

United Way of Becker County



United Way of Becker County

Funding Application Packet 2023- 2025

General Overview/Instructions:

You can apply for a 2 - year grant from the United Way if your agency/programs can answer **yes to all of the following questions:**

- The organization has been a United Way of Becker County funded organization for the past five (5) or more years.
- There is no change in the amount of dollars requested of United Way of Becker County from your existing funding level. If you ask for more than you received in 2022-2023, you automatically must complete a one year application.
- There has been no change in your organization's executive leadership during the past year.
- Your agency participates in the United Way of Becker County's
 - * Celebration of Heroes
 - * Community Celebration

If you have answered "yes" to the above four questions, you are eligible to submit a two-year application to United Way of Becker County.

If you were not able to answer yes to all of the above questions, then complete the attached application as a single-one year grant application.

Applications due: May 1

Two-Year Grant Application

One-Year Grant Application

Agency Name		
Agency Federal ID#		
Agency Address		
Agency Phone		
Agency E-Mail & Website		
Agency Executive Director/CEP/Pres.		
Program Seeking Funding		
Program Director/Contact		
Number of Staff	F _____ PT _____ Seasonal _____ Volunteers _____ _____	
Focus Area:	<input type="checkbox"/> Community Care <input type="checkbox"/> Education - Helping Children & Youth Succeed <input type="checkbox"/> Health - Supporting Vulnerable & Aging Population <input type="checkbox"/> Providing Basic Needs	
Impact Areas	<input type="checkbox"/> Feeding Hungry Children <input type="checkbox"/> Access to Mental Health Services <input type="checkbox"/> Childcare	
Funding Received 2022-2023	Funding Request 2023-2024	Funding Request 2024-2025

(Figures must match to be a two-year grant applicant)

- Our agency is interested in being involved in the Payroll Drive.
- We are interested in learning more about how my agency can be involved in the United Way

Current Year Report:

Please provide details on the programs or services you provided with United Way of Becker County funding during 2022. If this is your first request for funding skip to page 4.

1. Please list your agency/program goals and objectives that were achieved with United Way dollars during the past year.

2. How many people were served by your United Way programming? By your agency?

3. Please provide a detailed summary of how United Way dollars were spent. (Example: X hours of staffing, X supplies, etc.) In addition, please confirm that you have or will expend 100% of your current year's allocation by the end of Dec 31 2022.

4. Status of this program within your organization (Put an "X" in one of the boxes)

- New program
- Existing and ongoing program
- Enhancement of an existing and ongoing program

Agency Information Form:

1. Give a brief description describing your agency or program? (25 words or less)
2. How long has your agency (program) been in Becker County?
3. Who is President of your Board of Directors?
4. How often does your Board of Directors meet?
5. Does your Board of Directors review your financial statements, including actual revenue and expenses versus budget at a minimum of quarterly.
6. Does your agency operate under written Articles of Incorporation and By-Laws or other written documents that define the applicant's purposes, membership, management and operation?
7. Does your agency/program charge a user fee?
If yes, please explain:
8. What percent of your total budget does your organization spend on administration, lobbying and fundraising costs. Please note, program staff who deliver services are not considered administrative costs for the purposes of this application.
9. What percent of your total budget remains in Becker County?
10. Does your organization solicit funds through any other State of Minnesota or Federal Employee Charitable deduction campaign?

United Way of Becker County Funding Request Overview:

1. Describe the purpose of your grant request. Please state your goals and objectives for the years 2023-2024 and 2024-2025.

2. How do you evaluate if you have successfully met your goals and objectives.

3. Describe what your program/agency does to ensure people have access to the services you outline.

4. Describe how United Way of Becker County funding will be spent in 2023-2024 and 2024-2025.

5. Describe the population to be served by your United Way funded program/service. Please include demographic information as you are able (gender, age, geographic location, etc.)

6. Is there any additional information you'd like United Way of Becker County to consider in reviewing this application.

Attach a financial statement for your organization's most recently completed fiscal year. **REQUIRED**

Please submit documentations in PDF form electronically

- SIGNED Partnership Agreement (Page 8)
- SIGNED Certification of Anti-Terrorism Compliance Measures (Page 9)
- Current Attorney General's Charities Division Letter
- Current IRS 990 or 990EZ
- List of Current Board of Directors
- Agency Brochure
- Photos of Programming (Please send digital copy to luannp@rmcep.com)

All documents must be received to have your grant request considered.

United Way of Becker County - Grant Budget Form (Must be completely filled out in order for grant to be considered)

Agency Name _____

Program Name _____

Program Budget	2022 Program Actual	2023-2024 Program Budget	2024-2025 Program Budget
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Sources of Revenue:

- United Way of Becker County Grant
- Government Funding
- Other Grants
- Contributions
- Fund Raising Events
- Investment Income
- Program Service Fees
- Other Revenue

Total Revenue	\$	\$	\$
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Personal

- Employee Salaries
- Employee Benefits
- Payroll Taxes

Non-Personnel

- Professional Fees
- Supplies
- Telephone
- Postage & Shipping
- Rent/Lease
- Rental of Equipment
- Training/Conferences
- Travel (including mileage rate)
- Insurance
- Membership Dues
- Designated Administrative Costs
- Other

TOTAL PERSONNEL & NON PERSONNEL EXPENSES	\$	\$	\$
DIFFERENCE	\$	\$	\$

AGENCY NET ASSETS as of Dec 31 2022

- Unrestricted Net Assets
- Restricted Assets
- Endowments
- Other Assets

Total Net Assests	\$
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Agency Director Signature _____ **Date** _____

**UNITED WAY OF BECKER COUNTY
PARTNERSHIP AGREEMENT**

THE UNITED WAY OF BECKER COUNTY is committed to providing organized leadership, direction and support in working with the citizens of this area to help improve the quality of life by identifying, evaluating, and supporting and/or funding human service needs and programs. For that mission, this agreement exists between the UNITED WAY of BECKER COUNTY and

_____ (AGENCY NAME).

The following cooperative agreement is intended to assure United Way fulfills its stewardship responsibilities to its donors and to assure partners are treated in an equitable manner.

An Agency of United Way of Becker County agrees to:

- **Be active participants in the United Way Fund Drive.** This would include participants from your governing body, staff, and volunteers.
- Conduct an annual United Way employee campaign offering payroll deduction where available.
 - Agency rep **MUST attend The Celebration of Heroes and Agency MUST be present at Community Celebration.**
- United Way partners are **required to identify their affiliation with United Way by proudly displaying the United Way logo and name on brochures and newsletters and advertisement promotions.**

Fund Raising Policies for Agencies

United Way was established on the concept that a single campaign for multiple partners, programs and services results in a more cost effective and accountable means of raising charitable dollars to serve the community's health and human service needs.

There is official NO BLACKOUT PERIOD for fundraising. For the benefit of all the United Way Partners, fundraising for any single partner programming for self -support must not compete with or jeopardize the local United Way annual campaign.

Partner Agencies are responsible for all agency fund raising activities conducted in their name.

Should a Partner Agency fail to abide by these agreements or discontinue providing the services to the community as recognized by the United Way, the United Way Board of Directors may terminate, at its discretion, this agreement and the balance of the funds will not be disbursed.

THIS AGREEMENT MUST BE SIGNED

Agreement Approved:

_____ Date _____
Partner Agency Board President

_____ Date _____
Director/CPO/Manager

ANTI-TERRORISM COMPLIANCE MEASURES

In compliance with the USA PATRIOT Act and other counterterrorism laws, the United Way of Becker County requires that each agency certify the following:

“I hereby certify on behalf of _____ [agency 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: _____