



United Way  
of North Central Iowa

## 2021 United Way of North Central Iowa Small Grants Application

*Purpose: To provide support for small grants to fill identified needs in the community. Submissions are reviewed throughout the year until the Small Grants fund is expended. Grant awards will not exceed \$3,000.*

### Instructions

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To fill out: Download application and open in Word.

Submit one hard copy and one e-copy, to United Way of North Central Iowa. Applications should be sent to 2911 4<sup>th</sup> Street SE, P.O. Box 1465, Mason City, IA 50402. Applications should be three-holed punched. For any questions or to request additional information, please contact Jen Arends by phone at (641) 423-1774 or by e-mail at [ceo@unitedwaynci.org](mailto:ceo@unitedwaynci.org).

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### General Information

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**Full Legal Agency**

**Name** NIACOG Housing Trust Fund, Inc.

**Mailing Address** 525 6th Street S.W.

**City** Mason City

**State** Iowa

**Zip Code** 50616

**Agency Website** [www.niacog.org](http://www.niacog.org)

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**Agency Executive**

**Director** Myrtle Nelson

**Title** Executive Director

**Phone Number** 641-423-0491

**E-Mail Address** [mnelson@niacog.org](mailto:mnelson@niacog.org)

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**Contact Person (if  
different)**

Heidi Nielsen

**Title** Housing Planner

**Phone Number** 641-423-0491 x216

**E-mail Address** [hnielsen@niacog.org](mailto:hnielsen@niacog.org)

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**Request Narrative:** *This section of the application requires a description of the program or project you are seeking matching funds for. Please be specific and concise.*

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**Program/Project Name:** Regional Home Repair Program

**Funding Requested:** \$2,000

The program purpose is to provide needed, large-scale, home repairs to provide low-to-moderate income homeowners with housing that is safe and secure. Examples of the repairs include roof, siding, and window replacement up to \$25,000. These repairs also preserve their homes and enable them to remain in their homes.

**Program Need:**

*Please describe the unique local needs/problems/gaps addressed by this grant funding request.*

The purpose of the grant funding request is to allow for funding to market the program to the more rural communities and vulnerable populations in our area. Our current funding does not allow us the flexibility necessary to reach our target demographic, elderly and/or disabled households. Historically, the program has relied on partnerships with other agencies, social media, and word of mouth to market the program. This has limited the impact of our program to reach many of those in need. Additional funding would allow us to provide more direct marketing such as direct mailings and news media to the elderly/disabled population who many times do not have access to social media.

**Service Location:** *Please identify which United Way of North Central Iowa counties and associated zip codes will be served by the grant request you are requesting match for. (Check all that apply)*

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- Counties:**     Cerro Gordo     Floyd     Franklin     Hancock  
                   Kossuth         Mitchell     Winnebago     Worth

## Program Outcomes and Evaluations

What outcome(s) will your program achieve in support of the Impact area in which you are applying (Education/Health/Financial Stability)? *Outcomes refer to the changes in the behaviors or condition of the participants based on what services were offered to them. (Example: Families will have increased their financial literacy.)*

The desired outcome would be to increase program participation in outlying rural areas by 15% to increase their awareness and access to grant funding to maintain safe affordable housing.

What methods of evaluation will be used to measure progress towards the outcome(s) listed above? Please explain how the program will determine whether intended outcome(s) were achieved. Describe:

- (a) *What indicators will be measured to indicate program success;*
- (b) *What specific measures (e.g., behavioral, self-report, etc.) will be used to assess each of these outcome indicators;*
- (c) *At what point(s) in time these measures will be collected and;*
- (d) *How the data will be analyzed and interpreted to assess the success of the program*

Program applicants and participants are tracked on a spreadsheet. The spreadsheet collects demographic data necessary to assess the success of the marketing. The program application also asks how the applicant was made aware of the program which will also allow us to determine what marketing methods are the most successful in reaching program participants.

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**Impact Area:** This section is designed to help you identify which of the following United Way Impact Area *best describes* what the grant request will impact. Select: **Education, Income Stability, or Health**

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**Education:** Helping community members connect with the tools they need to reach their potential

**Income Stability:** Provide connections to aid in financial stability & independence

**Health:** Increase access to ensure health & well-being

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**Grant Funding Impact:** Please describe how receiving the grant you are applying for will impact the area identified above.

The requested grant funding will impact the health and well-being for the participant family by providing them with a home that is free of hazards caused by a leaking roof, poor insulation, drafty windows.

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## Program Funding

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Please provide a budget summary supporting the program costs requested.

[Click here to enter budget narrative, an excel sheet may be copied below](#)

### Regional Home Repair Program Budget - 2022

**Sources**

Federal Home Loan Bank	\$ 728,000.00
United Way of North Central Iowa	\$ 2,000.00
Other Sources	\$ 15,000.00
	\$ 745,000.00

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<b>Uses</b>	
Construction Rehabilitation Contracts	\$ 650,000.00
Administration	\$ 78,000.00
Marketing	\$ 2,000.00
Cash Flow Reserves	\$ 15,000.00
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	\$ 745,000.00

If United Way Funds do not make up the entirety of program funding, please describes how you will use United Way funds:

United Way funds would be used for program outreach to purchase supplies for direct mailings, pay for media releases, and promotional materials.

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The undersigned hereby certify:

The information contained in this application, and various attachments, is accurate and correct to the best of my knowledge.

I further certify that our Board of Directors endorses this funding application and agrees to the requirements set forth in the Grant Application Requirements.

Myrtle Nelson  
Executive Director (Please Print)



Signature

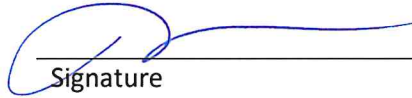
September 24, 2021

Date

mnelson@niacog.org

Email Address

Jacquelyn Arthur  
Board Chair (please print)



Signature

September 24, 2021

Date

jarthur@lairdlawfirm.com

Email Address