**United Way Emerald Coast (UWEC) Presents**

**Forever Warriors Foundation Fund**

**Cohort 2 Grant Application**

**Overview**[Forever Warriors](https://www.forever-warriors.org/) Foundation, established by [Step One Automotive Group](https://www.steponeautomotive.com/), is partnering with United Way Emerald Coast (UWEC) to launch an exciting new investment opportunity. This fund is designed to enhance our joint efforts to support innovative programs that align with community-wide goals. United, we will build a diverse cohort of on-the-ground programs that benefit active-duty service members, reservists, and veterans in Okaloosa and Walton counties. Together, we are committed to empowering local non-profits, fostering their growth, and amplifying their impact.

**Timeline**
We anticipate three phases of funding throughout the year:

* **September 2024:** Cohort #1 grantees were selected.
	+ $56,000 awarded to Cohort #1. Congratulations to EOD Warrior Foundation, Fisher House of the Emerald Coast, The Honor Foundation (Eglin Campus) and United Way Emerald Coast.
* **November 1 - 22, 2024:** Applications for Cohort #2 accepted through 11/22/24 at 5pm CST.
	+ Up to $40,000 available for Cohort #2.
* **December 2024:** Cohort #2 Grantees announced; will receive funding January - March 2025.
* **February 2025 (tentative):** Applications for Cohort #3 accepted.
	+ Up to $37,500 available for Cohort #3.
* **March 2025 (tentative):** Cohort #3 Grantees announced; will receive funding April - June 2025.

**Availability of Funding**Forever Warriors Foundation’s investment will be distributed across three cohorts from September 2024 to June 2025, with grant funding in two key areas:

1.    Reintegration and Support Services: Increasing the number of active-duty members and veterans who take successful steps towards their transition to civilian life. Up to $45,000 available.

2.    Resiliency and Well-Being Support: Increasing the number of active-duty members and veterans who report a decrease in symptoms of stress, anxiety and/or depression and an increase in their ability to effectively manage crisis situations. Up to $45,000 available.

We anticipate grant amounts will range between $5,000 and $15,000. However, there are no minimum or maximum grant amounts that applicants may apply for, provided requests do not exceed the total available funds.

This is a reimbursable grant. Organizations must collect and report basic demographic information (military/veteran status and area of residence) along with program deliverables. Reimbursements will be issued monthly (through the duration of the grant period) upon receipt of complete and accurate monthly reports, including demographics, deliverables, and an invoice.

**Selection Process**A competitive grant process is expected. Not all applicants may be selected, and some programs may be partially funded. Applications will be evaluated based on alignment with priority areas, impacts, utilization of funding and other criteria as established by UWEC and/or Forever Warriors Foundation.

Selected organizations will be expected to provide co-branding recognition to both Step One Automotive Group and Forever Warriors Foundation. Specific details will be outlined in a Contract, with recognition expected on social media, marketing collateral, and other relevant platforms.

Unless otherwise stated, UWEC’s 2024-25 Community Impact Guidelines will also apply to this funding opportunity.

**Special Note**

Please note, if you are NOT a current UWEC Partner Agency (they are all listed at [www.united-way.org/partner-agencies](http://www.united-way.org/partner-agencies)), you *must also* complete a Partner Agency application by November 22, 2024 at 5pm for your grant request to be considered. Access the application at <https://united-way.org/2025PartnerAgency>. This comprehensive application requires documentation to verify governance, legal status, and financial sustainability. You are encouraged to start the application as early as possible.

Current Partner Agencies must complete their renewal application by December 6, 2024 to maintain eligibility for partnership benefits.

**Please access the FWF Grant application at:** [**https://united-way.org/FWFgrant**](https://united-way.org/FWFgrant)

**You may find a template of the contract as well as the monthly reporting form linked on the website above. We STRONGLY encourage your organization to review these documents to understand the required information if selected for funding.**

**Pre-Screening:**

1. Are you a current Partner Agency with United Way Emerald Coast (listed [here](https://www.united-way.org/partner-agencies))?
	1. If “no,” organization *must also*complete a Partner Agency application by November 22, 2024 at 5pm for your grant request to be considered. Access the application at [**https://united-way.org/2025PartnerAgency**](https://united-way.org/2025PartnerAgency). This comprehensive application requires documentation to verify governance, legal status, and financial sustainability. You are encouraged to start the application as early as possible.
2. Your organization will be required to collect and report basic demographic information (military/veteran status and area of residence) along with program deliverables. Reimbursements will be issued on a monthly basis (through the duration of the grant period), contingent upon the submission of complete and accurate monthly reports including demographics, deliverables, and an invoice. Do you agree to these terms?
	1. *If “no,” your organization is ineligible to apply for grant funding.*
3. Do you certify you will use this funding to provide services and/or support clients living in Okaloosa and/or Walton counties?
	1. *If “no,” your organization is ineligible to apply for grant funding.*
4. Does your program require your clients to participate in religious services and/or activities?
	1. *If “yes,” your organization is ineligible to apply for grant funding.*

**Agency Information**

1. Agency’s Legal Name
	1. dba (if different than above)
2. CEO or Executive Director Name
3. CEO or Executive Director’s email
4. Secondary Grant Contact Name (if appropriate)
5. Secondary Grant Contact’s Email

**Focus Area (Select One)**

1. Reintegration and Support Services: Increasing the number of active-duty members and veterans who take successful steps towards their transition to civilian life.
2. Resiliency and Well-Being Support: Increasing the number of active-duty members and veterans who report a decrease in symptoms of stress, anxiety and/or depression and/or increase in their ability to effectively manage crisis situations.

**Program Information**

**\*\* If funding is for a specific program within your organization, please answer the following questions with that specific program’s information. If not, please provide the following information for your organization as a whole and the related activities this grant would support. \*\***

1. What is the name of the program your organization is seeking funds for? If you are proposing general support for your organization, please write the name of your organization here.
2. Provide a very short (1-3 sentence) description of the program for which you are requesting funding. If this grant request is funded, this description may be shared in marketing materials. (30 words or less)

**Program Summary**

1. Please provide a detailed description of the program or initiative for which you are seeking funding. Include an overview of the program or project, key activities, the specific need(s) or gap(s) it addresses within the community, and anticipated outcomes/results.
2. For this second cohort, we are funding programs from 12/16/24-3/31/25. Please specify the timing of your program or project. Will it run continuously throughout this period, or only during specific weeks or seasons? If applicable, provide the start and end dates.

**Deliverables**

1. *Only one of these questions will be shown, depending on the focus area you selected above.*
	1. Reintegration and Support Services: [Please provide a brief description of the service(s) or activities you will provide based on the Focus Area you selected. For example, "resume writing workshops," "case management sessions," or "professional development workshops."](https://united-way.org/admin/structure/webform/manage/mission_united_grant_application/element/please_provide_a_brief_description_of_the_service_s_or_activitie/edit)
	2. Resiliency and Well-Being Support: [Please provide a brief description of the service(s) or activities you will provide based on the Focus Area you selected. For example, "therapy sessions," "budget workshops," or "case management meetings."](https://united-way.org/admin/structure/webform/manage/mission_united_grant_application/element/please_provide_a_brief_description_of_the_service_s_or_activit/edit)
2. Total Number of Services or Activities: How many sessions, workshops, meetings, etc. which you described above in #1 do you plan to provide from 12/16/24-3/31/25? Please include all sessions, even if some clients attend multiple times.
3. Total Number of Clients to be Served: How many clients do you anticipate serving in total? Please include duplicated numbers, if appropriate. For example, if 4 clients attend 3 workshops, please report this as 12.
4. *Only one of these questions will be shown, depending on the focus area you selected above.*
	1. Reintegration and Support Services: Outcome Measurement: How many clients do you expect will complete the training, graduate, or show a measurable gain in knowledge, outcomes, or behaviors as a result of the service(s) provided?
	2. Resiliency and Well-Being Support: [Outcome Measurement: How many clients do you expect will report a decrease in symptoms of stress, anxiety, and/or depression and/or increase in their ability to effectively manage crisis situations?](https://united-way.org/admin/structure/webform/manage/mission_united_grant_application/element/outcome_measurement_how_many_clients_do_you_expect_will_report_a/edit)
5. [What measurement tool(s) will you use to determine if the selected outcome(s) are achieved? Please explain why the tool(s) was selected and how it demonstrates the impact was achieved.](https://united-way.org/admin/structure/webform/manage/mission_united_grant_application/element/what_measurement_tool_s_will_you_use_to_determine_if_the/edit)

**Program Budget**

1. Total Program Budget $\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Amount Requested $\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Is your agency able to leverage this grant as a match for state, private, or federal funding? If yes, please provide additional details including the funding source, ratio of match for every dollar received, and amount of UWEC funding eligible for match. (200 words or less)
4. If your full request cannot be funded, what would your reduced request be and how would the program be adjusted? (200 words or less)
5. Please complete the budget template form and upload to the website.

**Authorization**

By submitting this document, the undersigned has carefully read the application and reviewed the information contained in this proposal for accuracy and completeness. You certify that the funds requested in this application are a true estimate of the amount needed to operate the proposed program. You further understand that an incomplete application or failure to provide the information requested, as well as late submission, can render the submission as non-qualifying and ineligible for funding or further consideration in this funding cycle.

The undersigned also understands that this grant request is for 12/16/24-3/31/25 only and the applicant would have to re-apply through the grant process for future funding consideration. The submission of a grant application is not a guarantee of funding.

The undersigned also acknowledges that a 2024-25 Community Investment Handbook was available with further instructions and information on funding priorities and our process.

The submission of this application has been authorized by the organization and you have been duly authorized to act as the representative of the agency in connection with this application.

1. Date
2. Authorized Official’s Name
3. Authorized Official’s Title
4. Authorized Official’s Signature