

United Way of North Central New Mexico

2024 Grant Application Forms

Qualification Form:

Is your agency certified by the IRS as a 501c3 organization and do you certify that this agency is in good standing with the Attorney General's office and the New Mexico Secretary of State?	yes no
Does your agency provide health or human services (as opposed to animal welfare or environmental stewardship)?	yes no
Does your agency provide services in Bernalillo, Sandoval, Santa Fe, Torrance and/or Valencia counties?	yes no
Is your agency certified by the IRS as a 501(c)(3) organization?	yes no
Does your agency have a volunteer Board of Directors?	yes no
Does your agency have documented by-laws, policies, or procedures that can be made available to UWNCNM upon request?	yes no
Does your agency's work align with the Impact and Basic Need priorities of UWNCNM?	yes no

Program and Agency Information and Demographics:

Agency Name:		Address:			
Program Name		Primary Contact:			
Email		Phone			
Which counties does your agency serve, and what percent of your agency's overall service is currently provided in each county? (should total 100%)		□ Bernalillo □ Sandoval □ Torrance □ Valencia □ Santa Fe □ Other	% % % %		
Current Year Budget:					
How long has your agency been operating?					
Number of Full-time Staff Employed:					
Number of Part-time Staff Employed:					
Does the Executive Leaders of your agency (ED, CEO, etc.) identify as a person of color (identify as an individual from diverse racial and ethnic backgrounds)?				yes no	

Staff and Board Demographics:

	Board of Directors	Executive Level	Management / Senior Level	Entry / Mid-Level
Total Number				
Gender (percentage of total)				
Man	%	%	%	%
Woman	%	%	%	%
Non-binary/non-conforming	%	%	%	%
Other Gender Identity	%	%	%	%
Prefer not to answer	%	%	%	%
Data not collected	%	%	%	%
Race/Ethnicity (percentage of total)				
African American/Black	%	%	%	%
Asian	%	%	%	%
Native Hawaiian or Other Pacific Islander				
White/Caucasian	%	%	%	%
Hispanic/Latinx	%	%	%	%
Indigenous/Native American/ or Alaska Native	%	%	%	%
Multi-racial	%	%	%	%
Other	%	%	%	%
Prefer not to answer	%	%	%	%
Data not collected	%	%	%	%

Client Demographics

	Client Served
Total Number	
Gender (percentage of total)	
Man	%
Woman	%
Non-binary/non-conforming	%
Other Gender Identity	%
Prefer not to answer	%
Data not collected	%
Race/Ethnicity (percentage of total)	
African American/Black	%
Asian	%
Native Hawaiian or Other Pacific Islander	
White/Caucasian	%
Hispanic/Latinx	%
Indigenous/Native American/ or Alaska Native	%
Multi-racial	%
Other	%
Prefer not to answer	%
Data not collected	%

Impact Application:

Amount of Funding Requested \$

- 1. With which UWNCNM Impact Priority(ies) does your agency's work align? Agencies may select more than one Impact Priority if applicable. Please ensure that subsequent answers address all Impact Priorities selected.
 - o Improve Pre-K through 12th grade school attendance measures through programming that emphasizes the importance of graduating from high school
 - Increase College & Career readiness through work-based learning experiences for high school, GED, and college students
 - o Increase post-high school skill building and degree/certificate attainment for young adults
 - o Increase access to affordable housing, including permanent supportive or transitional housing
 - Improve community safety measures
 - o Increase access to equitable health related services
- 2. How does your organization's work align with each of the Impact Priorities you selected?
- 3. What are your agency's goals for the next 3 years and how will these funds support your progress?
- 4. Grant funding from UWNCNM doesn't provide permanent or long-term support for agency operations; what other funding sources do utilize, and what is your long term sustainability plan for your agency?
- 5. What data do you collect, and how do you use this data to show you are making progress toward your agency's goals?
- 6. How does the data you collect inform continuous quality improvement?
- 7. Describe collaborations you have with other community organizations. How do these collaborations improve services and outcomes?
- 8. How do you consider the direct and lived experience of your staff and clients to inform program services?

UWNCNM acknowledges that systemic inequities exist in social norms and formal institutions. Systemic inequities disadvantage particular groups of people based on race, religion, gender, gender identity or expression, sexual orientation, ability, age, and more, and directly impede progress toward our Impact Priorities. As an agency we are committed to acknowledging and eliminating inequities within our own policies and systems and in humility, we acknowledge that this journey is long, and we are just beginning.

- 9. What is your agency doing to address systemic inequities, both internally and in the work you do in the community?
- 10. How does your agency's strategic plan address systemic inequities over the next 3 years? Please provide examples.
- 11. Besides grant funding from UWNCNM, in what other partnership opportunities would your agency be interested?
 - o Marketing support- telling the story of your agency's work through media
 - Shared Purpose- existing at the intersection of business interests and community needs; connecting corporate social responsibility goals with nonprofit organizations
 - o Networking/connecting with other nonprofit agencies
 - Workshops
 - What topics?
 - o Other
 - Please describe

Basic Needs Application:

\$ **Amount of Funding Requested** 1. Which Basic Needs service(s) does your agency address? Agencies may select more than one Impact Priority if applicable. Please ensure that subsequent answers address all services selected. Hunger relief services; both pantry and prepared meal services Short term housing and/or shelter for those experiencing homelessness Emergency or short term shelter for individuals experiencing domestic violence o Emergency and basic healthcare, dental care, and prescriptions Emergency assistance programs that provide materials or financial assistance Utility assistance Other (please describe) 2. Please describe the services your agency provides. 3. Who is your target population and how do you know you are reaching them? 4. Grant funding from UWNCNM doesn't provide permanent or long term support for agency operations; what other funding sources do utilize, and what is your long term sustainability plan for your agency? 5. What data do you collect, and how do you use this data to show you are making progress toward your agency's goals? 6. How does the data you collect inform continuous quality improvement? 7. Describe collaborations you have with other community organizations. How do these collaborations improve services and outcomes? 8. How do you consider the direct and lived experience of your staff and clients to inform program services?

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 - o Networking/connecting with other nonprofit agencies
 - Workshops
 - What topics?
 - o Other
 - Please describe

Capacity Building Application:

Amount of	Funding Requested	\$		
1. Which B	asic Needs service(s) do	pes your agency address? Agencies may select more than one Impact Priority if		
applicable.	le. Please ensure that subsequent answers address all services selected.			
0	Improve Pre-K through 12th grade school attendance measures through programming that emphasizes the importance of graduating from high school			
0	Increase College & Calcollege students	reer readiness through work-based learning experiences for high school, GED, and		
0	Increase post-high school skill building and degree/certificate attainment for young adults			
0	Increase access to affordable housing, including permanent supportive or transitional housing			
0	Improve community safety measures			
0	Increase access to equitable health related services			
0	Basic Needs			
2. Describe	your proposed project	and how it will build your agency's capacity.		
3. Please d	escribe how requested	funds will be spent, including cost estimates.		

4. How will this project improve your agency's impact in the community?