



# Kishwaukee United Way

2026-2027 Micro-Grant Application

## Save & Return

Use an account to return to saved work.

Log in

Name of your organization \*

Executive Director/CEO Name \*

Allocation Contact First Name \*

Last Name \*

Street Address \*

Address Line 2

City \*

State \*

Zip Code \*

Phone Number \*

Email Address \*

City \*

ZIP Code \*

## Narrative

Please provide all of the following information. Be succinct.

**Are You One Of The Following? If you are not, please stop, as you are unable to apply for this grant. \***

**Agency Mission \***

**Agency Vision**

**Program Name that you are applying for this grant \***

**Amount of Funding Requested? \***

**Program Discription \***

**Is this a new program? \***

**Does your organization currently support United Way programs and initiatives? If so, please describe an example of support. \***

## Organizational Information

**United Ways focus on the impact areas of Education, Income, and Health. Please select the impact area your organization *most* aligns with. \***

List Names Of Agencies You Collaborate With To Help Run The Program.

How do you know if your program is successful? What are the benefits or changes for individuals during or after participating in program activities? How well is the program achieving the desired outcome?

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## Service Data

Is the following data actual or estimated? \*

- Actual  
 Estimated

Is your data based on unduplicated individuals or service units? \*

- Unduplicated individuals  
 Service Units

Individuals/service units for DeKalb County in 2025 \*

Individuals/service units for DeKalb County in 2024 \*

Please upload your annual service census data, which you track (e.g., gender identification, age breakdowns, and other information you track).

Choose File No file chosen

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# Compliance

All agreement forms can be found at [kishwaukeeunitedway.com/partnerships](http://kishwaukeeunitedway.com/partnerships)

**Signature certifies acceptance of Agency Agreement \***

[clear](#)

**Signature certifies agreement to United Way Worldwide License Agreement. \***

[clear](#)

**Signature certifies agreement to Anti-Terrorism Compliance \***

[clear](#)

# Financial Information

**Are your financial documents listed on your website? \***

Yes

No

Please upload the completed budget form provided by Kishwaukee United Way.

*Any other form of budget will not be accepted unless pre-approved by the Executive Director.*

\*

Choose File No file chosen

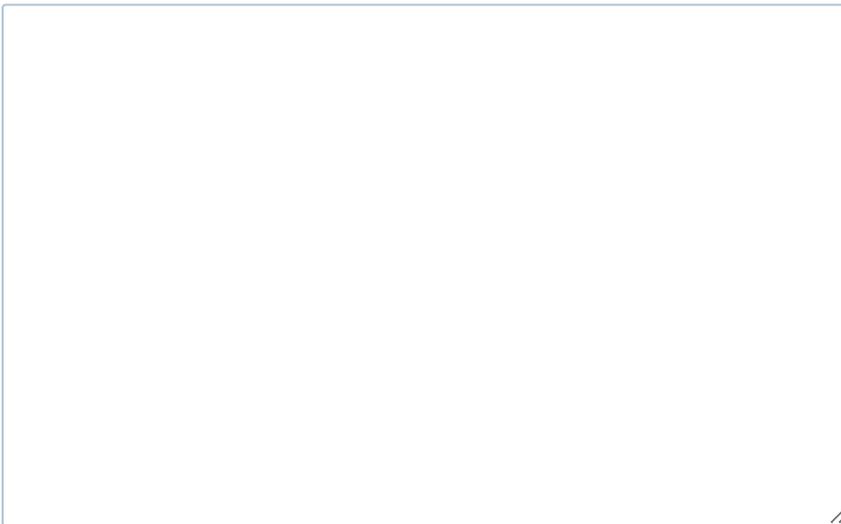
**Please upload your most recent audit, if available.**

Choose File No file chosen

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## Additional Information

**(Optional) Share any other outcomes measurements or metrics that you use to gauge community impact.** \*



**Please share any additional attachments to support your application (examples: organizational video, letter of appreciation, etc).**

Choose Files No file chosen

I certify that the information provided is true and complete to the best of my knowledge. \*

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clear

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Questions? Contact Andy McFarlane at [amfarlane@kishunitedway.org](mailto:amfarlane@kishunitedway.org) or 779-255-1267