

PURPOSE & SCOPE:

United Way of White County exists to help increase the organized capacity of people in White County to care for one another. Our focus areas include strengthening children, families, and the community. Our priorities include: homelessness, mental health, and financial stability for the underemployed with preferred methodologies for impact drive measurable outcomes. These include case management, trauma-informed care, and continuum of care.

Over three years (2024 - 2027) United Way of White County will realign grant-making processes around these focus areas and priorities. All requests for support in FY2025 must directly support or closely align with one or more of United Way of White County's Priorities of Homelessness, Mental Health, or Financial Stability for the Underemployed.

This application serves as an entry-point for those agencies wishing to request United Way of White County funding for their program or project. Applications that meet the criteria outlined in this application will be reviewed by members of the United Way Community Investment Committee.

United Way of White County will consider two types of funding requests in FY2025. These include:

- (1) Requests to support ongoing programs or long-term projects (Requesting \$5000 or more. This can be all or a portion of the total project cost. Funding for these types of requests will be less than in previous years.
- (2) Requests to support short-term or one-time projects or program (Requesting less than \$5,000). Preference will be given to requests in this category that serve rural communities, atrisk populations, fill gaps in service across White County, and show collaboration with other organizations or agencies.



ELIGIBILITY:

This application must be completed in its entirety including a detailed statement about your plan, program, or project, all requested attachments, and be submitted on time. If the application is late or incomplete it will not be considered for funding in FY2025. **Completed applications are due no later than 6 January 2025.** There is a checklist at the end to assist you.

Organizations submitting this application to United Way of White County must be a legally registered 501c3 Nonprofit, or another legally recognized tax-exempt charity as defined by the Internal Revenue Service under 26 U.S. Code 170 (c) 2 and classified as a public charity under U.S. Code 509 (a). A copy of the organization's IRS Determination Letter must accompany this application (ATTACHMENT A).

Applying organizations must provide services in White County and be able to provide county-specific data on how any awarded funding was utilized in subsequent progress reports.

As stated above, requests for funding must directly support or closely align with one or more of United Way of White County's Priorities: Homelessness, Mental Health, or Financial Stability for the Underemployed. Requests that fall outside these areas of emphasis or that fall outside of White County will not be considered.

Applications must include an organizational budget for FY2025 (**ATTACHMENT B**) as well as a specific program or project budget if requesting such funds (**ATTACHMENT C**). A copy of the most recent audited or CPS reviewed financial statements, management letter, and IRS Form 990 must be included with the application. And findings or deficiencies noted must be addressed with an action plan (**ATTACHMENT D**).

Preference will be given to requests that are matched in some form by other funding sources.

Organizations applying must have a written policy of non-discrimination (board, staff, volunteers, and clients). A copy of this policy must be included with this application (ATTACHMENT E).

A copy of the organization's by-laws which include board membership / governance provisions should accompany this application as well as a roster of current board members and full-time employees (ATTACHMENT F & G).



Requests must include a plan to define success of the program including metrics or outcomes to substantiate them.

Requests should be typed or printed and include all information shown in this application.

REVIEW PROCESS

Members of the United Way of White County's Community Investment Committee will review complete and on-time applications in late January. This review will include in-depth discussions on the following criteria:

Does your organization have the capacity to achieve the results outlined in your request?

How will your request impact the community as a whole?

How does your request and its projected outcomes align with the strategic priorities of United Way of White County (homelessness, mental health, and financial stability for the underemployed)?

Is there evidence of cooperation or collaboration with other organizations working in the same field?

Is other financial support (other than United Way) related to your request evident?

What level of innovation and creativity does your organization plan to employ in delivering this program or project?

Agencies will be provided a time slot to present their request to the Community Investment Committee in mid-February (date to be finalized in January 2025). Funding decisions will be announced to applying agencies no later than March 15, 2025 with the first quarter payments being sent by March 30, 2025*

* - As always, funding is dependent on fundraising success and current financial ability of United Way of White County, Inc. to pay quarterly payments.



ADDITIONAL EXPECTATIONS

Organizations receiving funding from United Way should be willing to support our Annual Fundraising Campaign and fundraising events. This includes, but is not limited to:

Willingness to assist in presentations to donors on behalf of United Way of White County.

Promoting United Way of White County fundraising events and service projects to your constituents.

Hold a United Way Workplace Campaign in your organization annually and encourage 100% employee participation.

Include recognition of United Way of White County in printed materials, through social media, and in other means with the purpose of informing the public of United Way's support of your organization.

Willingness to collaborate with United Way of White County on various community service projects such as Santa Shopping Experience, United Way Day of Service, and others upon request.



FUNDII	NG APPLICATION:	
Organization's Legal Name:		
Mailing Address:		
Phone Number:		
Point o	f Contact eMail address:	
Name of Director or CEO:		
Title:		
Employ	ver Identification Number:	
Progra	m Name:	
	unding Requested: NOTE: Requests may be for all or some of Long-Term or Ongoing Projects (Requests Short-Term or One-Time Projects (Reques	\$ \$5,000 or more)
Dollar /	Amount Requested:	Total Project Cost:
What P	riority Does Your Request Address:	
	Homelessness Mental Health Financial Stability for the Underemployed	

Agency Mission Statement:



Please Provide a Brief Description of Your Program (attach additional pages if needed):
Define the Specific Need that Your Project Addresses?





How Do You Plan to Measure Success (include metrics you plan to use)?
Will This Request Help to Fund an Ongoing Program or Project (if so, describe)?
Will You Partner With or Collaborate With Any Other Organization On This Project (if so, please list)?
What Percent of Your Overall Agency Budget is This Request?
What Other Funding Sources Will You Utilize on This Project?
If You Do Not Receive United Way Funding, Will the Project Continue?



Are There Any Pending Legal Issues or Litigation That Involves Your Organization? How Have You Supported the United Way of White County in the Past Year (please be specific)? How Do You Intend to Support the United Way of White County in the Future? Is There Anything Else You Wish to Add? **Agency Acknowledgement:** I _____ am the duly appointed representative of _____ authorized to certify and affirm all statements enclosed or apart of this application. By signing below, the organization named in this application acknowledges and agrees to comply with any and all requirements therein. Signature: _____ Printed Name: _____ Title: ______ Date: _____ **Board President, Chairman, or Top Volunteer Acknowledgement:** Signature: _____ Printed Name: _____ Title: _____ Date: _____



APPLICATIONS ARE DUE NO LATER THAN:

January 6, 2025

APPLICATION CHECKLIST

Please provide (3) printed copies of the following:

☐ Cover Letter
□ Completed Application Form You may add additional pages to describe your project but they should not exceed 2 additional pages.
☐ Attachment A - IRS Determination Letter
☐ Attachment B - Organizational Budget for FY2025
☐ Attachment C - Project or Program Budget related to this request
☐ Attachment D - Most Recent Audited Financial Statements (including IRS Form 990)
☐ Attachment E - Non-Discrimination Policy
☐ Attachment F - Organizational By-Laws / Governance Document
☐ Attachment G - Board of Directors / Full-Time Staff Roster(s)