**Harvey County United Way**

Grant Application

Request for Funding

Allocation Year April 1, 2020 to March 31, 2021

Authorized Signatures

Program Name Amount Requested $

Organization Name FEIN#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DUNS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address

City State Zip

Email Phone

Please indicate which area your program’s outcome goals fit most closely (choose one).

 Education – Helping individuals achieve their potential by improv**ing access to affordable, quality child care and early childhood learning opportunities, partnering with schools and parents to improve student success rates, and providing after-school and mentoring programs for children and teens.**

 Income – Helping families become financially stable and independent by s**upporting basic needs while improving financial education and providing child care scholarships so families can stay at work.**

Health – Improving people’s health by incr**easing access to health care services, reducing substance abuse, child abuse and domestic violence, and increasing health education and preventative care**

Is this a new program or service provided by your organization? Yes \_\_\_ No

Authorized Signatures:

Executive Director Date

Board President or Other Authorized Board Officer Date

Program Description and Logic Model

(*PLEASE LIMIT ANSWERS TO THE SPACE ALLOWED*)

|  |
| --- |
| A. Program Mission Statement (indicate if different from organization Mission Statement):  |
|  |
| B. Program Target Population(s):  |
|  |
| C. Program Goal as it directly supports the HCUW stated goals (see descriptions on page 3):  |
|  |
| D. Brief Program Description/Narrative:  |
|  |
| E. Is there another program in Harvey County providing similar services?  |
| \_\_\_\_ NO \_\_\_\_ YES *(If yes, indicate on a separate attachment a) why your program needs United Way funding and b) how you are working with the other organization(s) providing similar services.)* |
| F. Describe the efforts you are making to collaborate with other Harvey County organizations and services including how are you ensuring your services aren’t being duplicated.  |
|  |
| 1. G. Describe efforts to reach out to diverse populations and encourage diversity within your organization (board, staff, etc).
 |
|  Does your organization have a Diversity & Inclusion Statement? \_\_\_ Yes \_\_\_ No |
| 1. Has your organization conducted a community needs assessment? If yes, indicate date and source.
 |
|  |

Program Logic Model (Insert additional columns for multiple needs, activities, etc)

|  |  |
| --- | --- |
| Community Need (state source if possible) |  |
| Activities  |  |
| Outputs |  |
| Short-termOutcomes |  |
| IntermediateOutcomes |  |
| Long-term Outcomes |  |

Testimonial and Sustainability Plan

|  |
| --- |
| 1. Tell the Story: Provide a testimonial or story for the success of the program.
 |
|  |
| 1. Describe the Long-term sustainability plan for the program/organization (i.e. financial, leadership succession planning, diversified funding, board development, marketing, etc)
 |
|  |

**Program Beneficiaries Sheet**

**For Harvey County United Way Funded Program Only**

**Please complete as much as you can.**

**MUST HAVE ITEM #6-RESIDENCE DATA FOR GRANT CONSIDERATION**

If further explanation is needed, please attach to this document items such as hours of service, frequency of programs, families impacted, etc

|  |  |  |  |
| --- | --- | --- | --- |
|  | 2018 Actual | 2019 Actual | 2020 Projected |
|  | Individuals | Visits | Individuals | Visits | Individuals | Visits |
| **1. Unduplicated # of all beneficiaries** |  |  |  |  |  |  |
| **2. Age Group (estimated # visits)** |  |  |  |  |  |  |
| Infants to under 5 |  |  |  |  |  |  |
| 5-12 |  |  |  |  |  |  |
| 13-18 |  |  |  |  |  |  |
| 19-59 |  |  |  |  |  |  |
| 60-69 |  |  |  |  |  |  |
| 70+ |  |  |  |  |  |  |
| Not known |  |  |  |  |  |  |
| **3. Gender** |  |  |  |  |  |  |
| Male |  |  |  |  |  |  |
| Female |  |  |  |  |  |  |
| Not known |  |  |  |  |  |  |
| **4. Ethnic Background** |  |  |  |  |  |  |
| White |  |  |  |  |  |  |
| Black |  |  |  |  |  |  |
| Spanish/Hispanic |  |  |  |  |  |  |
| Asian |  |  |  |  |  |  |
| Native American |  |  |  |  |  |  |
| Other  |  |  |  |  |  |  |
| Not known |  |  |  |  |  |  |
| **5. Income Level** |  |  |  |  |  |  |
| <$20,000 |  |  |  |  |  |  |
| $20,000 to $29,999 |  |  |  |  |  |  |
| $30,000 to $49,999 |  |  |  |  |  |  |
| $50,000 to $74,999 |  |  |  |  |  |  |
| +$75,000 |  |  |  |  |  |  |
| Not Known |  |  |  |  |  |  |
| **6. Residence** |  |  |  |  |  |  |
| Rural Harvey County |  |  |  |  |  |  |
| Burrton |  |  |  |  |  |  |
| Halstead |  |  |  |  |  |  |
| Hesston |  |  |  |  |  |  |
| Newton |  |  |  |  |  |  |
| North Newton |  |  |  |  |  |  |
| Sedgwick |  |  |  |  |  |  |
| Walton |  |  |  |  |  |  |
| Other |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Total  |  |  |  |  |  |  |

Current Board Members (at time of application)

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Position | Address | Phone Number |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Current Staffing Structure (at time of application)

|  |  |
| --- | --- |
| Number of Full-time Staff & Total FTE (1.0 FTE = 32 hrs or more per work week) | # of Staff: Total FTE:  |
| Number of Part-time Staff & Total FTE (<1.0 FTE) | # of Staff: Total FTE: |
| Number of Volunteers (in addition to board members listed above) |  |
| Number of Volunteer administrative hours contributed to the organization in the last year (board meetings, committee work, fundraisers, etc) |  |
| Number of Volunteer service hours contributed to the program in the last year (direct program service delivery by volunteers) |  |
| Total value of volunteer service hours: calculated by taking the number of volunteer hours and multiplying it by $23.07\* \*The current hourly rate for volunteers recognized by United Way Worldwide. |  |

BUDGET

|  |  |  |  |
| --- | --- | --- | --- |
|  | **2018 Actual** | **2019 Actual** | **2020 Approved** |
|  | Program | Agency | Program | Agency | Program | Agency |
| HCUW Income |  |  |  |  |  |  |
| All other income |  |  |  |  |  |  |
| Expense |  |  |  |  |  |  |
| Surplus/Deficit |  |  |  |  |  |  |
| HCUW % of Budget |  |  |  |  |  |  |
| Cost/Unit of Service |  |  |  |  |  |  |

*(Attach a separate sheet for comments related to this section.)*

**ACCOUNTING FOR REQUESTED FUNDS – PROGRAM ONLY**

|  |  |  |  |
| --- | --- | --- | --- |
| **EXPENSE** | **Organization****Contribution** | **HCUW Grant** **Request** | **Total Project****Cost** |
| **Personnel:**Wages (list positions)Benefits |  |  |  |
| **Supplies (describe):** |  |  |  |
| **Equipment (describe):** |  |  |  |
| **Travel (define training vs. program expense)**Training/conferencesProgram expense (mileage client visits)Meetings |  |  |  |
| **Office/Program Space**RentUtilitiesRemodeling |  |  |  |
| **Other**Reference materialsPublication costsComputerOther (describe) |  |  |  |
| **TOTAL** |  |  |  |

|  |
| --- |
| Cash on hand at the date of this application –  |
| Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_# of Months of Operating Expenses: \_\_\_\_\_\_\_ |
| Is your organization affiliated with a State or National Organization?  |
| \_\_\_\_ NO \_\_\_\_ YES (If yes, complete and return ADDENDUM (A) – separate document)  |
| Does your organization receive money from other United Way organizations?  |
| \_\_\_\_ NO \_\_\_\_ YES *(If yes, indicate source and amount below. If more than one, list each separately.)*  |
| Will HCUW funds be used as a match for other grant funds?  |
| \_\_\_\_ NO \_\_\_\_ YES (*If yes, indicate source and amount below. If more than one, list each separately.*)  |
| FINANCIAL OVERSIGHT |
|

|  |  |  |
| --- | --- | --- |
| TOTAL ANNUAL GROSS INCOME (Organization) | CheckOne | DOCUMENTATION REQUIRED WITH APPLICATION |
| Exceeding $300,000 |  | 1. Audit performed in accordance with generally accepted accounting principles (GAAP) by an independent audit firm
2. Most recent IRS Form 990
 |
| $151,000 to $300,000 |  | 1. Review performed by an independent certified public accountant
2. Most recent IRS Form 990
 |
| $150,000 and below |  | SEE ADDENDUM B: written response to the financial questions listed |

 |
| How did your organization participate in the 2018 and 2019 HCUW Annual campaigns?  |
|  Speaker’s Bureau Served on Campaign Committee\_\_\_ Chili Cook-Off Attended Campaign Wrap-up (First Bank in Feb)\_\_\_\_\_ Employee campaign \_\_\_\_\_ Mentioned HCUW support at Chamber presentation Not a partner last year Other **Provide proof of campaign support (copies of letters to the editor, newsletters, dates of speaking engagements, etc) with mid-year and year-end reports**.  |

What supplementary fundraising activities **did/will** your organization conduct in calendar years 2018, 2019 and/or 2020?

|  |  |  |  |
| --- | --- | --- | --- |
| Activity | Net $ results | Area solicited | Month(s) conducted |
|   |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |
| --- | --- |
| Administrative Accountability | Indicate Yes or No |
| Legal/Regulatory |  |
| The organization has 501(c)3 tax exempt status as defined by the United States IRS.  |  |
| Contributions to the organization considered tax-deductible for the donor. |  |
| The organization is current with all Federal and State payroll tax liabilities.  |  |
| The organization is in compliance with all mandatory IRS and Kansas Department of Revenue reporting requirements.  |  |
| The organization has filed an annual report with the Kansas Secretary of State for the most recent fiscal year.  |  |
| The organization is in compliance with all applicable and material program licensing requirements (if applicable).  |  |
| The organization is an Equal Employment Opportunity employer.  |  |
| Are there any pending lawsuits or litigations which may have a significant impact on the organization’s finances and/or operating reserves?  |  |
| GOVERNANCE |  |
| The Bylaws of the organization are reviewed on a regular basis (indicate last review date).  |  |
| When the Board of Directors makes decisions, a quorum is present and minutes are kept. |  |
| The Board approves the budget annually and reviews financial statements on at least a quarterly basis.  |  |
| The organization maintains Directors’ & Officers and general liability insurance. |  |
| The Board directly supervises the Director of the organization and approves the compensation plan for that employee.  |  |
| A copy of the IRS Form 990 was provided to the governing body before it was filed.  |  |
| The organization makes copies of the IRS Form 990 or 990 EZ available to the public. |  |
| Qualification, election and terms of service for board members are followed as outlined in the organization’s bylaws.  |  |
| The organization has a conflict of interest statement which all voting members of the Board review and sign annually.  |  |
| FINANCIAL/FISCAL MANAGEMENT |  |
| An annual audit, CPA conducted review or independent financial review is conducted in accordance with HCUW Financial Reporting Requirements (see Addendum B).  |  |
| The organization documents and follows internal policies and procedures for fiscal control. |  |
| The agency charges fees for services in the program in which you are requesting funds.  |  |
| If yes, a sliding fee scale (or a similar method of discounting services) for low-income individuals is used.  |  |
| Does your agency have an operating reserve in addition to the “cash on hand” amount reported on page 9? (If Yes, indicate balance at end of most recent fiscal year and number of months of operating expenses covered.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Does your agency have an endowment fund? (If Yes, indicate if you reinvest the interest earned or use the interest for a specific purpose.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| ORGANIZATIONAL PLANNING AND DECISION MAKING |  |
| The organization has a mechanism in place to gather client input.  |  |
| Services are provided on a non-discriminatory basis without regard to differences in gender, age, race, color, creed, disability, sexual orientation, religion and national origin.  |  |
| Leaders of the organization actively participate in HCUW leadership meetings and training opportunities.  |  |
| Self-supporting/fundraising activities are done in compliance with the HCUW Community Partner Organization Policy (distributed at the time of award – see HCUW to review).  |  |
| All organization activities are conducted in accordance with the USA Patriot Act Counterterrorism Compliance policy (distributed at the time of award – see HCUW to review).  |  |