

United Way of Miami County  
13 East Main St.  
Peru, IN 46970  
Phone: (765) 473-4240  
Fax: (765) 473-7567  
Web: www.uwmiamip.org



## United Way of Miami County Economic Relief Initiative

*These grants are intended to support local charitable organizations or programs that help those impacted by the COVID-19 pandemic in Miami County Indiana.*

### Criteria for Grant Requests:

The Miami County ERI Committee will consider grant requests to:

- Assist nonprofits serving vulnerable populations with basic needs. (food, housing, living expenses, transportation costs, childcare costs, etc.) **High priority.**
- Fund programming to address pandemic related issues such as mental health, substance abuse, domestic abuse and other social service programs. **High priority.**
- Assist nonprofit organizations that are experiencing staffing and/or volunteer gaps due to quarantines and social distancing.
- Assist nonprofit organizations with operating shortfalls due to the pandemic.

Grants will be reviewed on an ongoing basis. 501(c)3 nonprofit organizations and public agencies are eligible to apply for additional funds as needs arise.

Please contact Marcia Minard at UW office 765-473-4240 or by email at [mminard@uwmiamip.org](mailto:mminard@uwmiamip.org) if you have any questions. **Applications must be submitted via email to [mminard@uwmiamip.org](mailto:mminard@uwmiamip.org).**

### Grant Request

Name of Organization: \_\_\_\_\_

Name of Fiscal Agent, if applicable: \_\_\_\_\_

Name of Program/Service: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Amount Requested: \$ \_\_\_\_\_

**Narrative:**

1. How has the pandemic affected your daily operations?
2. Briefly describe your request. Include how grant funds will be used.
3. How will those who need services benefit from this program? How many people do you anticipate will benefit from the program?
4. Itemized Budget: If available, attach a spreadsheet, detailed budget information, or a basic list of how the funds will be used.

**Please include the following in your request:**

- Narrative
- Itemized Budget or list of program needs.
- Timeline of expected use of grant dollars.
- List of Board members or Advisory Committee Members including the Executive Director

**Grant Application Certification:** Grant Applicant hereby certifies that it does not discriminate on the basis of race, national origin, religion, gender, gender preference, age, or disability ("non-discrimination factors") in its policies, practices, services, or standards for participation in its programs, except to the extent any such program lawfully provides services to a limited segment of the population based on any such non-discrimination factor. It is expressly understood and agreed that the United Way of Miami County or the Northern Indiana Community Foundation is not a joint participant in, nor provider of, any of the Grant Applicant's programs or services. The United Way's role in Grant Applicant's programs and services is limited solely to making grants and assuring that grants are administered in accordance with the terms of the approved application. The Grant Applicant represents and warrants that it will use all granted funds in accordance with applicable laws. Grant Applicant agrees to indemnify and hold the United Way harmless from any liability imposed on the United Way based on any conduct or omission occurring in connection with a program or service of Grant Applicant for which the United Way has provided a grant.

We, the undersigned, hereby state that the information presented in this application is complete and factual. By signing our names below and submitting this application, we confirm our authority and have notified and secured approval from all parties. We hereby agree that funds, if granted, will be used only for the purpose described above unless written approval from the United Way is received.

**Expenditure of Grant Funds:** If awarded a grant by United Way, your grant dollars must be spent in accordance with your original request as specified in this grant application. The grantee organization will be responsible for the expenditure of funds and for maintaining adequate supporting records consistent with generally accepted accounting principles.

**Grant Period:** through October 31, 2021

**Purpose and Use of Funds:** Grant funds must be spent by December 31, 2021 for the purposes stated and specified in the application. Grant funds may not be used for any expenses incurred prior to the grant date. If something unexpected occurs or additional time to complete the funded activities is needed, you may request an extension or budget modification by contacting [mminard@uwmiamp.org](mailto:mminard@uwmiamp.org).

\_\_\_\_\_  
Executive Director or Other Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Board President or Other Authorized Representative

\_\_\_\_\_  
Date