

# 2026 Multi-Year Grants

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*United Way of Southwestern Pennsylvania*

## *Organization and Program*

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### **Organization Name\***

*Character Limit: 100*

### **Legal Name (if different)**

Please also include any other names used by your organization.

*Character Limit: 250*

### **Organization Website\***

If your organization does not have a website, please include your Facebook page or other alternative.

*Character Limit: 2000*

### **Mission Statement\***

*Character Limit: 500*

### **Tell us about your organization\***

This may include organization history, core programs and services, and other work that may be outside of the specific program you are applying for.

*Character Limit: 2500*

### **County\***

Please select the county(s) where your organization is located.

#### **Choices**

Allegheny  
Armstrong  
Butler  
Fayette  
Westmoreland

***For all questions in this section, please answer based on the program for which you are seeking funding.***

### **Program Name\***

*Character Limit: 100*

## Investment Priority\*

Please select the priority area from the **linked Investment Priority document** that best fits your work. If your work crosses areas, you may select more than one.

### Choices

Meeting Basic Needs

Moving Toward Financial Stability

Building for Success in School and Life

## What community need(s) does your program address?\*

*Character Limit: 3000*

## Who do you serve through this program?\*

Examples may include: middle school students, single mothers with small children, older adults, veterans, families, etc.

*Character Limit: 1500*

## What communities does your program serve?\*

Please select the area(s) that you serve based on the linked map.

If you serve communities outside of Allegheny County, you can simply select the county.

Please note that if you would like to see zip codes, you can check the Zip Codes box on the lower left of the map to see how they align with our areas.

### Choices

Armstrong

Butler

Fayette

Westmoreland

Allegheny 1

Allegheny 2

Allegheny 3

Allegheny 4

Allegheny 5

Allegheny 6

Allegheny 7

Allegheny 8

Allegheny 9

Allegheny 10

Allegheny 11

Allegheny 12

Allegheny 13

Allegheny 14

## Please add any additional information related to your program service area. (optional)

*Character Limit: 500*

**Program description\***

Tell us about your program.

*Character Limit: 5000*

**Organizational readiness and local relevance\***

Why you are uniquely equipped to run this program, in your area, for the population you serve?

*Character Limit: 3000*

**New program or expansion\***

Is this a new program, an expansion of an existing program or an enhancement of an existing program?

**Choices**

New program

Expansion of an existing program

Enhancement of an existing program

**Anticipated number of unduplicated individuals to be served annually:\***

*If you have selected more than one county, you will be asked to include the anticipated results by county below.*

*Character Limit: 20*

## *Financial*

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**Are you a 501(c)3 non-profit organization?\*****Choices**

Yes, and we have our own EIN/ Tax ID

No, but we have a Fiscal Sponsor or Partner Organization

**Total Organizational Budget (annual)\***

*Character Limit: 20*

**Total Program Budget (annual)\***

Total program budget should be based on one year, July 1, 2026- June 30, 2027.

*Character Limit: 20*

**Total Request Amount (annual)\***

Total request should be based on one year, July 1, 2026- June 30, 2027.

*This should be less than 100% of your Total Program Budget.*

*Character Limit: 20*

## *EIN or Tax ID*

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### **EIN or Tax ID Number\***

*Character Limit: 10*

## *Fiscal Sponsor*

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School districts without their own 501(c)3 who are applying with a partner organization, should include that partner's information instead of a Fiscal Sponsor.

### **Name of Fiscal Sponsor\***

*Character Limit: 250*

### **Contact Information\***

please include primary contact person, mailing address, phone, and email.

*Character Limit: 800*

### **EIN or Tax ID of Fiscal Sponsor\***

*Character Limit: 10*

## *Contact Information- President/ CEO/ Executive Director*

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### **First Name- President/ CEO/ Executive Director\***

*Character Limit: 250*

### **Last Name- President/ CEO/ Executive Director\***

*Character Limit: 100*

### **Title- President/ CEO/ Executive Director\***

*Character Limit: 250*

### **Telephone Number- President/ CEO/ Executive Director\***

*Character Limit: 20*

### **Email- President/ CEO/ Executive Director\***

*Character Limit: 254*

*Contact Information- Program Contact or Person Completing  
this Application (if different from above)*

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**First Name- Program Contact**

*Character Limit: 20*

**Last Name- Program Contact**

*Character Limit: 20*

**Title- Program Contact**

*Character Limit: 50*

**Telephone Number- Program Contact**

*Character Limit: 50*

**Email- Program Contact**

*Character Limit: 254*