



UNITED WAY OF THE BROWN COUNTY AREA, INC.
PROGRAM GRANT APPLICATION

These forms may be duplicated and are available on-line at www.unitedwaybrowncountyarea.org

INSTRUCTIONS:

*Please return **six** signed, complete hard copies (including required attachments) of the Program Grant Application and required materials to the United Way office (PO Box 476, New Ulm, MN 56073) by **Friday, December 8, 2017.***

1. **Cover Page:** Please use page 2 as the top sheet; do not use report covers, staples, or other cover pages. Be sure to indicate education, health or financial stability in the community impact area box.
2. **Program Narrative:** A complete and separate narrative must be submitted for each program for which you are requesting funding, please answer questions 1-8 under "program narrative". Use the format of this page to describe in narrative form the planning process, specific activities, and expected outcomes of the program for which you seek United Way funding. Be complete in your description; this is the information from which the community volunteers determine the allocation.
3. **Agency Overview:** State your mission and describe who you serve.
4. **Agency Financial Information:** Complete financial information for services to Brown County. If you are unable to isolate Brown County then full agency budget is acceptable. Ideally we would like both the county and the full organization budget. Please fill out financial form(s) as provided.

1. COVER PAGE

Agency/Organization: _____

Address: _____

Federal Identification Number: _____

Contact Person: _____

Title: _____

Phone: _____

Fax: _____

Email: _____

Name of person completing application if different: _____

This Organization is a 501 (c) (3) non-profit: Yes No

If no, is your organization a public agency/unit of government? Yes No

If no, who is serving as your fiscal agent? _____ *EIN* _____

Community Impact Areas...

EDUCATION *(Programs help children and youth achieve their potential.)*

HEALTH *(Programs improve people's mental, physical and social well-being.)*

FINANCIAL STABILITY *(Programs promote financial stability & independence through self-sufficiency)*

Program -List the specific activity(s) or program(s) the grant will be used for	Please indicate community impact area	Program Budget	Funding Requested
1.			
2.			
3.			
Total Agency Request:			

Funding request is for each year of a two year cycle. Year two will be the same as year one but it is contingent upon prior year campaign results

Signatures:

Contact Person Date

Agency Director (if different from contact person) Date

Board Chair Date

2. PROGRAM NARRATIVE

Please fill out one narrative for each program requesting funding. This is not a report on prior activity. This is a proposal of the impact you expect to make with the funds you are requesting.

Program name: _____

Agency name: _____

1. What community need is being addressed by the program?
2. What is the target population (age, geography, economic status or any other pertinent demographic)?
3. How will the target audience be affected? What service, training or program will be delivered?
4. What are the program's intended outcomes and or long-range goals?
5. Does this program collaborate with or complement existing programs in Brown County?
6. How do you measure the program's effectiveness?
7. How often and what methods will be used to collect this information?

8. Service Area by Zip Code

Number of unduplicated individuals from each zip code that use this program. Include other areas so we can get a clearer idea of how large your service area is.

City

Comfrey (56019) _____ New Ulm (56073) _____

Courtland (56021) _____ Sleepy Eye (56085) _____

Hanska (56041) _____ Springfield (56073) _____

Other Areas _____ Other Areas _____

3. AGENCY OVERVIEW

A. Agency's Mission:

B. Is the agency affiliated with any regional, state or national organization? Please describe.

C. Number of staff and volunteers serving in Brown County.

_____ Full Time _____ Part Time _____ Volunteers

D. Board of Directors

1. Attach a list of current names, address, business and address
2. How often does our board meet?
3. What is average attendance?

E. Anti-Terrorism Compliance Measures

In compliance with the USA Patriot act and other counterterrorism laws, the United Way of the Brown County Area 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 _____

F. Indicate your agencies involvement with United Way of Brown County in the past year.

- Attended quarterly meetings
- Assist United Way staff with workplace presentations
- Helped with Business Blitz (held in October)
- Attended annual meeting (held in February)
- Listed on Get Connected
- Display United Way logo on website and/or printed publications
- Submitted photos or press releases that could be included on our website or United Way newsletter
- Conducted internal campaign, encouraged staff & board to give to United Way of Brown County

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4. FINANCIAL INFORMATION

A. Organization Budget for Brown County:

from _____
to _____

from _____
to _____

1. INCOME	Current Year Amount	Next Year Proposed Amount
Source		
Support		
Government grants/other government funding	\$	\$
Foundations grants	\$	\$
Corporate grants	\$	\$
*Allocations from OTHER United Ways	\$	\$
Allocations from THIS United Way	\$	\$
Individual contributions	\$	\$
Fundraising from products, programming, events (see next page)	\$	\$
Membership income	\$	\$
In-kind support	\$	\$
Investment income	\$	\$
Reserves	\$	\$
Total Income	\$ _____	\$ _____

2. EXPENSES

Salaries and wages	\$	\$
Insurance, benefits and other related taxes	\$	\$
Consultants and professional fees	\$	\$
Travel	\$	\$
Equipment	\$	\$
Supplies	\$	\$
Printing and copying	\$	\$
Phone and internet	\$	\$
Postage and delivery	\$	\$
Rent and utilities	\$	\$
Advertising/Marketing	\$	\$
Conferences/Meetings	\$	\$
Membership dues	\$	\$
Other (specify) <i>educational materials</i>	\$	\$
Total Expense	\$ _____	\$ _____
Difference (Income less Expense)	\$ _____	\$ _____

* United Way Support: List each United Way that provides funding for your agency and the dollar amount received from each.

4. FINANCIAL INFORMATION

A. Organization Budget for full service area:

from _____
to _____

from _____
to _____

1. INCOME	Current Year	Next Year Proposed
Source	Amount	Amount
Support		
Government grants/other government funding	\$	\$
Foundations grants	\$	\$
Corporate grants	\$	\$
*Allocations from OTHER United Ways	\$	\$
Allocations from THIS United Way	\$	\$
Individual contributions	\$	\$
Fundraising from products, programming, events (see next page)	\$	\$
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Supplies	\$	\$
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Phone and internet	\$	\$
Postage and delivery	\$	\$
Rent and utilities	\$	\$
Advertising/Marketing	\$	\$
Conferences/Meetings	\$	\$
Membership dues	\$	\$
Other (specify) <i>educational materials</i>	\$	\$
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Difference (Income less Expense)	\$	\$

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B. FUNDRAISING:

1. 2015 FUNDRAISING ACTIVITIES- please list below

<u>Date</u>	<u>Activity/Product</u>	<u>Results (\$)</u>

6. APPLICATION CHECKLIST AND ATTACHMENTS

A. Application Checklist (send six copies of each)

- 1. Cover Page
- 2. Program Information
- 3. Agency Overview
- 4. Financial Information

B. Required Attachments (send one copy of each)

- 1. Copy of 501 (c)3 letter from IRS
- 2. Signed copy of Letter of Assurance
- 3. Most recent financial statement (audited if available) or Form 990
- 4. State of Minnesota proof of solicitation registration
- 5. Publicity piece or brochure

Please send to:

United Way of the Brown County Area
PO Box 476
New Ulm, MN 56073

Email questions to Donna at unitedway@newulmtel.net

Or call (507) 354-6512