**COMMUNITY IMPACT AGENCY APPLICATION**

Each year area non-profit organizations providing human services in Lewis, Marion, Monroe, Ralls, and/or Shelby Counties are invited to become a United Way Community Impact Agency. Agencies must be doing work in the community that relates to United Way's focus areas and priority areas. This application must be submitted in its entirety with all documents by May 28th at 11:59pm. No late applications will be considered.

\* Required

Agency Name \*

Agency Director \*

Director E-mail \*

Agency Address \*

City, State, Zip \*

Agency Phone Number \*

Website \*

EIN \*

Fiscal Year Start Date \*

Application Contact Name \*

Application Contact E-mail Address \*

Application Contact Phone Number \*

I certify I have the authority to submit this application on behalf of the organization. \*

\_\_ Yes

Organization’s mission statement. \*

Organization’s vision statement. \*

Provide a 25-word summary of your agency. \*  
This summary will be used for promotional purposes. Please limit summary to 25-words.

How many dollars are you applying for from the United Way of the Mark Twain Area? \*

Are you currently receiving dollars from the United Way of the Mark Twain Area? \*

\_\_ Yes

\_\_ No

Have you ever received dollars from the United Way of the Mark Twain Area? \*

\_\_ Yes

\_\_ No

Which United Way focus area(s) does your organization’s work align to? \*

\_\_ Education

\_\_ Financial Stability

\_\_ Healthy Lives

Which United Way priority area(s) does your organization’s work align to? \*

\_\_ Supporting Critical Services

\_\_ Providing Opportunities for Upward Mobility

What is your organization applying for funding from United Way for? \*

\_\_ Specific Program

\_\_ General Agency Support

If specific program support, name the program: \*

Give a brief overview of the program(s) your organization implements. Provide headings above each program. If requesting funding for a specific program, share details of that program first. \*

What data shows the work of these programs are needed in our community? Provide data and share the source of the data to prove that your organization’s work is needed. \*\*If requesting funding for a specific program, showcase the data relating to that program first. \*

What is the goal of the implementation of these programs? How does your organization measure success of the programs it implements in the community? What kind of change or improvement does your organization anticipate seeing in the community by doing your work? \*\*If requesting funding for a specific program, showcase the goals and ways to measure the success of that program first. \*

Are there other organizations in our community addressing the same need and implementing similar programs who serve the same geographic area as your organization? If so, how does your organization work with them to not duplicate services? \*

If awarded funding, United Way will require a quarterly report showing progress and how United Way funds have been used. What data and outcomes will be able to be reported in this quarterly report? \*

Describe the demographic makeup of the clients you serve. If applying for program funding, specify the demographic makeup of the clients who will be served with that funding. United Way prioritizes the needs of individuals who are marginalized (individuals living in poverty, minorities, children without parental support, etc.). \*

Dollars from the United Way of the Mark Twain Area can ONLY be used to support programs in Marion, Monroe, Ralls, Lewis, and Shelby Counties in Missouri. If you serve additional counties, how can you prove dollars are only used to support the work of these counties? \*

Explain the impact funding from United Way will have on the work of your organization if selected to receive funding from November 2021-October 2022. \*

What other revenue streams are utilized to support the program you are applying to the United Way to receive funding for? \*

Explain any collaborations with other agencies. \*

For organizations that have been a partner agency of United Way previously, how has your organization shown this? How has your organization partnered with the United Way organization? Has your organization helped with the annual campaign? \*

**DOCUMENTS TO UPLOAD:**

\_\_ Number of Individuals Served - Form found on Website - Save as Excel Document and Upload

\_\_ Organization Budget - form found on website - Save as Excel Document and Upload

\_\_ Program/Project Budget - form found on website - Save as Excel Document and Upload

\_\_ Most Recent IRS 990

\_\_ Federal IRS 501(c)3 Tax Exempt Certification - Not required for returning applicants

\_\_ State IRS 501(c)3 Tax Exempt Certification - Not required for returning applicants

\_\_ For budgets over $100,000 please upload your most recent fiscal year's audit (or bring one to the United Way Office)

\_\_ For budgets of $20,000-$100,000 please upload a Compilation Report prepared by a CPA (or bring a copy to the United Way Office if no full audit)

\_\_ For budgets under $20,000 please upload most recent approved financial statement

\_\_ Board Member Listing - form found on website - Save as Excel Document and Upload

\_\_ Employee Listing – form found on website – Save as Excel Document and Upload

\_\_ Organization's most recent Annual Report (if applicable)

\_\_ Upload Agency's Bylaws - Required for new applicants, required for returning applicants if any changes have been made in past year.