

Kindness Investment Program Application 2023

Please complete the following form, giving as much information as possible.



Contact Information

United Way
of Southwest Minnesota

Date of Application:	
Name of organization:	
Mailing Address:	
Contact Person, title:	
Phone number:	
Email:	
Project title:	
Dollar Amount Requested:	
Project Dates:	
Total Projected Budget:	
Agency/Department Annual Operating Budget	
Other Sources of Project Revenue: (Please list all confirmed & pending sources)	
Date when funds are needed:	

Organizational Structure

We are an informal group – we do not have any formal legal structure. Yes No

We are an informal group but have partnered with a non-profit/fiscal agent. Yes No

Organizations Name and Federal Tax Identification Number: _____

We are a 501 (c) (3) non-profit. Yes No

Organizations Federal Tax Identification Number: _____

We are a public agency/unit of government. Yes No

Organizations Federal Tax Identification Number: _____

We are a for-profit entity. Yes No

Priority Alignment

Please indicate which UWSWMN priority area your project aligns with and briefly explain how your project aligns within the selected priority areas.

Health **Education** **Financial Stability** **Hunger** **Safety & Well Being**

Give a brief explanation of how the project aligns with UWSWMN priority areas:

Project Information

Give us a brief overview of this project and how grant funds will be used:

Confirmation

For our information, please specify where you heard about the KIP grant:

For us to process your application, please ensure you have the following:

- Answered all questions on this form
- Sign the form
- Submit the completed form to: unitedway@unitedwayswmn.org

By signing below, you are confirming the following:

- **You have read and understood KIP grant guidelines.**
- **All the information supplied in this grant application is correct.**
- **Agree to submit grant summary report within 30 days of project completion.**

Signature:

Print name:

Date: