**United Way of Becker County**

**Funding Application Packet**

**2024- 2026**

**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 2023-2024, 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 FederalID# |  |
| Agency Address |  |
| Agency Phone |  |
| Agency E-Mail & Website |   |
| Agency ExecutiveDirector/CEP/Pres. |  |
| Program SeekingFunding |  |
| ProgramDirector/Contact |  |
| Number of Staff |  F\_\_\_\_\_\_\_\_ PT \_\_\_\_\_\_\_\_ Seasonal \_\_\_\_\_\_\_\_ Volunteers \_\_\_\_\_\_\_\_ |
| Focus Area: | Community Care  Education - Helping Children & Youth Succeed Health - Supporting Vulnerable & Aging Population Providing Basic Needs |
| Impact Areas | Feeding Hungry Children Access to Mental Health Services  Childcare |
| Funding Received2023-2024 | Funding Request 2024-2025 | Funding Request 2025-2026 |

(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 2023. 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 2023.

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 2024-2025 and 2025-2026.

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 2024-2025 and

2025-2026.

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 (terryh@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**  | **2023 Program Actual** | **2024-2025 Program Budget**  | **2025-2026 Program Budget** |
| **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** | **$** | **$** | **$** |
| 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 2023** |   |   |   |
| Unrestricted Net Assets |  |  |  |
| Restricted Assets |  |  |  |
| Endowments |  |  |  |
| Other Assets |  |  |  |
| **Total Net Assests** | $ |  |  |
|  |  |  |  |
| **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: \_\_\_\_\_\_\_\_\_