2027 COMMUNITY IMPACT GRANTS
MICRO-GRANT APPLICATION

Interlakes Area UNITED WAY

Funding Threshold: $499 and below

Use this form if your funding request is less than $500. If your project requires $500 or more, please complete our Standard Grant Application, available online at **interlakesunitedway.org/contact/apply-for-funding**.

Please contact us with questions at **director@interlakesunitedway.org** or (605) 270-1596.

PROGRAM INFORMATION

Please type or print clearly. Be sure to answer every question. If not applicable, mark N/A and explain.

1. Program Name: _____
2. Agency Name: _____
3. Is this agency incorporated and does it have 501(c)(3) status? ☐ Yes ☐ No
4. Primary Contact: _____

   Email Address: _____ Phone: _____

   Mailing Address: _____
5. **2027 Grant Request (must be under $500):** _____
6. How will the Community Impact Grant received in 2027 be used? Facility improvements, staff wages/salary or similar projects are not eligible for funding.

7. If the program received grant funding from IAUW in 2026, please give specifics as to how it was used, including a general timeline for implementation.

8. Briefly describe the program. For example, does it serve a specific age group, gender or special interest?

9. Program Community Impact Area: (Please choose only one that **best** describes the program)

☐ HEALTHY COMMUNITY	☐ YOUTH OPPORTUNITY	☐ FINANCIAL SECURITY	☐ COMMUNITY RESILIENCY
Improving health and well-being for all *(individual health and hygiene access, nutrition and food security, health spaces and physical activity, and/or mental health support)*	***Helping young people realize their full potential*** *(childcare/early childcare education, in-school, after-school and summer learning, family engagement, literacy development, and/or college and career readiness)*	***Creating a stronger financial future for every generation*** *(adult education, job training, career pathways, financial education and coaching, homelessness prevention, affordable housing, homeownership programs, and/or public benefits access)*	***Addressing urgent needs today for a better tomorrow*** *(crisis hotline and support, emergency preparedness, and/or disaster relief and recovery)*

10. Please explain how your program applies to the selected primary Impact Area.

11. Which community or communities do you serve in Lake, Miner and/or Moody counties? Please list.

_____

12. For existing programs, provide the number of persons/units served.

    2026 Actual Persons/Units _____

    2027 Projected Persons/Units _____

    Please describe a unit of service, if applicable _____

13. Provide examples of how a specific donation amount makes a difference for this program (for use in IAUW marketing).
    For example, a $90 donation to IAUW will provide 3 children free books for a year using the Dolly Parton Imagination Library program.

FISCAL INFORMATION

Be sure to answer every question. IAUW reserves the right to request more fiscal information if needed.

1. Please list the estimated costs for this request so we know how the money is being sent.

    Item/Expense 1: _____ Cost: $_____

    Item/Expense 2: _____ Cost: $_____

    Item/Expense 3: _____ Cost: $_____

    Item/Expense 4: _____ Cost: $_____

    Total project cost: $_____

2. If the total project cost is more than $500, how will you cover the remaining balance?

☐ N/A (The total cost is under $500 and this grant covers it all)

☐ We will cover the rest using: _____

(e.g. organizational budget, another donation)

VOLUNTEER COMMITMENT

IAUW requires Community Partners commit two (2) volunteer hours to assist with IAUW efforts during the funding cycle. Volunteer opportunities may include but are not limited to: helping deliver campaign packets, selling WIN BIG Raffle tickets, working at DownTown in MadTown events, or representing IAUW in a community event.

1. Provide names, phone numbers and email addresses for potential voluteers from your agency.

Name: _____

Name: _____

Name: _____

APPLICATION SUBMISSION CHECKLIST & SIGNATURE

Before signing below, please verify that you have completed all sections of this application.

- All contact, program and impact area sections are complete
- Itemized project cost breakdown equals your total project cost
- Potential volunteer names and contact information

By signing and submitting this application, I attest that to the best of my knowledge all of the information contained herein is correct.

NAME (PLEASE PRINT OR TYPE) TITLE

SIGNATURE DATE

Mail your completed application and supporting documents to Interlakes Area United Way, PO Box 132, Madison, SD 57042 or email to **director@interlakesunitedway.org**. Mailed applications must be postmarked by September 30. Applications submitted via email must be received by September 30.