**REQUEST FOR 2023 FUNDING: OVERVIEW**

**APPLICATION DEADLINE: Friday, December 16, 2022, 5:00 p.m.**

**PROGRAM APPLICATION**

United Way of McPherson County accepts applications for **PROGRAM** funding that addresses at least one (1) of four (4) **PRIORITY AREAS** as identified by the United Way of McPherson County Board of Directors to accomplish overall community impact goals. Funding requests must be for a specific **PROGRAM** associated with a non-profit human service organization providing services in McPherson County. A budget worksheet must be submitted with the funding request demonstrating the organization’s overall operating budget and the program budget. The Allocations Committee appointed by United Way of McPherson County will review each program application and the impact it has on the community and its residents. The funding request must address one of the four (4) **PRIORITY AREAS** as defined below:

|  |  |
| --- | --- |
| **PROVIDING BASIC NEEDS** | Assure access to basic needs including housing, food, clothing, healthcare, affordable transportation and safety/security |
| **PREPARING FOR LIFE** | Assure that all children develop physically, intellectually, emotionally and socially in a safe, nurturing environment |
| **REBUILDING LIVES** | Help people live healthy, functional lives through emergency assistance, support and counseling |
| **BUILDING SELF-RELIANCE** | Empower citizens with information and access to resources to become self-reliant |

**INSTRUCTIONS**

Review the criteria to determine funding eligibility. Complete and submit the following documentation:

 **Eight (8) copies (three-hole punched but not stapled) INCLUDING:**

 • Completed Part I – Agency & Program Profile *(page 4)*

 • Completed Part II – Program Grant Application *(questions 1-17 beginning on page 5)*

 • Completed Part III – Program Logic Model *(separate form)*

 • Completed Part IV – Agency & Program Budget Worksheet *(separate form)*

 **ONE (1) PACKET MARKED “OFFICE COPIES” INCLUDING**:

 • Copy of IRS letter granting the agency’s 501(c)3 status *(unless already on file at the United Way office)*

 • Copy of current bylaws *(unless already on file at the United Way office or amended since last application)*

 • Signed Annual Statement of Agreement *(pages 1&2)*

 • Signed Anti-Terrorism Compliance Measures form *(page 3)*

 • Copy of a complete financial statement of the agency’s most recent fiscal year *(audited if available)*

 • Copy of most recent IRS 990 *(if your organization files one)*

**FAILURE TO INCLUDE ANY OF THE INFORMATION OUTLINED ABOVE COULD RESULT IN THE REJECTION OF THE AGENCY’S APPLICATION. For more information, contact United Way of McPherson County at uwmc@unitedwaymcpherson.org 620.241.5152. Application deadline: Friday, December 16, 2022, 5:00 p.m.**

**INTERVIEW**

All applicants will be invited to interview with the Allocations Committee. The 20-minute session will allow opportunity for further program description and clarification of details. Application submission and the interview process does not guarantee funding approval.

**REQUEST FOR 2023 FUNDING: CRITERIA**

**PARTNER AGENCY REQUIREMENTS**

• PARTNER AGENCY must be a non-profit human service organization and maintain evidence of being a 501(c)3 organization.

• PARTNER AGENCY must provide a program to McPherson County residents which offers a valid human service, meets a genuine community need and addresses at least one (1) of the four (4) priority areas identified by United Way of McPherson County.

• PARTNER AGENCY must maintain a financial management system which meets the basic standards of accounting, including but not limited to a compiled annual financial report and quarterly financial reports to the agency’s board; reports must be submitted to the United Way of McPherson County as requested by the Allocations Committee.

• PARTNER AGENCY must show management and general administration expenses to be less than 25 percent of the organization’s expenses as verified by the financial statements and/or audit.

• PARTNER AGENCY must obtain financial support other than United Way funding.

• PARTNER AGENCY must have bylaws that clearly define the agency’s purpose and the duties, authority and responsibilities of the governing body.

• PARTNER AGENCY must have an unpaid Board of Directors who meet at least quarterly, sets policies and implements a rotation policy.

• PARTNER AGENCY must cooperate with other social service agencies in promoting effective, efficient service with limited duplication in the service delivery system.

• PARTNER AGENCY must provide service to clients regardless of race, age, gender, religious affiliation, sexual orientation, national origin or the ability to pay.

• PARTNER AGENCY must agree to comply with the Annual Statement of Agreement between the applying agency and United Way of McPherson County.

• PARTNER AGENCY must be listed with 2-1-1, a statewide United Way hotline for those seeking assistance and/or volunteer opportunities.

**PROGRAMS NOT ELIGIBLE FOR FUNDING**

• Those programs which are political in nature, including agencies that exist solely as advocates for special interest groups.

• Those programs that provide services only to the members of a particular religious group or which exist to advocate particular religious beliefs.

• Those programs that exist solely as a forum for the presentation of cultural or artistic achievements.

• Those programs that are considered a capital improvement project i.e. a new building, a building addition or a remodeling project

• Those programs that are designated as an investment strategy i.e. endowment funds or fundraisers.

• Any other program the United Way of McPherson County Board of Directors considers inappropriate for United Way support.

**REQUEST FOR FUNDING 2023: ANNUAL STATEMENT OF AGREEMENT**

The purpose of this agreement is to define a cooperative and mutually beneficial relationship between United Way of McPherson County and its partner agencies providing funded programs so that they may achieve a purpose common to all stakeholders including donors, clients, partner agencies and United Way of McPherson County. This agreement is to be signed annually by both parties before allocations may be released. All funding is contingent on the availability of funds; nothing in this document is to be construed as a guarantee of funding.

**SECTION I: GENERAL PRINCIPLES**

A. United Way of McPherson County and the Partner Agency agree to maintain a policy of “non-discrimination” in compliance with federal and state guidelines and/or regulations.

B. United Way of McPherson County and the Partner Agency agree to conduct operations subject to sound budget controls and fiscal procedures.

C. United Way of McPherson County and the Partner Agency agree that in the event United Way of McPherson County is unable to meet its financial obligation to the Partner Agency, the Partner Agency will receive an amount as determined by the United Way of McPherson County Board of Directors with no right to appeal.

D. United Way of McPherson County and the Partner Agency will work together at campaign time to ensure a successful drive. United Way of McPherson County will seek the support of the Partner Agency and the Partner Agency will provide whatever assistance is requested of them including providing volunteers, planning tours and/or assisting with campaign activities.

**SECTION II: UNITED WAY OF MCPHERSON COUNTY AGREES**

A. The allocation for the Partner Agency program for the 2022 allocation year shall be paid on a quarterly basis, payable the fifteenth beginning in March, upon receipt of the Partner Agency’s designated documents as required by United Way of McPherson County.

B. To promote and support the Partner Agency and the agency’s services throughout McPherson County.

C. To extend to the Partner Agency the benefit of United Way experience and assistance when requested.

D. To give the Partner Agency adequate notification and time to prepare for the annual membership review and allocations process.

**SECTION III: THE PARTNER AGENCY AGREES**

A. To be registered with the IRS as a 501(c)3 organization, providing health and human care programs for residents of McPherson County.

B. To notify United Way of McPherson County in writing of any major changes to its services or its ability to carry out its mission including but not limited to change in location, director or programs.

C. To provide semi-annual progress reports of the funded program to United Way of McPherson County.

D. To use no funds allocated to the Partner Agency from the United Way of McPherson County for any activity, service or program other than that for which it was requested unless otherwise approved by the United Way of McPherson County Board of Directors.

E. To refrain from ANY fundraising activities, including direct mail solicitation, during United Way of McPherson County’s annual campaign “BLACKOUT PERIOD” from September 1 to November 15. Exceptions to this policy must be submitted in writing and will be handled on a case-by-case basis by the United Way of McPherson County Board of Directors.

F. At no time will the Partner Agency conduct workplace campaigns, defined as mass fundraising solicitations of individuals in the workplace setting.

G. Unexpended allocated funds will be returned to United Way of McPherson County.

H. By accepting allocated funds, United Way of McPherson County has the right to use the Partner Agency’s name in all marketing materials.

I. To display the United Way of McPherson County insignia on all printed and website material and to promote the interests of United Way of McPherson County in all its publicity and/or news releases. The Partner Agency will include the fact that it is a United Way of McPherson County Partner Agency in all news and public presentations. Failure to comply with this provision could result in loss of funding in subsequent years.

J. To register service information with 2-1-1, a United Way hotline for those seeking assistance and/or volunteer opportunities.

**SECTION IV: UNITED WAY OF MCPHERSON COUNTY AND THE PARTNER AGENCY AGREE**

A. To maintain a responsible management, governing board and staff to administer its program.

B. To have a financial management system that meets the basic standards of accounting, but not limited to, a complied annual financial report and monthly financial reports to their Board of Directors.

C. To cooperate with other agencies to prevent duplication of effort and to promote efficiency and economy of administration.

D. That the Partner Agency shall present to United Way of McPherson County its funding request for that fiscal year together with such background information and materials as requested by the United Way of McPherson County Allocations Committee.

E. A committee comprised of United Way of McPherson County board members and citizen volunteers will review each program application for partnership with United Way of McPherson County. Programs sponsored by the Partner Agency must address at least one (1) of the four (4) United Way of McPherson County priority areas.

F. The United Way of McPherson County Allocations Committee will make a recommendation regarding the funding level for each program to the United Way of McPherson County Board of Directors. All decisions of the Allocations Committee shall be subject to the approval of the Board of Directors.

**SECTION V: BREACH BY THE PARTNER AGENCY**

Breach by the Partner Agency of any of the provisions of this agreement may result in termination of this contract or reduction of allocation by United Way of McPherson County after a full review of all facts. If the Partner Agency feels United Way of McPherson County has breached any part of this agreement, it can call for a hearing in writing to the president of the United Way of McPherson County Board of Directors. The United Way of McPherson County Board of Directors will schedule a hearing within two weeks after receipt of the request.

**SECTION VI: COOPERATION**

In order to best serve the citizens of McPherson County, Kansas, the spirit of this agreement is one of complete cooperation between United Way of McPherson County and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

 *Agency Name*

 *Partner Agency Board President Signature Date United Way Board President Signature Date*

 *Partner Agency Treasurer Signature Date United Way Allocations Chair Signature Date*

 *Partner Agency Director Signature Date United Way Director Signature Date*

**REQUEST FOR 2023 FUNDING: ANTI-TERRORISM COMPLIANCE MEASURES**

In compliance with the USA Patriot Act and other counterterrorism laws, United Way of McPherson County requires each Agency to certify the following:

“I hereby certify on behalf of Click here to enter text., that all United Way of McPherson County funds and donations will be used in compliance with all applicable anti-terrorist financing and asset control laws, statutes and executive orders.”

Print Name: Click here to enter text.

Title: Click here to enter text.

Signature:

Date: Click here to enter text.

**REQUEST FOR 2023 FUNDING: PART I – AGENCY & PROGRAM PROFILE**

|  |  |
| --- | --- |
| **AGENCY PROFILE** | **Agency Name:** Click here to enter text.**Contact Name:** Click here to enter text.**Street Address:** Click here to enter text.**Mailing Address:** Click here to enter text.**Email Address:** Click here to enter text.**Phone Number:** Click here to enter text.**Web Site Address:** Click here to enter text. |
| **PROGRAM NAME** | **Provide the name of the PROGRAM for which your agency is requesting funds:**Click here to enter text. |
| **COMMUNITY IMPACT** | **Select the PRIORITY AREA(S) that best describes the impact your PROGRAM will have on McPherson County:**[ ]  **Providing Basic Needs** *Addresses access to basic medical, mental and dental care; food security; protection from* *abuse/violence; and/or access to resources*[ ]  **Preparing for Life** *Addresses parent education; life skills; mentoring; academic improvement; wellness including* *nutrition and exercise; availability of early childhood education; quality day care; cultural* *awareness and citizenship; and/or child safety and security*[ ]  **Rebuilding Lives** *Addresses abuse, neglect and domestic violence; behavioral health crisis and recovery;* *community disaster and response; and/or poverty*[ ]  **Building Self-Reliance** *Addresses public transportation; independent living services; full and enriched quality of life;* *access to community services; and/or wellness including nutrition and exercise* |
| **PROGRAM BUDGET** | **Total Program Budget:** $Click here to enter text.**Amount Requested from United Way:** $Click here to enter text. |

**REQUEST FOR 2023 FUNDING: PART II – PROGRAM GRANT APPLICATION**

***The following section should address specific details regarding the PROGRAM for which your agency is requesting funds. The description should NOT be of your overall agency unless there is a direct correlation. Type responses in the text box provided; use additional space as needed.***

1. What services does the PROGRAM offer?

Click here to enter text.

2. How is the program consistent with the designated United Way PRIORITY AREA(S)?

Click here to enter text.

3. Why is the PROGRAM needed in McPherson County? Provide existing agency data, waiting list, U.S. Census records or other dependable research to substantiate your claim.

Click here to enter text.

4. What is the targeted population for the PROGRAM?

Click here to enter text.

5. Demonstrate PROGRAM ACCESSIBILITY by highlighting program fees.

 a. Is participation in the program free of charge? Click here to enter text.

 b. What percentage of the clients participates in the program free of charge? Click here to enter text.

 c. Is participation in the program fee based? Click here to enter text.

 d. If the program is fee based, are charges based on a sliding scale? Click here to enter text.

6. What are the expected outcomes for the PROGRAM?

Click here to enter text.

7. How will the progress and success of the PROGRAM be measured?

Click here to enter text.

8. What aspect of the PROGRAM is most important in terms of creating sustained changes in clients’ lives?

Click here to enter text.

9. Demonstrate PROGRAM UTILIZATION by highlighting McPherson County residents served:

 a. How many individuals are currently on a waiting list for the program? Click here to enter text.

 b. What is the projected number of individuals to be served by the program during 2022? Click here to enter text.

 c. How many estimated individuals were served by the program during 2021? Click here to enter text.

 e. How many individuals were served by the program during 2020? Click here to enter text.

 d. Identify by community the estimated number of individuals served during 2021:

|  |  |
| --- | --- |
| **COMMUNITY** | **NUMBER SERVED** |
| Canton | Click here to enter text. |
| Galva | Click here to enter text. |
| Inman | Click here to enter text. |
| Lindsborg | Click here to enter text. |
| Marquette | Click here to enter text. |
| McPherson | Click here to enter text. |
| Moundridge | Click here to enter text. |
| Roxbury | Click here to enter text. |
| Windom | Click here to enter text. |

10. How will United Way funding be used specifically for the PROGRAM?

Click here to enter text.

11. If funding is not granted for the PROGRAM at the requested level, how will the PROGRAM be affected in terms of the targeted outcomes?

Click here to enter text.

12. What amount does your agency currently have in reserve? What is the agency’s policy for holding and using reserve funds?

Click here to enter text.

13. How will your agency market the PROGRAM throughout McPherson County?

Click here to enter text.

14. Describe how a $100 cash donation can be used to assist with PROGRAM expenses.

Click here to enter text.

15. Give one descriptive example of how the PROGRAM has helped a McPherson County resident. The success story may be used in marketing tools to demonstrate how donations to United Way of McPherson County make a positive impact on community needs. Change all names used in the agency story to protect client identities.

Click here to enter text.

16. List the agency’s current board members and officers; include terms of service.

 Click here to enter text.

17. Outline the 2023 meeting schedule for the agency’s Board of Directors.

**COVID-19 ASSISTANCE AND PROGRAMING**

Detail COVID relief funds you have received in 2022 such as CARES Act funding including the Payroll Protection Program, SPARK funding from the State of Kansas through the county, and business or foundation contributions.

Click here to enter text.

What structures do you have in place going forward to continue to provide services virtually, remotely, the need for Personal Protective Equipment (PPE), distancing needs, etc.

Click here to enter text.

What has been the total financial impact of the pandemic on your operations in 2022? If you lost money, what’s your estimate of the total, for instance, from fundraisers you were unable to have?

Click here to enter text.

Conversely, if you raised additional funds due to the pandemic, what’s your estimate of the money you were able to recover in 2021 using alternate fundraising efforts, including any grants?

Click here to enter text.

Demographic Snapshot

The demographic snapshot provides the United Way of McPherson County a comprehensive understanding of the diverse population you as a program are serving in a given year. The data will be utilized to help United Way of McPherson County attempt to ensure that funds are distributed across the county to reach into and support the diverse needs which are represented. If you find that you do not capture a certain data field, please provide a narrative explaining the rational for the reason this data is not collected. This demographic information is not currently required but could be required in future years.

**Instructions:**

**Step 1:** please place a number at the grey box for each category. If the answer is blank, we will lead to believe you skipped the field. It is important to place a zero and Not Applicable as it fits.

**Step 2:** Please provide a narrative for each demographic category that you do not collect to date.

**Step 3:** In addition, please explain how you anticipate collecting this data in the future application years. United Way of McPherson County recognizes that some programs do not collect some of the data and require a detailed explanation to the reason this data is not captured and recorded.

**Step 4:** if you are applying for more than one program, this chart needs to be completed for each unique program.

**>>> If you do not collect and provide this data in the pilot year, programs funding request will not be impacted.**

Do not panic, but rather reach out to the United Way of McPherson office for guidance. Please do not hesitate to reach out to Rob Mackey or your board liaison for clarification and assistance. In addition, the agency partnership meetings are available as another resource in the process.

Demographic Snapshot

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Race/Ethnicity** | **Education** | **Disability** | **Age range** | **Parent Status** | **Economic Status** |
| White       | High School Diploma/GED       | Cognitive      | Under 5      | Two Parent      | Receives TANF      |
| Black/African American       | Bachelor’s Degree      | Vision      | Under 18      | Single Parent Female      | Receives only SNAP       |
| Asian       | Master’s Degree or higher       | Hearing      | 19-64      | Single Parent Male      | Receives Cash only benefits      |
| Native Hawaiian/Hawaiian/Other Pacific Islander       | Less than High School Diploma      | Ambulatory      |  65 and over      | Foster Parent      | Full-time employment no federal/state assistance      |
| American Indian/Alaska Native       |   | Substances      |   |   | Part-time employment and federal/state assistance       |
| Hispanic/Latino       |   | Self-Care Needs: difficulty with dressing/bathing      |   |   | Retired       |
| Two or More Ethnicities/Races       |   |   |   |   | Unemployment Benefits      |
| Other(Explain)\*       | Other (Explain)\*      | Other (Explain)\*       |   | Other (Explain)\*       | Other (Explain)\*      |
| N/A[ ]  | N/A[ ]  | N/A[ ]  | N/A[ ]  | N/A[ ]  | N/A[ ]  |

***\*Please note that if you select other a detailed explanation is needed for each of these indicated fields.\****