

## 2025-2028 GRANT APPLICATION – SCREENER

Lead Organization: \_\_\_\_\_

Program: \_\_\_\_\_

UWGCV Staff: \_\_\_\_\_ Date: \_\_\_\_\_

- Health     
  Education     
  Financial Stability     
  Basic Needs

Part(s)	YES				NO
	1	2	3	4	<input type="checkbox"/> If not turned in by deadline, application will be marked incomplete and screened out.
were submitted on the application portal by 11:59pm on July 29, 2024					

Checklist				
Part	1	2	3*	4
Attachments	<input type="checkbox"/> Organizational Chart  <input type="checkbox"/> Board of Directors	<input type="checkbox"/> Program Budget	<input type="checkbox"/> Collaborative Partner #1 Signature ○ MOA (if applicable)  <input type="checkbox"/> Collaborative Partner #2 Signature ○ MOA (if applicable)  <input type="checkbox"/> Collaborative Partner #3 Signature ○ MOA (if applicable)  <input type="checkbox"/> Collaborative Partner #4 Signature ○ MOA (if applicable)	<input type="checkbox"/> Program Profit and Loss Statement  <input type="checkbox"/> Agency Profit and Loss Statement  <input type="checkbox"/> Agency Balance Sheet  <input type="checkbox"/> Agency Financial Statement/Review/Audit  <input type="checkbox"/> Federal Tax Return

**\*At least one Collaborative Partner is required**