UNITED WAY FOR CORTLAND COUNTY IMPACT FUNDING
2027 UWCC GRANT FUNDING APPLICATION
2026 Fall Grant Cycle for 2027 January-December Funding

Name of organization applying:

Has the program received UWCC grant funding in the past?

Yes

No

If so, how long has the program received UWCC grant funding:

Is your organization in good standing with UWCC:
(see "2027 APPLICATION INSTRUCTIONS" document for determination)

Yes

No

Grant funding amount requested:

Contact name:

Contact email:

Contact phone number:

Address:

Website:

Name of specific program to be funded:

Is this a pilot program or established program:

Pilot

Established

If this is an established program, what is the number of years it has been in operation:

How many unique individuals will the program serve in 1 year: *(1-2 lines)*

PROGRAM ALIGNMENT

As outlined in the 2027 UWCC COMMUNITY IMPACT PRORITY AREAS document, the program addresses:
(choose up to two)

Youth Opportunity

Healthy Community

Financial Security

Provide an overview of the program: *(3-4 lines)*

Describe the problem you are addressing in more detail. You must include appropriate data to indicate the prevalence of this issue in the Cortland County community:

Describe the program's specific role in addressing the problem:

Describe how the program relates to the priority impact area(s) chosen above:

Does the program determine if individuals are within the ALICE threshold in Cortland County (e.g. see hourly wage thresholds per household type)? If so, does this effect participant eligibility due to earning above the federal poverty level? Furthermore, is there an income level your program is unable to accept participants from:

Household Survival Budget, Cortland County, New York, 2024

Monthly Costs	Single Adult	One Adult, One Child	One Adult, One In Child Care	Two Adults	Two Adults Two Children	Two Adults, Two In Child Care	Single Adult 65+	Two Adults 65+
Housing	$880	$886	$886	$886	$1,091	$1,091	$880	$886
Child Care	$0	$391	$1,042	$0	$781	$2,146	$0	$0
Food	$478	$808	$725	$876	$1,469	$1,296	$440	$807
Transportation	$409	$501	$501	$584	$854	$854	$347	$460
Health Care	$204	$500	$500	$500	$688	$688	$495	$990
Technology	$129	$129	$129	$163	$163	$163	$129	$163
Miscellaneous	$210	$322	$378	$301	$505	$624	$229	$331
Taxes	$365	$261	$418	$423	$302	$631	$418	$699
Monthly Total	$2,675	$3,798	$4,579	$3,733	$5,853	$7,493	$2,938	$4,336
ANNUAL TOTAL	$32,100	$45,576	$54,948	$44,796	$70,236	$89,916	$35,256	$52,032
Hourly Wage	$16.05	$22.79	$27.47	$22.40	$35.12	$44.96	$17.63	$26.02

ALICE THRESHOLDS ➡

Notes: The budget for One Adult, One Child includes costs for one adult and a school-age child. The budget for One Adult, One in Child Care includes costs for an adult and an infant. The budget for Two Adults, Two in Child Care includes costs for two adults, one infant, and one preschooler. "Hourly Wage" shows the full-time wage needed to support each budget.

Describe how the program interacts with low-income challenges and up to and including Asset Limited, Income Constrained, Employed (ALICE) households and addresses the issues pertinent to this specific community demographic (e.g. does the program conduct intake assessments that include income verification, households size assessment, etc.). *More information can be found at https://www.unitedforalice.org/county-report/new-york (use drop down menu to choose Cortland County)**:**

Describe how the program operates in compatibility with IDEA (Inclusion, Diversity, Equity, and Access):

PROGRAM MANAGEMENT

How does the program ensure participants receive holistic responses via referrals working within the network of social services in follow-up care (e.g. the program takes steps to address interconnected challenges, refers to other support services, and follows up on the results from those efforts)? Specify any tracking mechanisms or procedures in place:

List the names and job titles of staff or volunteers working primarily in the specific program applying for grant funding:

Define the top 3 goals, milestones, and deliverables/impacts used in the program's metrics for success.

	GOAL	MILESTONES	DELIVERABLES/IMPACTS
1			
2			
3			

Additional comments, impact stories, and/or testimonial:

PARTNERSHIPS

List the agencies, organizations, and/or businesses that collaborate/support the program and describe the partnership roles:

What areas of Cortland County does the program serve and please describe the activities conducted in those areas:

BUDGET NARRATIVE/DESCRIPTION OF ORGANIZATIONAL NEED

Funding requested from UWCC:

Total cost of the specific program (1 year budget, NOT total organization or department budget):

Specify the categories grant funding will be used for, the amounts in each area, and the intended use as applicable:

CATEGORY	AMOUT (indicate 0 if not applicable)	DESCRIBE USE
Payroll	$	
Supplies	$	
Overhead	$	
Marketing	$	
Other	$	

Fill in the budget table by line:

1. **The program's budget**
2. **The amount of your funding request to UWCC**
3. **What other funding sources and amounts will be put towards supporting this program (planned or in-hand) *Put in "Notes" column other funding source names.**
4. **In the "Funding Gap Calculation": subtract line 2 and 3 from line 1. Write the result in line 4.**

	BUDGET TABLE	AMOUNT	NOTES
1	Program Budget		
2	UWCC Request		
3	Other Funding (planned or anticipated)		
4	Funding Gap Calculation		

Additional comments:

Describe how the program will operate if not given 100% of funding . Please provide data points if possible (e.g. we will likely turn away x clients, we won't have the proper number of staff for x activity, we will not be able to order the number of supplies needed, we will not be able to undertake a specific process or step):