



United Way of the  
Greater Dayton Area

**Racial Equity Mini Grant Initiative**  
*Building Strong Communities*

**2022 Application**

If you have any questions about this application, please email Asia Fuqua,  
Manager of Community Initiatives: [asiaf@dayton-unitedway.org](mailto:asiaf@dayton-unitedway.org)

## Applicant Information

**I am applying as:**

An Individual \_\_\_\_\_

An Organization/Group \_\_\_\_\_ (501(c)(3) \_\_\_ or Other: \_\_\_\_\_)

**Do you have an EIN Number?** Yes \_\_\_ No \_\_\_

*If yes, please write the number here:* \_\_\_\_\_

**Contact Name:** \_\_\_\_\_

**Organization Name (if applicable):** \_\_\_\_\_

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

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Gender:** \_\_\_\_\_ **Race:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Statement of Interest**

*Please explain why you are interested in applying for this grant*

## Project Information

**Project title:** \_\_\_\_\_

**Project Start Date:** \_\_\_\_\_ **Project End Date:** \_\_\_\_\_

**Project Location(s):** \_\_\_\_\_

### Summary of Project

*Provide a brief summary of your project.*

### Project Goals

*Explain how your project will strengthen the awareness of racial inequity within your community. What specific activities will help you achieve this goal?*



## **Project Engagement**

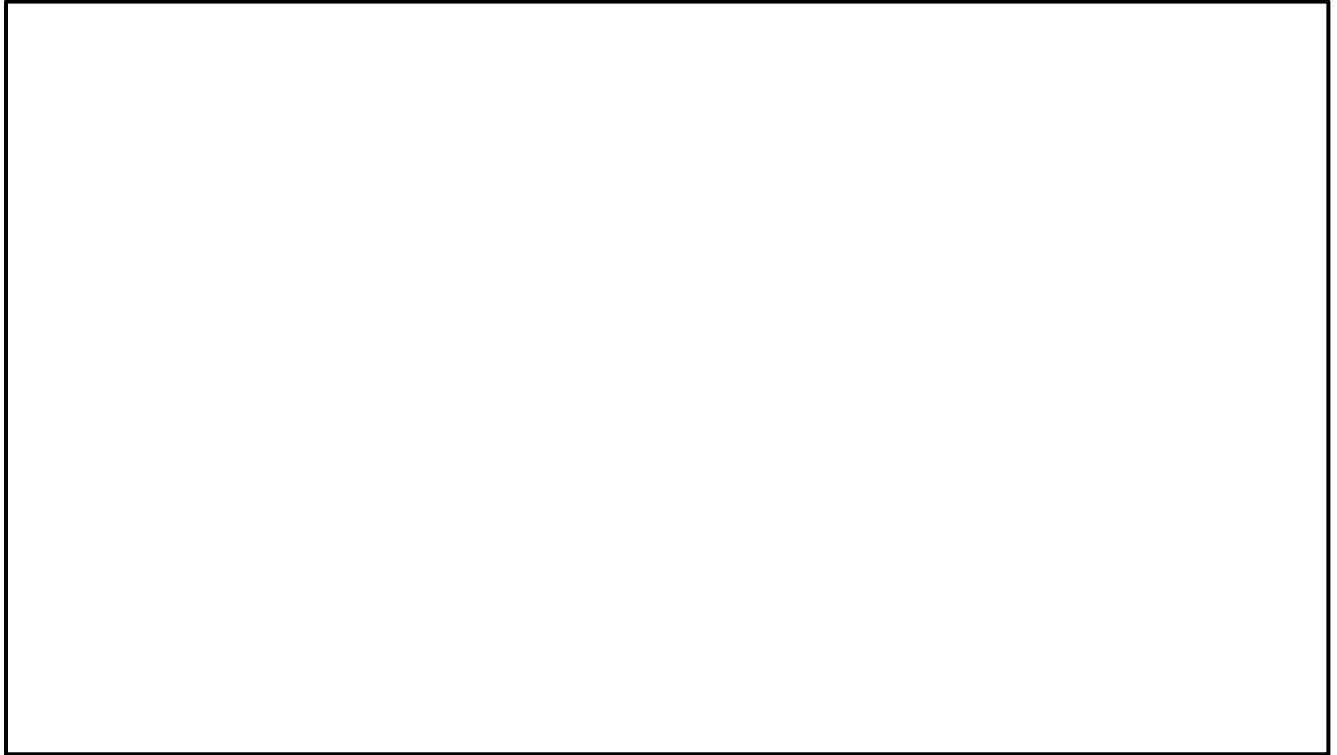
*Describe who will participate and benefit from this project. If you plan to collaborate with other individuals or local organizations, please identify them and what their contribution to the project will consist of.*

## **Expected Project Results**

*Explain how participants and/or the community will benefit from the implementation of your project. How will you measure and evaluate this?*

**Budget Information**

*Explain how you intend to use the funds from this grant to implement your project.*



*\*If you are awarded funds, you will be required to complete a project budget form.*

## **Applicant Declaration**

**Please initial to confirm that you have read and agree to the following statements:**

\_\_\_\_\_ I have carefully read and understand the purpose of this initiative as described in the Racial Equity Mini Grant Initiative overview document.

\_\_\_\_\_ I can confirm that the information shared in this application is complete and accurate.

\_\_\_\_\_ I understand that my application will be reviewed by the Racial Equity Mini Grant Initiative advisory board and agree to accept their decision

**Applicant's Signature:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

(If applicant is under 18 years of age)

**Date:** \_\_\_\_\_

**\*Electronic signatures are acceptable\***