
5. **IRS 501c3 determination letter** (only required for new United Way grant recipients/fiscal sponsors)
6. **Supporting Materials** (Optional – attach any supporting materials about the program, including marketing, client testimonials, videos, or other supplementary materials. Up to 5 pages.)