



Live United Mini Grant

2022 United Way of Gloucester County
"LIVE UNITED" Mini-Grant Application
Please complete as a "Word" document.

Organization Information:

Name:		
Address:		
City:	State:	Zip code:
Phone:		
EIN Number:	Website:	

Contact Person:

Name:	Title:	
Address (if different from above):		
City:	State:	Zip code:
Email:	Phone:	

Program/Project Information:

Name:	Requested Amount: (up to \$1,500 max.)
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Program/Project Start Date: _____ End Date: _____ Ongoing

Brief Description of the Program/Project:

Mission Statement of Organization:

Describe the Impact for the Community: *Describe the planned use for the grant. State exactly the use of the funds and how the people you serve will benefit. Estimate the number of people who will be served.*

Please describe any impact your program has on the racial or ethnic equity in your community. *Describe how your program may close racial gaps by addressing factors that contribute to a lack of racial equity.*

Budget (up to \$1,500 maximum funding):

- Provide a brief “line item” description and the corresponding amount. The total of all items should equal to the request amount. The numbers should be rounded. (Example: Curriculum Materials - \$250.00)

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL	\$ _____

- Which focus area categorizes your program? (Health, Education, Financial Stability) _____
 - How will the agency recognize this funding? _____
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THE APPLICATION AND DOCUMENTATION MUST BE SUBMITTED BY TUESDAY, 7/12/22, 4:00 PM

Contact Information:

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