



Fond du Lac County  
United Way



# United Youth Grant Application

Grant applications are due Friday,  
**February 7, 2025.** Return application  
to [bhoffmaster@fdlunitedway.org](mailto:bhoffmaster@fdlunitedway.org)

## PLEASE TYPE

Answer each question in the space provided. Additional attachments are not encouraged unless they are absolutely essential to our understanding of your project.

**Program Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
Street City State Zip Code

**Contact Person:** \_\_\_\_\_  
Name Title Phone Number

**Contact Information:** \_\_\_\_\_  
Best Time to Reach Contact Person Phone Number Email

**Total dollars requested:** \$ \_\_\_\_\_ **Cost Per Participant:** \$ \_\_\_\_\_

### 1. Community or communities being served by your project: (must all be in Fond du Lac County)

- |   |  |  |                                    |
|---|--|--|------------------------------------|
| <input type="checkbox"/> Fond du Lac City | <input type="checkbox"/> Campbellsport | <input type="checkbox"/> Eden                          | <input type="checkbox"/> NFDL      |
| <input type="checkbox"/> Brandon          | <input type="checkbox"/> Oakfield      | <input type="checkbox"/> Waupun (FDL County side only) |                                    |
| <input type="checkbox"/> Rosendale        | <input type="checkbox"/> Eldorado      | <input type="checkbox"/> Mt. Calvary                   | <input type="checkbox"/> St. Cloud |
| <input type="checkbox"/> Van Dyne         | <input type="checkbox"/> Other _____   |  |                                    |
| <input type="checkbox"/> Ripon            |  |  |                                    |

2. Provide a summary of the project and how it will address the needs of youths in the community
3. Please identify why your organization is uniquely qualified to provide the services.

4. Identify the timeline and S.M.A.R.T goals of the project. (no more than 2)
5. How will the project success/impact be measured? (Participation is not an impact measure)
6. Describe community partnerships that may strengthen this program
7. How many youths will be served by the project
8. How many families will benefit from the project
9. Describe overall demographics, ie; income status, ethnicity, gender, and outline how this program benefits under-represented populations
10. Are participants required to pay a program fee and if yes, what is the fee and how is it used?

## **Budget Detail:**

1. What is the total budget for this project?
2. How will the United Youth funding be used and for what?
3. Do you have other funding partners?

**Budget Detail:** Please break out the costs associated to this project (i.e. materials, advertising, participation costs). **Budgets with no detail will not be considered for funding.**

