**Application for Funding**

**United Way of Yellowstone County**

**Due: February 14, 2025**

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| **Organization Information** |
| Organization: |  |
| Address: |  | City: |  | State: |  | Zip: |  |
| Website:  |  |
| Mission Statement: |  |
| **Grant Request Information** |
| Program Title: |  |
| Impact Area organization is applying under:  | *Drop down box*Building FuturesCommunity Resiliency |
| Funding will be primarily used for: | *Drop down box*New activitiesExpansion of current activitiesContinuation of activities your organization already provides |
| 1-2 sentence summary of funding proposal: |  |
| UWYC Funds Requested(Minimum grant request $25,000 up to $50,000 annually): | Year 1 (July 1,2025-June 30, 2026): | Year 2 (July 1,2026-June 30, 2027): | Year 3 (July 1, 2027 - June 30, 2028): |
| **Contacts** |
| CEO or Executive Director:  |  |
| Phone Number:  |  | e-mail:  |  |
|  |  |  |  |
| Program Contact Name & Title (*if not CEO or Executive Director*):  |  |
| Phone Number:  |  | e-mail:  |  |
| Financial Contact (who will handle allocation?) Name & Title: |  |
| Phone Number:  |  | e-mail:  |  |
|  **This submission was considered and approved by:** Agency Board President Signature (please print name) DateAgency President/CEO Signature (please print name) Date |

**SECTION 1: ORGANIZATION OVERVIEW (15 POINTS)**

1. **Provide a brief overview of your organization’s history, services and programs. (300 Word Limit) (5 Points)**

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**2. Partner Expectations:** When an agency is funded through United Way, the agency connects their brand to the trusted United Way brand. Therefore, we strive to assure all grant awardees share core values and practices that support long-term success. Below are specific expectations.

**2.A - Values:** Explain your organization’s position on collaboration, reducing duplication, and preventing the root cause of issues **(250 word limit) (5 Points):**

**Collaboration** – to ensure that scarce financial and human resources are used effectively, UWYC encourages collaboration among public and private human service providers.

**Reducing duplication** - while the demand for human services in Yellowstone County is greater than the current system can meet, UWYC shares a community desire to reduce duplication of effort among service providers when possible.

**Preventing root causes of issues** - Programs that are preventive in nature will receive priority consideration, but we will continue to ensure that demands for basic needs in our community are met.

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**2.B - DEI Commitment:** United Way of Yellowstone County has always stood for coming together to support one another in their time of need. Now, more than ever, we stand together for equity, strengthening, and healing for all in our community. As such, UWYC, with the support of United Way Worldwide, is working to ensure all partnerships reflect this commitment to actively serving all populations, particularly the historically disadvantaged and underserved. A link to the UWYC DEI statement can be found [here](https://www.unitedwayyellowstone.org/about-us).

**Provide a brief overview of your organization and your Board’s commitment to incorporating the values of Diversity, Equity, Inclusion (DEI) and social justice in your governance and operations. (250 word limit) (3 Points)**

* Describe how your organization is working to promote and advance equity in Yellowstone County.
* AND how your organization strives to be inclusive in its programs, staff, board, and volunteers, including how the people you serve are part of decision-making processes.

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**2.C – Further expectations for funded agencies are listed below. Please verify your acceptance by checking the items below (2 Points):**

[ ]  Agency is committed to the United Way mission.

[ ]  Agency will maintain an updated 211 profile.

[ ]  Agency will partner with United Way to highlight low to no cost programs such as Bright By Text, the Dolly Parton Imagination Library, 211, VITA, etc.

[ ]  United Way brand logo will be displayed on the agency website, brochures and promotional materials that relate to funding.

[ ]  Agency will run a United Way internal workplace giving campaign to provide employees with the opportunity to give to the causes they care about. Employee participation is always voluntary.

[ ]  Agency will annually participate in at least one United Way of Yellowstone County outreach events, such as CommUnity Rally.

[ ]  Agency will participate in highlighting United Way funding, such as Partner Agency Presentations, site visits, etc. upon request.

[ ]  Agency will complete a minimum of **one** of the following activities annually:

* Send an email to your agency listserv promoting UWYC.
* Post on social media, follow UWYC on Twitter and like UWYC on Facebook.
* Share your success stories with United Way. We want to know about your outcomes and hear from the people who have benefitted from your services.

**SECTION 2: ACTIVITIES (40 POINTS)**

**United Way of Yellowstone County Impact Areas:** Check the Impact Area you will address with United Way of Yellowstone County funds. You may only choose one. **Note only ONE application per agency**. See RFP for more details on Impact Areas and strategies. Link here.

[ ]  Building Futures [ ]  Community Resiliency

1. **Need:** Successful applicants will address a pressing, ongoing and/or unmet need that can demonstrate a significant, measurable impact in one of United Way’s Impact Areas. Examples may include waitlists for services, decreasing barriers to school attendance, affordable housing, etc. Briefly describe the existing demand and need for your project and/or services. How will funding your program be effective and efficient in meeting the community need? (150 word limit) (**10 points**)

1. **Strategy and Activities:** Select the impact strategy for which you are requesting funds. Briefly describe the nature and purpose of the activities/services you will provide. (300 word limit) (**10 points)**

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| **Building Futures** |
|  [ ]  Literacy |  [ ]  School Readiness |  [ ]  School Success |
| **Please Describe:** |
| **Community Resiliency**  |
|  [ ]  Crisis Stabilization |    [ ]  Mental Health |
| **Please Describe:** |

1. **Target Population:**  Who will you serve? Include number of people and timeframe. For example: Year 1-25 people, Year 2- 50 people, Year 3- 75 people for a total of 150 people served. What criteria must individuals and/or families meet to be eligible for the activities described in question 7? (250 word limit) **(10 Points)**

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1. How are your activities going to increase literacy/school readiness/school success/crisis stabilization/or mental health for the population you serve? (200 word limit) (**10 Points)**

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**SECTION 3: EVALUATION (30 POINTS)**

1. **Monitoring and Evaluation Approach:** Successful applicants will have clear and measurable outcomes to help show how programs/activities are being implemented and how progress is being evaluated. Set a **minimum of 2 measurable targets** for which the services/activities funding is being requested. Include how you will be measuring the number of clients receiving services; what the outcome of those services will be; and how outcomes will be measured. Please also note if you already have a benchmark you will be measuring against (30 points).

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| **Activity:** What are you doing? 10 points | **Outcomes:** What do you think will happen because of your activity? 10 points | **Measurement Tool:** How will you measure the outcomes? 10 points |
| *Eg. 100% (82) of children enrolled in our program will receive one hour of mentoring per week for nine months.* | *50% (41) of children who receive mentoring will report increased self-esteem, sense of purpose, and positive view of personal future.* | *Developmental Assets child assessment.* |
| *Eg. 50% (30) of applicants will receive $500 of transportation assistance annually.* | *87% (26) of clients who receive assistance improve their ability to get to work and maintained employment.* | *Client follow up survey.* |
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**SECTION 4: BUDGET (15 POINTS)**

1. **Proposed Budget:** Provide a project/program budget using the **required project budget form – see below** (link to form) of proposed expenses for your request, including the amount being requested and any match from other funding sources. No specific match amount is required. ***Funding Request Range: $25,000 - $50,000/year for three years ($75,000-$150,000 over the grant cycle).***

**6a - Budget Narrative:** Provide a brief narrative of how you will spend grant funds. (250 word limit) **(10 Points)**

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| **Project Budget Form (5 points)** |
|  | **UWYC Grant Request** | **Agency Match over three-year funding cycle** | **Total Budget** | **Description** |
| **Year 1** **FY 2025-26** | **Year 2** **FY 2026-27** | **Year 3** **FY 2027-28** |
| **Personnel** (Salary & Fringe) |  |  |   |   |   |   |
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| **Supplies** |  |  |   |   |   |   |
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| **Equipment** |  |  |   |   |  |   |
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| **Travel** |  |  |   |   |  |   |
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| **Contracts** |  |  |   |   |  |   |
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| **Other** |  |  |   |   |   |   |
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| **Admin. - Indirect** |  |  |   |   |  |   |
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| **Total** |  |  |  |  |  |  |

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Total Annual Organizational Budget:

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If applicable, total proposed program budget:

**11. Financial Assessment:** The items below provide insights into the financial capacity of each applicant to successfully implement programs.

**11.A - Fundraising and Administration:**

The percent of fundraising and administration must be computed from information on the IRS Form 990 by adding the amount spent on “management and general” (Part IX, Column C, Line 25) to the amount spent on fund-raising” (Part IX, Column D, Line 25) and dividing the resulting total by “total revenue” (Part 1, line 12).

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Part IX, Column D, Line 25

Part IX, Column C, Line 25

Percent of administration and fund-raising

 Part 1, Line 12

 Total Line 25

If percent of fund-raising and administration is over 25% please explain (150 word limit):

**11.B** If UWYC grants make up more than 50% of your program or organization budget, how are you working to diversify funding sources? (150 word limit)

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**11.C – Financial Information - Attachments**

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| **All agencies must attach:**  |
|  | **Organizational Budget:** Include revenues and expenses for the organization’s current fiscal year.  |
|  | **Financial Statements:** Include a most current Statement of Financial Position (Balance Sheet) and Statement of Activities (Income and Expense Statement).  |
| **Agencies with gross revenue of $250,000 or more must attach:** |
|  | **Audit and IRS Form 990** for your most recently completed fiscal year. |
| **Agencies with gross revenue less than $250,000 must attach:** |
|  | **Form 990 or 990-EZ** for your most recently completed fiscal year. |