



Leading the Charge | Inspiring the Change

## Women United Funding Intent Form

### Women United:

As an integral part of United Ways across the world, Women United fights for the health, education, and financial stability of every person in every community. We are a diverse, vibrant community bound together by a powerful sense of belonging – to each other, to our missions, and to the women and children in Louisiana.

### Policies & Procedures:

1. The Women United funding intent form lives online at [UnitedWaySELA.org/WomenUnited](https://UnitedWaySELA.org/WomenUnited).
2. All funding requested must align with our [Blueprint for Prosperity](#)
3. Applications are open to the public. Any Women United member and/or pre-determined agency staff member can advocate for a proposal during a finite period provided during a Women United General meeting. After discussion, anyone associated with the agency – including staff, board members and/or proposal sponsors – will be asked to leave the room and recuse themselves from voting.
4. Please submit funding intent forms to [MichelleD@UnitedWaySELA.org](mailto:MichelleD@UnitedWaySELA.org). NO LATE or incomplete applications will be accepted.
5. Once the form is submitted, you will receive an email confirmation.
6. Please allow six (6) months for approval/denial, as submissions are reviewed by the Women United Allocations Committee, Executive Committee, General Membership, and the United Way SELA Board of Trustees.
7. Any Questions? Please contact Michelle Dunnick, Senior Director of Events & Community Engagement, at [MichelleD@UnitedWaySELA.org](mailto:MichelleD@UnitedWaySELA.org).

### Guidelines:

8. Women United typically allocates grants between \$5,000 - \$25,000 but will consider other amounts in rare cases, should funding be available. Application deadlines for consideration are March 1 and September 1.
9. The submission of programmatic budgets is recommended.
10. The contact person will be invited to attend and present for approximately 5 minutes, either online and/or in-person, to share background, data, outcomes, and evaluation tools.

# Women United Funding Intent Form\*



<p><b>Contact Information:</b></p> <p>1. Please include program name, contact person's title, email, and phone number.</p>	
<p>2. Are you a current Women United member?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><b>Budget:</b></p> <p>3. Grant amount requested?</p>	
<p>4. In narrative form, please list the total budget for this project and how you plan to allocate any funding received.</p>	
<p>5. Please list any other agencies or entities solicited and the dollar amount requested.</p>	
<p>6. Lastly, please note any opportunities for leveraging with other funding partners.</p>	
<p>7. Are you submitting a programmatic budget?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><b>IMPACT:</b></p> <p>8. To what extent are you addressing the symptoms and root causes of poverty? (systems change)</p>	
<p>9. What is the purpose of this project?</p> <p>Please include a description of the project and a projected completion timeline.</p>	

\*Please use an additional page(s) if you need more space and indicate the question number.

<p>10. What is the expected impact of this project?</p>	
<p>11. Please include how the impact correlates to the mission of Women United, which supports the unique health and human service needs of women and children in Southeast Louisiana.</p>	
<p><b>Geographic Impact Area:</b></p> <p>12. Check which of the following best describes the geographic area(s) to be served by your grant request.</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Jefferson Parish</li> <li><input type="checkbox"/> Orleans Parish</li> <li><input type="checkbox"/> Plaquemines Parish</li> <li><input type="checkbox"/> St. Bernard Parish</li> <li><input type="checkbox"/> St. Tammany Parish</li> <li><input type="checkbox"/> Tangipahoa Parish</li> <li><input type="checkbox"/> Washington Parish</li> </ul>
<p><b>Diversity:</b></p> <p>13. Please describe the program's target audience.</p>	
<p>14. How many clients or community members and in what diverse categories will you serve?</p>	
<p>15. If applicable, please provide the number of hours spent dedicated to this project.</p>	

Please note that by submitting this application, and if funded, you agree to adhere to the reporting requirements, including providing results six (6) months after the start date and results at the conclusion of the program.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_