



**UNITED WAY OF WESTERN NEBRASKA
APPLICATION FOR FUNDING
JULY 1, 2022 – JUNE 30, 2023**

Contact Information

Agency Name:				
Please indicate if funding will be for a specific program or designation within your agency. (Please include name of program):				
Executive Director's Name:				
Phone:	Fax:	E-mail:		
Address:	City:	State:	ZIP Code:	
Name & Phone # of Funds Distribution appointment contact if different from Executive Director:				
Website:				
Date Application was considered & approved by agency board for submission:				

Please answer the following questions before completing the application.

	YES	NO
Does your agency currently have a 501 (c) (3)?		
Are you currently an existing organization with an established Board of Directors or defined governing agency that meets at least 4 times a year?		
Do you have a recently completed review or audited financial statement prepared by a CPA? If not, can you provide 12 months of bank statements? Must provide one or the other.		
Would you allow members of the United Way Board of Directors to review accounting records if requested?		
Does your agency have a written mission, goals and objectives?		
Is your agency currently in existence and currently providing services in our community?		
Is your organization willing to sign the Agency Agreement?		
Has your Board of Directors reviewed the application and was it signed by an authorized board member?		

If you were able to answer "yes" to all questions, please proceed and complete the application. If unable to answer yes to all questions, you do not currently meet the funding criteria for United Way of Western Nebraska. Please contact United Way of Western Nebraska at (308) 635-2522 or (308) 763-8031 with any questions.

Incomplete and/or late applications will not be accepted.

Agency Executive Director/Chief Professional Officer

Other Authorized Board Member

United Way of Western Nebraska

AGENCY/PROGRAM SUMMARY

Describe your program and the services you provide.

Which community impact area(s) do your programs address? (Please mark all that pertain.)

Promoting Health

Promoting Education

Promoting Financial Stability

Youth

Elderly

Disabled

Homeless

Hungry

Please indicate if funds are for a specific program within your agency.
If yes please indicate name of program:

YES

NO

Are you aware of other organizations in the community that are currently providing similar services?

YES

NO

If so, please list:

How is your program/organization unique from those providing similar services?

Who are the agencies, organizations and/or programs with which you work cooperatively in providing services?	
How and what projects do you collaborate with those agencies?	

AGENCY/PROGRAM SUMMARY CONTINUED

Mission Statement:

Number of unduplicated individuals served by your agency in United Way of Western Nebraska area:	2018:	2019:	2020:	2021:	Estimate for 2022:
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List the geographical areas that United Way of Western Nebraska funds will be used:

CLIENT STATISTICS 2021 Statistics

AGE GROUP (indicate # in each age group)	Infants to 4 years:	5 to 12 years:	13 to 18 years:	19 to 25 years:
	25 to 34 years:	34 to 54 years:	55 and over:	Unknown:
	Total (Sum of all numbers):			
SEX	Male:	Female:	Unknown:	Total Served:
CLIENT RESIDENCES	SCOTTS BLUFF		BOX BUTTE	
	SCOTTSBLUFF		ALLIANCE	
	GERING			
	MITCHELL		HEMINGFORD	
	MORRILL			
	MINATARE		OTHER	
	OTHER			
	TOTAL SCOTTS BLUFF:		TOTAL BOX BUTTE:	
	DAWES		CHEYENNE	KIMBALL
	CHADRON		TOTAL:	TOTAL:
	CRAWFORD		SHERIDAN	GARDEN
	OTHER		TOTAL:	TOTAL:
	TOTAL DAWES:		PLATTE, WY	GOSHEN, WY
	SIoux	DEUEL	TOTAL:	TOTAL:
	TOTAL:	TOTAL:		
MORRILL	BANNER			

As stated in the Agency Agreement:

7. The agency agrees to identify their participation as a United Way agency, including but not limited to, utilizing United Way name and logo on agency communications, media releases and printed material (i.e. letterhead, brochures, etc.).

Please indicate how your agency is publicly identified as a United Way partner agency.	
How did your organization recognize the 2021-22 grant award?	

Please list any supplemental fundraising activities below. Please note, only supplemental fundraising activities should be listed here.

SUPPLEMENTAL FUNDRAISING ACTIVITIES				
Fundraising Activity (Fundraisers Only)	Estimated Income (\$\$)	How will funds be used?	# of years conducted	Date
	\$			
	\$			
	\$			
	\$			
Total	\$			

AGENCY GRANTS				
Grants (Grants Only)	Estimated Income (\$\$)	How will funds be used?	# of years received	Date
	\$			
	\$			
	\$			
	\$			
Total	\$			
Percent of budget your organization raised through grants?	2020 _____%	2021 _____%	2022 projection _____%	

As stated in the Agency Agreement:

8. Agency is strongly encouraged to fundraise outside the period of October 1 through November 30th. Agency funding may be impacted if agency fails to adhere to this recommendation. All funds raised during this period must be reported in the funding application and will be taken into consideration at the time of funding.

Please list the amount you are requesting from each United Way of Western Nebraska service area as well as previous requests and funding (if applicable) in the table below. Please be sure to include exactly how the funds you are requesting will be used:

How many consecutive years have you been a United Way agency?	
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SCOTTS BLUFF AREA FUNDING REQUEST		
YEAR	AMOUNT REQUESTED	AMOUNT RECEIVED
2022-2023	\$	
2021-2022	\$	\$
2020-2021	\$	\$
2019-2020	\$	\$
2018-2019	\$	\$
How will the funds for 2022-2023 be used?		
How were 2021-2022 United Way funds used?		

BOX BUTTE COUNTY FUNDING REQUEST		
YEAR	AMOUNT REQUESTED	AMOUNT RECEIVED
2022-2023	\$	
2021-2022	\$	\$
2020-2021	\$	\$
2019-2020	\$	\$
2018-2019	\$	\$
How will the funds for 2022-2023 be used?		
How were 2021-2022 United Way funds used?		

DAWES COUNTY FUNDING REQUEST		
YEAR	AMOUNT REQUESTED	AMOUNT RECEIVED
2022-2023	\$	
2021-2022	\$	\$
2020-2021	\$	\$
2019-2020	\$	\$
2018-2019	\$	\$
How will the funds for 2022-2023 be used?		
How were 2021-2022 United Way funds used?		

BUDGET

Please base your figures on a fiscal year beginning July 1 and ending June 30

Line #	Description	7/1/20 - 6/30/21	7/1/21- 6/30/22	7/1/22 - 6/30/23
SUPPORT & REVENUE				
#1	Allocation/Request from Scotts Bluff Area**	\$	\$	\$
#2	Allocation/Request from Box Butte County**	\$	\$	\$
#3	Allocation/Request from Dawes County**	\$	\$	\$
#4	Contributions/Donations	\$	\$	\$
#5	Special Events/Supplemental Fundraisers	\$	\$	\$
#6	Government Agency Funding	\$	\$	\$
#7	Membership Dues	\$	\$	\$
#8	Program Service Fees & Sales of Materials	\$	\$	\$
#9	In-kind Donations	\$	\$	\$
#10	Investment Income	\$	\$	\$
#11	Miscellaneous Revenue	\$	\$	\$
#12	Total Support & Revenue (Add 1 thru 11)	\$	\$	\$
#13	Total Restricted Revenue (Please list the amount of revenue that is itemized above that is restricted)	\$	\$	\$
EXPENSES				
#14	Salaries	\$	\$	\$
#15	Employee Benefits	\$	\$	\$
#16	Payroll Taxes, etc.	\$	\$	\$
#17	Professional Fees & Contracts	\$	\$	\$
#18	Equipment/Supplies (includes postage & shipping)	\$	\$	\$
#19	Occupancy (Rent, Utilities, Telephone etc.)	\$	\$	\$
#20	Insurance	\$	\$	\$
#21	Printing & Publications	\$	\$	\$
#22	Travel, Conferences, Conventions & Meetings	\$	\$	\$
#23	Specific Assistance to Individuals	\$	\$	\$
#24	Membership Dues/Payments to Affiliated Organizations	\$	\$	\$
#25	Awards, Grants or Scholarships	\$	\$	\$
#26	Miscellaneous Expenses	\$	\$	\$
#27	Total Expenses (Add Lines 14 thru 26)	\$	\$	\$
#27	Excess (Deficit) of Total Support & Revenue over Expenses (Line 12 minus 27)	\$	\$	\$
#28	Reserves	\$	\$	\$
	Total Personnel/Operating Expenses (Add Lines 14, 15, 16, 18, 19 & 20)	\$	\$	\$

This should be the **actual amount you received except for the upcoming fiscal year where you should indicate the amount **requested** from United Way.

LOGIC MODEL WORKSHEET

See the [2022-2023 Funding Application References & Examples](http://www.uwwn.org/grant) at www.uwwn.org/grant

Agency Name:

Who are the agency's partners/stakeholders:

What is the agency's purpose statement:
(what do your stakeholders want to know)

INPUTS

Resources needed to operate the agency

OUTPUTS

A direct agency product, typically measured in numbers or percent

ACTIVITIES

Activities required to manage the agency that do not involve the end user

SERVICES

Agency services provided that directly impact the target population

AGENCY OUTCOMES/GOALS

See the [2022-2023 Funding Application References & Examples](http://www.uwwn.org/grant) at www.uwwn.org/grant for definitions and samples.
Only complete as many program outcomes as your agency has.
May not need all space provided.

Outcome/Goal Statement 1					
Indicators	Data Source	Applied To	Data Interval	Target	
1.					
2.					
3.					
4.					
Outcome/Goal Statement 2					
Indicators	Data Source	Applied To	Data Interval	Target	
1.					
2.					
3.					
4.					

Outcome/Goal Statement 3					
Indicators	Data Source	Applied To	Data Interval	Target	
1.					
2.					
3.					
4.					
Outcome/Goal Statement 4					
Indicators	Data Source	Applied To	Data Interval	Target	
1.					
2.					
3.					
4.					

PARTNER AGENCY CHECKLIST		
	YES	NO
Do you have a written mission?		
Are your goals and objectives reviewed annually by your Board of Directors?		
Do you have a clearly defined target population?		
Do you have performance measures for program evaluation?		
Do you submit periodic program reports to your Board of Directors?		
Do you coordinate services and/or work cooperatively with other agencies?		
Do you have a process to recruit and maintain volunteer staff?		
Do you have an affirmative action policy?		
Do you have a written procedure for recording and answering consumer grievances?		
Do consumers participate in the formulation of program policies and procedures that involve their group?		
Do you have a written job description for every employee?		
Do you have annual performance reviews for all employees?		
Do you have regular staff meetings?		
Do you have an in-service training program?		
Do you budget funds for staff training programs?		
Do you have written personnel policies for all employees including grievance procedures?		
Do you have a double entry form of bookkeeping?		
Do you have a cash receipts and disbursements book and general ledger?		
Do you have policy to place excess funds in time deposits or interest-bearing notes?		
Do you have a periodic review of insurance coverage and cost, including unemployment insurance?		
Do you submit periodic financial reports to your Board of Directors?		

Do you have a clearly written statement outlining the duties and responsibilities of new board members?		
Do you have a new board member orientation?		
Do you have Director & Officers Liability Insurance?		
Do you have a plan for the limitation of tenure and the rotation of officers for your Board?		
Do you circulate the minutes of board meetings to board members?		
Do you have a review or audited financial statement done by an independent accountant?		
Have you filed your current fiscal year Form 990?		
<p>If you answered NO to any of the questions, please explain.</p>		

PATRIOT ACT AGREEMENT

COUNTERTERRORISM COMPLIANCE

In compliance with the spirit and intent of the USA PATRIOT Act and other counterterrorism laws, the United Way of Western Nebraska requests that each funded agency certify that it is in compliance with the United Way of Western Nebraska and the United Way Worldwide (UWWW) compliance program.

Agency Name:

Check appropriate box to indicate compliance with the following:

	Comply	Do Not Comply
This Organization is not on any federal terrorism "watch lists," including the list in Executive Order 13224, the master list of specially designated nationals and blocked persons maintained by the Treasury Department, and the list of Foreign Terrorist Organizations maintained by the State Department.		
This Organization does not, will not and has not knowingly provided financial, technical, in-kind or other material support or resources* to any individual or entity that is a terrorist or terrorist organization, or that supports or funds terrorism.		
This Organization does not, will not and has not knowingly provided or collected funds or provided material support or resources with the intention that such funds or material support or resources be used to carry out acts of terrorism.		
This Organization does not, will not and has not knowingly provided financial or material support or resources to any entity that has knowingly concealed the source of funds used to carry out terrorism or to support Foreign Terrorist Organizations.		
This Organization does not re-grant to organizations, individuals, programs and/or projects outside of the United States of America without compliance with IRS guidelines.		
This Organization takes reasonable, affirmative steps to ensure that any funds or resources distributed or processed do not fund terrorism or terrorist organizations.		
This Organization takes reasonable steps to certify against fraud with respect to the provision of financial, technical, in-kind or other material support or resources to terrorists and terrorist organizations.		

**In this form, "material support and resources" means currency or monetary instruments or financial securities, financial services, lodging, training, expert advice or assistance, safe houses, false documentation or identification, communications equipment, facilities, weapons, lethal substances, explosives, personnel, transportation, and other physical assets, except medicine or religious materials.*

I certify on behalf of the Agency listed above that the foregoing is true.

Print Name:

Title:

Signature:

Agency Agreement 2022-2023

The United Way of Western Nebraska exists for the purpose of providing a single unified source of raising and dispersing contributions to assist in meeting the human service needs in Western Nebraska.

The undersigned participating agency is qualified to receive deductible charitable contributions under Section 501(c) 3 of the Internal Revenue Code of 1954, as amended and,

The United Way of Western Nebraska and Agency desire to enter into an agreement to set forth the respective responsibilities of said entities as hereafter set forth.

Therefore, the United Way of Western Nebraska and the Agency agree as follows:

1. Both parties hereby acknowledge that the Agency shall retain its distinct identity, administer its own affairs, and establish, maintain and pursue its own internal policy, but shall at all times be in compliance with the uniform rules, regulations and standards which may from time to time be prescribed by the United Way Board of Directors.
2. Agency agrees to accept the apportionment of funds made to it by the Funds Distribution Committee and approved by the United Way Board of Directors.
3. Agency agrees to maintain a responsible management with a rotating membership of its Board of Directors of responsible and reputable residents, which shall meet at least four times yearly.
4. Agency agrees to cooperate with other agencies to prevent duplication and promote efficiency and economy of administration.
5. United Way agrees to conduct a comprehensive fundraising campaign on an annual basis. The United Way agrees to, throughout the year, to promote the interest and work of all participating agencies that derive financial support through the United Way campaign.
6. The agency agrees to give its full and active support to the campaign, including use of the agency's volunteer members, board members and professional staff, when reasonably requested by the United Way.
7. The agency agrees to identify their participation as a United Way agency, including but not limited to, utilizing United Way name and logo on agency communications, media releases and printed material (i.e. letterhead, brochures, etc.).
8. Agency is strongly encouraged to fundraise outside the period of October 1 through November 30th. Agency funding may be impacted if agency fails to adhere to this recommendation. All funds raised during this period must be reported in the funding application and will be taken into consideration at the time of funding.

