**Application for Partner Program Funding, FY 2024-2025**

Each year, Lakes Area United Way raises funds from the community and reinvests those funds in local non-profit programs making a positive impact in the health, education, and financial stability of Lakes Area community members. We invite eligible programs to come alongside the United Way in our work as a funded Partner Program for our next fiscal year of 2024-2025.

**Successful applicants will meet the following minimum requirements:**

* Operate as 501(c)(3) non-profit charitable organization.
* Operate under written Articles of Incorporation and By-Laws, other written documents or statutes that define the applicant’s purposes, membership, management and operation.
* Operate on a non-discriminatory basis in employment, recruitment of volunteers and delivery of services.
* Demonstrate effective program community impact, financial responsibility, and accountability.
* Operate or provide service within Crow Wing, Aitkin, and/or Cass counties in Minnesota.
* Must have been in operation minimum of one year from time of application.
* Certify that Lakes Area United Way funds and donations will be used in compliance with all applicable anti-terrorist financing and asset control laws, statutes and executive orders.
* Funding must provide for services or activities that align with the Lakes Area United Way’s priority areas of education, health, and/or financial stability.

**The following basic operating guidelines shall apply:**

* Funds shall be used solely for the allocated purpose. Funded activities shall commence in a timely manner. Funds not expended shall be returned to Lakes Area United Way.
* No funds will be given for any purpose that would jeopardize the tax-exempt status of the Lakes Area United Way or the applicant organization.
* All funding applications will be reviewed by a team of community volunteers (Vision Council) who will make a recommendation on proposed funding to the Lakes Area United Ways Board of Directors.
* All funding shall be approved by the Board of Directors of the Lakes Area United Way.
* Organizations will receive written notification of the Board’s decision no later than July 1, 2024.

**Expectations of selected Partner Programs:**

* Complete five (5) hours per grant cycle, per program of volunteer time to events, writing donor thank you notes, or any other volunteer need with the Lakes Area United Way.
* Submit progress reports every 6 months documenting measurable impact made in the community because of United Way grant dollars.
* Acknowledge Lakes Area United Way in promotional materials, activities, and programs funded with money allocated by United Way.

**Submission Requirements:**

* Funding applications are due **March 31st** to Lakes Area United Way.
* Applications may be completed via our website: [www.unitedwaynow.org/grants](http://www.unitedwaynow.org/grants)
	+ You must be logged in to our website to access the grant page. Visit <https://www.unitedwaynow.org/user/login> to create an account or log in.
* Alternatively, packets may be submitted in PDF format via email to lucy@unitedwaynow.org

**2024 – 2025 Impact Agenda**

**Education: Helping People Achieve Their Potential Through Education**

1. Helping children enter school developmentally on track and ready to succeed.
2. Key initiatives improving access to educational opportunities.
3. Educational growth opportunities, including literacy.
4. Support high-quality child care, after-school programs, healthy habits, and mentoring.
5. Support all levels of educational opportunities from young to elderly.

**Income: Promoting Financial Stability and Independence**

1. Helping families move toward financial independence.
2. Helping increase income levels.
3. Increasing accessible financial education resources.
4. Increasing financial literacy and stability.
5. Helping stabilize families and helping them to succeed in the workforce.

**Health: Working to Ensure Everyone Has Access to Affordable and Quality Care**

1. Support programs that increase health and wellness.
2. Access to basic health care and prevention programs.
3. Reduction of risky behaviors for both youth and adults.
4. Reduce and prevent child abuse and neglect.
5. Maternal health and infant well-being.

**Program Funding Checklist**

|  |
| --- |
| **Please return completed and signed application packets by Sunday, March 31, 2024. No grant application will be considered if submitted after the deadline.** ***If all fields/questions are not completed, the application is considered incomplete and will not be considered for funding.*** |

**Agency Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone:** ­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Submitted by:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please submit the following:**

1. Organization Information Form \_\_\_\_\_\_\_\_
2. Program Funding Application \_\_\_\_\_\_\_\_
3. Program Narrative \_\_\_\_\_\_\_\_
4. Organization’s Current and Last Fiscal Year Budget \_\_\_\_\_\_\_\_
5. Program Budget (if not specifically outlined in Organizational Budget) \_\_\_\_\_\_\_\_
6. 501(c)3 Letter with Federal ID number (or Tax Exempt Letter) \_\_\_\_\_\_\_\_
7. Current Board Roster, Contact and Meeting Information \_\_\_\_\_\_\_\_
8. Formal policy of non-discrimination \_\_\_\_\_\_\_\_
9. Copy of By-laws and/or Constitution \_\_\_\_\_\_\_\_
10. Unbound copy of most recent Audit or financial review \_\_\_\_\_\_\_\_
11. Copy of most current IRS 990\* (may share link if available online) \_\_\_\_\_\_\_\_

\*If you are not required to file a 990, you are still required to fill out the front page of the form and submit it with your application packet in order to be considered for funding by the Lakes Area United Way.

**ORGANIZATION INFORMATION FORM**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Legal Name of Organization

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address for correspondence relating to this application

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ity, State, Zip Telephone Fax

**INDIVIDUALS RESPONSIBLE:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Executive Director (or top paid staff) Direct dial phone #

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email of Executive Director (or top paid staff)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Local Contact Person (if different) Title Direct dial phone #

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email of Local Contact Person

**MISSION STATEMENT**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NUMBER OF STAFF**

**\_\_\_\_\_\_\_**Full Time \_\_\_\_\_\_\_Part Time \_\_\_\_\_\_\_Volunteers

**DATE OF ORGANIZATION’S ESTABLISHMENT:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ANTI-TERRORISM COMPLIANCE MEASURES**

In compliance with the USA Patriot Act and other counterterrorism laws, the Lakes Area United Way requires that each organization certify the following:

“I hereby certify on behalf of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (insert organization name) that all United Way funds and donations will be used in compliance with all applicable anti-terrorist financing and asset control laws, statutes and executive orders.”

Print name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PROGRAM FUNDING APPLICATION**

Please fill out the following form to show what programs are requesting funding from Lakes Area United Way.

**Use the following key to complete the “FOCUS AREA” column. Please choose one focus area that most closely relates to each program.**

**E = Education**: Early childhood development; after-school and summer childcare; supportive relationships with caring adults; skill-building through structured development programs, providing tools for learning, improving school readiness, promoting literacy

**F = Financial Stability**: Supporting basic needs while increasing financial education, maximizing income, increasing savings

**H = Health:** Increasing access to critical healthcare services, reducing substance abuse, child abuse, and domestic violence, increasing health education and preventative care

|  |  |  |  |
| --- | --- | --- | --- |
| **PROGRAM NAME** | **FOCUS AREA** | **PROGRAM BUDGET** | **Amount Requested** |
|  |  | $ | $ |

**AMOUNT OF FUNDING REQUESTED**

Total dollar amount being requested $\_\_\_\_\_\_\_\_\_\_\_\_\_

This funding request amount is for one year. The LAUW Board of Directors may award additional or reduced funding upon review of program reports and impact on community needs. Typical funding amounts range from $2,500 to $5,000.

**If not fully funded, will your program still be implemented? Circle one: YES NO**

**AUTHORIZATION**

Name of top paid staff and/or Board Chair (please indicate position):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PROGRAM NARRATIVE**

Please fill out one narrative for each program **(max 2 program submissions per organization)** requesting funding from Lakes Area United Way. When responding to the questions, please use as much or as little space as needed to completely and accurately answer each question. Attach supporting/additional pages and documentation if needed.

**AGENCY NAME:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PROGRAM NAME:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

United Way is not solely focused on the number of individuals you serve during the funding period, but it is a factor. Funding will be based upon the community need your program is focused on addressing, how you are addressing it, the measurement tools you use to review the effectiveness of your program’s impact and your collaboration with other resources to be more effective. We know some programs are based upon serving people only and consideration will be given, but stronger funding will be focused on the answers to the following questions. Please be detailed in your responses.

1. Describe the community need or needs your program aims to address:
2. Describe how your program makes an impact in addressing the above-stated need(s):
3. How are you measuring your success and effectiveness in addressing the community need? Please give specific details of your measurement tools or the data you use to track outcomes.
4. On average, how many people are served with this program annually, or how many people do you anticipate serving?
5. What other organizations/resources are you collaborating with to be more effective in attaining your program goals and meeting the community need you described earlier?
6. What steps are your organization taking in regards to race, equity and inclusion? Does the program for which you are requesting funding decrease disparities and/or advance equitable outcomes for a historically marginalized racial or ethnic group?