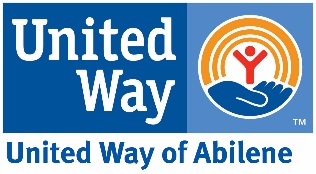
**United Way of Abilene**

**Catalyst Funding**

**Overview and Investment Guidelines:**

Catalyst Funding supports community efforts that strategically align investments with long-term solutions for our focus areas of health, education, and financial stability. Particularly, we will consider proposals that:

* align with the mission of United Way of Abilene.
* demonstrate fiscal accountability.
* demonstrate the ability to measure and document outcomes.
* demonstrate capacity and leadership necessary to complete the proposed activity.
* *describe the increase/decrease in demand for services, operational distress, costs to continue current services, and/or anticipated fundraising loss due to COVID-19*.

**Awards will not be granted to:**

* fundraising, capital campaigns, or endowment efforts.
* deficit financing.
* grants to individuals.

**Eligibility:**

* be a non-profit, tax-exempt organization, health or human service organization, or a governmental agency providing health and human services.
* provide services that benefit residents in the 19 counties served by United Way of Abilene.
* maintain a local, voluntary board of directors comprised of enough members to conduct business and provide quality oversight.
* file an IRS 990 and provide one filed if serving as the fiscal agent for the partnership.

**Funding:**

Catalyst funding requests should not exceed $10,000.

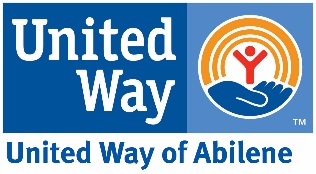
**Questions may be submitted to:**

Jenn Waldmann, Director of Community Impact & Marketing

jenn@unitedwayabilene.org

325-677-1841

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| --- | --- |
| **2021 Catalyst Funding Timeline** | |
| June 24, 2021 | United Way of Abilene issues Request for Catalyst Funding Proposals |
| July 29, 2021 | Catalyst Funding Proposals **due by noon** |
| August 2021 | Catalyst Funding Proposals under review |
| September 9, 2021 | Announcement of Catalyst Funding Awards at the 2021 United Way Campaign Kickoff |

**United Way of Abilene**

**2021 Catalyst Funding Proposal**

*Submit 1 unbound application to United Way of Abilene by noon on July 29, 2021.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Fiscal Organization Information** | | | |
| Agency Name: | | | |
| Address: | | | |
| City, State Zip: | | | |
| Phone: | | | |
| Website: | | | |
| Exec. Director | Name | Phone | Email |
|  |  |  |
| Program Director | Name | Phone | Email |
|  |  |  |
| Board Chair | Name | Phone | Email |
|  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Partner Organization Information, if applicable** | | | |
| Agency Name: | | | |
| Address: | | | |
| City, State Zip: | | | |
| Phone: | | | |
| Website: | | | |
| Exec. Director | Name | Phone | Email |
|  |  |  |
| Program Director | Name | Phone | Email |
|  |  |  |
| Board Chair | Name | Phone | Email |
|  |  |  |

|  |
| --- |
| **Project Information** |
| Project Name: |
| Amount Requested: |

*Add additional pages as necessary to include all participant organizations.*

**Narrative:**

1. **Project Goal**

Please explain the need(s), goal, and execution plan for catalyst funding. What project challenges are anticipated?

1. **Target Populations and Demographics**

Describe the target population of this project and key barriers they face to achieve the anticipated results of this program.

1. **Desired Outcomes**

|  |  |  |
| --- | --- | --- |
| **Outcomes to Measure** | **Data Collected for Each Outcome** | **Proposed Performance Targets** |
|  |  |  |
|  |  |  |
|  |  |  |

1. **COVID-19 Impact**

Provide a brief description of how your organization has been impacted by COVID-19.

1. **Attachments**

If you are not a current United Way agency partner, please include the following:

* 1. Board of Directors roster for each participating agency
  2. Independent Audit and IRS 990 for the Fiscal Agent of the proposed project
  3. Project Budget
  4. Memorandum of Understanding signed and dated for all partners, if applicable