

Capital Area United Way, Inc.
PRELIMINARY VENTURE GRANT APPLICATION
October 2006

Agency:
Program/Project Name:
Phone:

Fax:

Email:

Contact Person:

Total Agency Budget/Income:
Total Program/Project Budget:

Request from CAUW:

1. What is the overall goal of the program/project for which you seek funding? What makes it “venture grant worthy”, i.e. does it address an unserved group, or unmet or emerging community needs, does it offer new or different approaches to service delivery or administration, how does it tackle issues in the community that have not been resolved?

2. Describe the target audience for this program/project.

3. How will this group be reached?

4. List the expected outcomes the program is hoped to achieve:

- Newly acquired skills or knowledge
- Changes in conditions
- Changes in attitudes/behaviors

5. Identify your major revenue/expenditures for the first year of this program/project. (Address specifically what Capital Area United Way funding will support within this program). What are your plans for future funding of the program beyond the life of the CAUW grant?

5. Number of individuals expected to be served during the period for which you seek CAUW funding:

Do Not Exceed Two Pages in Length

Return to: CAUW, 1111 Michigan Avenue, Ste. 300, East Lansing, MI 48823