

2026 Multi-Year Grants

United Way of Southwestern Pennsylvania

Program

We have carried over many of your responses from the LOI into this application, for reference. Unless otherwise noted, these fields are read-only and cannot be edited. If something has changed and you need to change something, please reach out to us.

Organization Name

Character Limit: 100

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

EIN or Tax ID Number

Character Limit: 10

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

The questions below are about the specific program you are applying for.

Program Name*

Character Limit: 100

Investment Priority

While you may have selected a different Investment Priority, or more than one, at the LOI, we have assigned this priority area based on how your work fits our **Investment Priority Framework**.

Choices

- Meeting
- Moving
- Building
- Capacity Building

Meeting Basic Needs

How does your program align with the United Way goal of Meeting Basic Needs?*

Individuals and families have greater opportunity when they have access to nutritious food, a safe place to live, and community resources that help them thrive.

Character Limit: 500

Moving Toward Financial Stability

How does your program align with the United Way goal of Moving To Financial Stability?*

People who earn a living wage and have the tools needed to build wealth are able to fulfill their potential.

Character Limit: 500

Building for Success in School and Life

How does your program align with the United Way goal of Building for Success in School and Life?*

All young people deserve the chance to have a positive start toward adulthood, to learn and succeed to the level of their educational ability and reach their full potential in life.

Character Limit: 500

Capacity Building

How does your program align with the United Way goal for nonprofit sector capacity building?*

Build capacity at our partner agencies to encourage innovation and help the sector achieve greater efficiency and effectiveness.

Character Limit: 1000

Program Details

How does your program align with United Way's Aspirational Goals?*

Please describe how your program helps meet at least one of UWSWPA's Aspirational Goals, linked here.

Character Limit: 2500

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

Character Limit: 3000

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

Program description

Tell us about your program.

Character Limit: 5000

Program Activities and Timeline (one year)*

Describe your program activities and timeline for the first year of the grant period. Please feel free to include bulleted lists.

Character Limit: 3000

Partners and collaborators*

Please list any existing or planned collaborations and partnerships with other organizations for this program and briefly describe their role.

Character Limit: 1500

How does your organization consider community need to inform design and changes to programming?*

How do you listen to the voice of the communities you serve?

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.

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

Outcomes

In addition to reporting on the number of people served, you may provide additional outcomes for your work, including goals, method or measure to track success, and the corresponding UWSWPA solution-based strategy.

For example:

- Outcome 2: *Meals Served*
- Outcome 2: Corresponding UWSWPA Strategy
 - *Food Security (Meeting Basic Needs)*
- Outcome 2: Method to Track/ Measure Success

- o *Individual meals (breakfast, lunch, dinner) served in our facility for 1 year, as tracked through internal counting and tracking systems.*

Outcome 1 - People Served*

Goal Number of People Served

Character Limit: 250

Outcome 1- Corresponding UWSWPA Strategy*

Choices

- Food Security (Meeting Basic Needs)
- Safe & Secure Housing (Meeting Basic Needs)
- Reliable Transportation (Meeting Basic Needs)
- Connection & Community for Older Adults (Meeting Basic Needs)
- Safety & Support to Survivors of Intimate Partner Violence (Meeting Basic Needs)
- Workforce Development (Moving to Financial Stability)
- Overcoming Employment Challenges (Moving to Financial Stability)
- Asset Building (Moving to Financial Stability)
- Two-Generation Approaches (Moving to Financial Stability)
- Early Childhood Educational Opportunities/Kindergarten Preparation (Building for Success)
- Out-of-School Time Opportunities (Building for Success)
- Career, Trade & College-Readiness Support (Building for Success)
- Resiliency & Mental Health Support for Students (Building for Success)

Outcome 1- Method to Track/ Measure Success*

Character Limit: 500

Approximately how many of the people you expect to serve in Outcome 1 are below the ALICE threshold?*

For more information on ALICE and the survival threshold [CLICK HERE](#)

Character Limit: 100

How do you PLAN to estimate or track the number of people below the ALICE threshold that you serve?*

Character Limit: 1500

Outcome 2- Goal

Character Limit: 250

Outcome 2

Character Limit: 250

Outcome 2- Corresponding UWSWPA Strategy

Choices

- Food Security (Meeting Basic Needs)
- Safe & Secure Housing (Meeting Basic Needs)

- Reliable Transportation (Meeting Basic Needs)
- Connection & Community for Older Adults (Meeting Basic Needs)
- Safety & Support to Survivors of Intimate Partner Violence (Meeting Basic Needs)
- Workforce Development (Moving to Financial Stability)
- Overcoming Employment Challenges (Moving to Financial Stability)
- Asset Building (Moving to Financial Stability)
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- Out-of-School Time Opportunities (Building for Success)
- Career, Trade & College-Readiness Support (Building for Success)
- Resiliency & Mental Health Support for Students (Building for Success)

Outcome 2- Method to Track/ Measure Success

Character Limit: 500

Outcome 3

Character Limit: 250

Outcome 3- Goal

Character Limit: 250

Outcome 3- Corresponding UWSWPA Strategy

Choices

- Food Security (Meeting Basic Needs)
- Safe & Secure Housing (Meeting Basic Needs)
- Reliable Transportation (Meeting Basic Needs)
- Connection & Community for Older Adults (Meeting Basic Needs)
- Safety & Support to Survivors of Intimate Partner Violence (Meeting Basic Needs)
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Outcome 3 - Method to Track/ Measure Success

Character Limit: 500

Finance

Total Request Amount (annual)*

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

Character Limit: 20

Program Budget*

Please complete and upload your program's budget, including funding sources and anticipated expenditures using the provided **budget template found [HERE](#)**.

Clicking the link will automatically download the file - there will not be a pop-up window.

File Size Limit: 190 MB

Budget narrative: Please provide a brief breakdown of your program revenue and expenses*

Clarify any information that is not obvious in your financial documents. If you include staffing in your budget, please include title, full or part time, and their role with the program (manager, direct services, etc.). Please include your revenue sources in addition to UWSWPA.

Character Limit: 1000

If you receive less funding than requested, how will that impact your programming?*

What are some of the challenges you anticipate and how will you address them?

Please provide any concerns about your program's capacity and sustainability, and what alternative plans have worked for the organization in the past.

Character Limit: 1000

Supporting Documents

Form 990*

File Size Limit: 10 MB

Financial Audit*

Please provide your most recent audited financial statements. If your Gross Annual Contributions were under \$750,000, you may provide alternative financial statements as determined by the Pennsylvania Department of State.

File Size Limit: 10 MB

Logic Model (optional)

While including the logic model with your application is optional, we recommend using it as a tool as to work through your proposal.

The logic model template can be found [here](#).

File Size Limit: 10 MB

Others (optional)

File Size Limit: 10 MB

Acknowledgement of Expectations*

If awarded funding, in addition to meeting program goals, you will be expected to:

- Attend and participate in two United Way partner agency meetings each year in October and May (*mandatory*); and additional professional development and educational meetings (*strongly encouraged*);
- Complete reports on progress towards program goals in the form of:
 - mid-year check-in meetings with your United Way program contact;
 - year-end report due July 15, 2027 in our grant portal;
 - ♣ Including participant stories, number of people served and demographics, outcome updates, and budget reports.
- Recognize United Way as a key funder.
- Participate in the United Way Speakers Bureau;
- Work with United Way staff to develop meaningful experiences for volunteers;
- Keep information about your agency's programs current with PA 211 Southwest;
- Conduct an annual United Way Workplace campaign;
- Inform United Way of any changes in leadership or any other events that may disrupt agency operations by contacting your United Way program contact or submitting an organizational change form on our grant portal.

Choices

I hereby acknowledge the above expectations

Fiscal Sponsor

Fiscal Sponsor email*

In addition to your email, the system will automatically send your Fiscal Sponsor a second email that includes their link to logon and complete the applicable questions. *This step must be submitted for your application to be considered complete.*

1. Please enter the email address for your Fiscal Sponsor
2. Click Compose Email
3. Write an email to your Fiscal Sponsor, be sure to include details of your proposal, due date, and a notice for the second email
4. Click Send

Email will be sent immediately after clicking "Send", not after submitting application

Character Limit: 254

Sponsor Confirmation*

You have been designated as the fiscal sponsor/partner organization for a grant submission.

Please confirm or deny your role as fiscal sponsor/partner organization.

If you have any questions as to why you received this form, please reach out to the applicant attached to this form, or the United Way of Southwestern PA contact:

jacob.grande@UnitedWaySWPA.org

Choices

Yes, I confirm we are the fiscal sponsor/partner organization for the program submitted

No, we are not the fiscal sponsor/partner organization for the program submitted

Fiscal Sponsorship Agreement

Please attach a copy of the fiscal sponsorship agreement you have with the applicant

File Size Limit: 10 MB

Name of Fiscal Sponsor organization*

Character Limit: 20

EIN or Tax ID*

Character Limit: 250

Full Name*

Name of Primary Contact for this partnership

Character Limit: 250

Date*

Character Limit: 10

Additional Comments

Please share any additional comments if relevant

Character Limit: 500