UNITED WAY OF WESTERN NEBRASKA
GRANT APPLICATION
JULY 1, 2025- JUNE 30, 2027

Organization Information

Agency Name:

Address: City: State: Zip:

Executive Director Name   Phone:

Executive Director Email:

Name & Phone of Funds Distribution Interview Contact:

Board President Name:

Board President Email:

Website

Date Application was considered & approved by organization's board for submission:

AGENCY PROGRAMS

Agency Mission Statement:

Describe the Programs & Services your agency provides:

Check the United Way Community Impact Areas your agency's grant request addresses:

(Please see the United Way Funding Guidelines for details on each impact area)

Healthy Community Youth Opportunity

Financial Security Community Resiliency

Are the requested funds for a specific program in your organization? Yes No

If yes, what is the name of the program?

Are you aware of other organizations in the community that are currently providing similar services? Yes No

If yes, 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 organizations?

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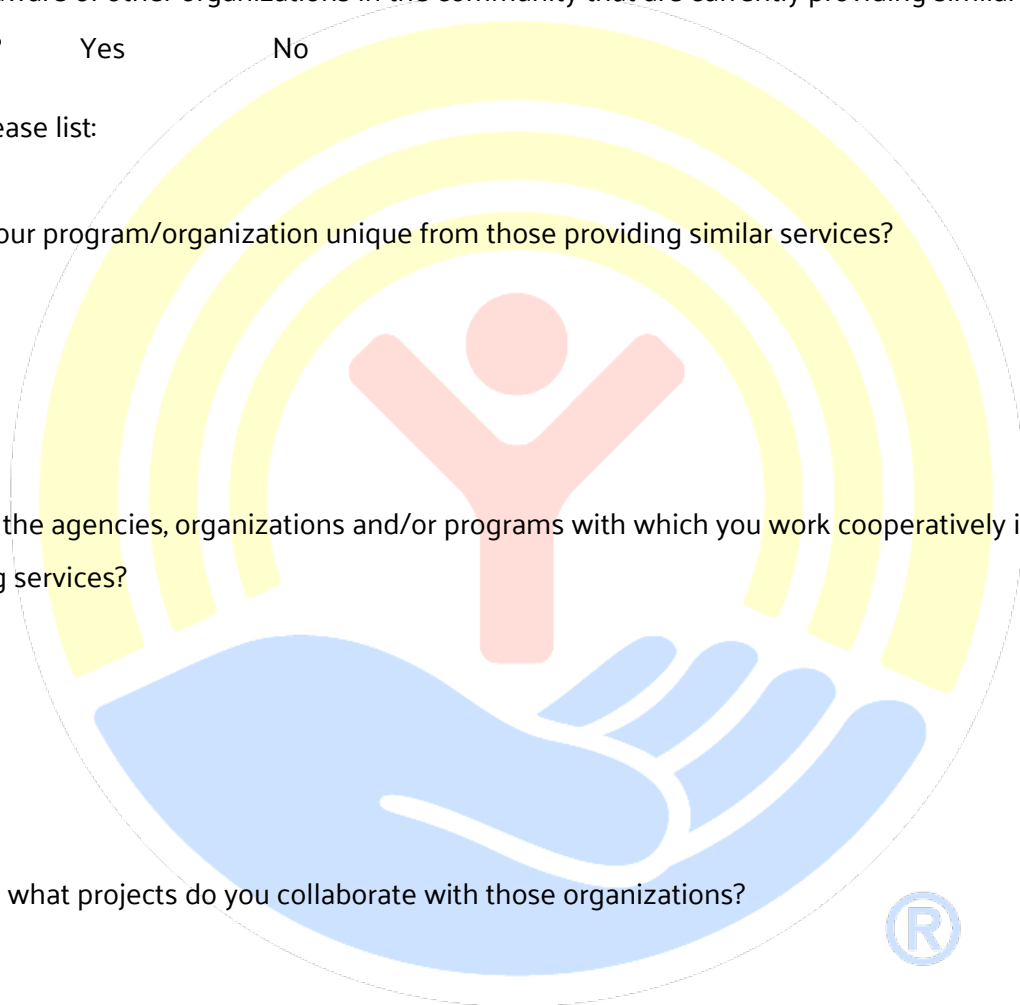
ORGANIZATION STATISTICS

Number of unduplicated individuals served by your agency in United Way of Western Nebraska area:

2021:   2022:   2023:   2024:

Estimate for 2025:

2024 Total Client Statistics

Age Group (indicate the number of clients in each age group):

Birth to 5 years: 6 to 18 Years: 19 to 64 years: 65+:

Age Unknown: Total served (sum of all ages):

(Total served should equal 2024 clients as noted above)

Sex   Male: Female: Unknown: Total Served:

Client Residences by County

Banner County: Box Butte County: Cheyenne County:

Dawes County: Deuel County: Garden County:

Kimball County: Morrill County: Scotts Bluff County:

Sheridan County: Sioux County: Goshen County (WY):

Platte County (WY):   County Unknown: County Outside of those listed:

Volunteer Statistics

Estimate the annual number of unduplicated volunteers & hours

DIRECT SERVICES (Directly involves the end users and are face to face interactions):

INDIRECT SERVICES (Management related activities- board meetings, committees, UWWN events, administrative volunteers, etc.):

AGENCY COMMUNITY IMPACT

Tell a story of a family or individual that your agency has helped over the last year. Names and identifying instances may be changed to ensure that anonymity is retained if necessary. Please note with an asterisk by the names, etc. that are changed.

AGENCY BOARD INFORMATION

#3 of the UWWN Agency Agreement states: Agency agrees to maintain responsible management with a rotating membership of its Board of Directors of accountable and reputable residents, which shall meet at least four times yearly.

AGENCY BOARD OF DIRECTORS			
Please list your Board of Directors			
Name & Board Position	Organization/Business	Date Elected mm/dd/yyyy	Date Term Expires mm/dd/yyyy

How often does your Board meet?

Is there at least 50% attendance at each Board meeting?   Yes   No

Do you ask your Board of Directors to contribute to your organization financially and/or by volunteering their time outside of attending Board meetings?   Yes   No

What percentage fulfills the request?

UNITED WAY & AGENCY AGREEMENT STANDARDS

#8 of the UWWN Agency Agreement states: Agency agrees to identify their participation as a United Way agency throughout the duration of this agreement, 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.

If applicable, how did your organization recognize the 2024-25 grant award?

Is someone from your agency regularly attending the United Way quarterly agency meetings?

     Yes   No

If no, why?

#6 of the UWWN Agency Agreement states: 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. If the Agency has full or part-time employees, the Agency will make the United Way materials available and afford employees the opportunity to financially contribute to the Campaign.

Did your agency participate or volunteer in any United Way events or activities during the past year?   Yes   No

If yes, please mark the United Way events or activities your agency participated in during the last year on the following page:

Please mark the United Way events or activities your agency participated in during the last year:

Quackers n Cheese (9/19/24)

Stuff the Bus

Selling Ducks

Identify/Publicize UW partner agency

UW Presentations

Fighting Hunger

Display UW logo

Promote UW events/activities on Social Media

Duck Draw (9/21/24) Color

Dash (6/1/24)

Campaign Kickoff (8/28/24

FUNDING REQUEST

Check which counties you are requesting funds for and the amount requested **for 2025-2026** per county. Only include the funding request amount for 1 year of funding, not for 2 years. Refer to the Funding Guide for additional information.

☐ Banner County: **$**

☐ Morrill County: **$**

☐ Dawes County: **$**

☐ Sioux County: **$**

☐ Goshen County, WY: **$**

☐ Kimball County: **$**

☐ Cheyenne County: **$**

☐ Sheridan County: **$**

☐ Garden County: **$**

☐ OTHER: **$**

☐ Box Butte County: **$**

☐ Scottsbluff County: **$**

☐ Deuel County: **$**

☐ Platte County, WY: **$**

☐ **Entire UWWN Service Area** (select this option if your agency funding will the entire UWWN service area {or more than four counties} and **then check the appropriate counties** from above) **$**

How will funds for 2025-2027 be used?

How were 2024-2025 United Way of Western Nebraska funds used and were there any unspent funds?

ORGANIZATION BUDGET & SUPPORTING SCHEDULES

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

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

SPECIAL EVENTS/SUPPLEMENTAL FUNDRAISING ACTIVITIES				
This section should match line #5 in the budget				
Fundraising Activity (Fundraisers Only)	Estimated Income ($$)	How will funds be used?	# of years conducted	Date
	$			
	$			
	$			
	$			
	$			
	$			
Total	$			

AGENCY GRANTS				
This section should match line # 6 + line #7 in the budget				
Grants (Grants Only)	Estimated Income ($$)	How will funds be used?	# of years received	Date
	$			
	$			
	$			
	$			
	$			
	$			
	$			
	$			
Total	$			
Percent of budget your organization raised through grants?	2023 %	2024 %	2025 projection %	

SCHEDULE OF SALARIES AND POSITIONS				
This section should match line #14 on the budget				
Position Title	FT/ PT	Last Year Salary 7/1/23-6/30/24	This Year Salary 7/1/24-6/30/25	Next Year Salary 7/1/25-6/30/26
		$	$	$
		$	$	$
		$	$	$
		$	$	$
		$	$	$
		$	$	$
		$	$	$
		$	$	$
		$	$	$
		$	$	$
		$	$	$
		$	$	$
Totals:		$	$	$

Itemize Miscellaneous Expenses This section should match Budget line #9	Amount
	$
	$
	$
	$
	$
	$
	$
	$
	$
	$

Budget Comments/Clarifications:

LOGIC MODEL

See the 2025-2027 Grant Application References & Examples at www.uwwn.org/grant

Organization 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)*
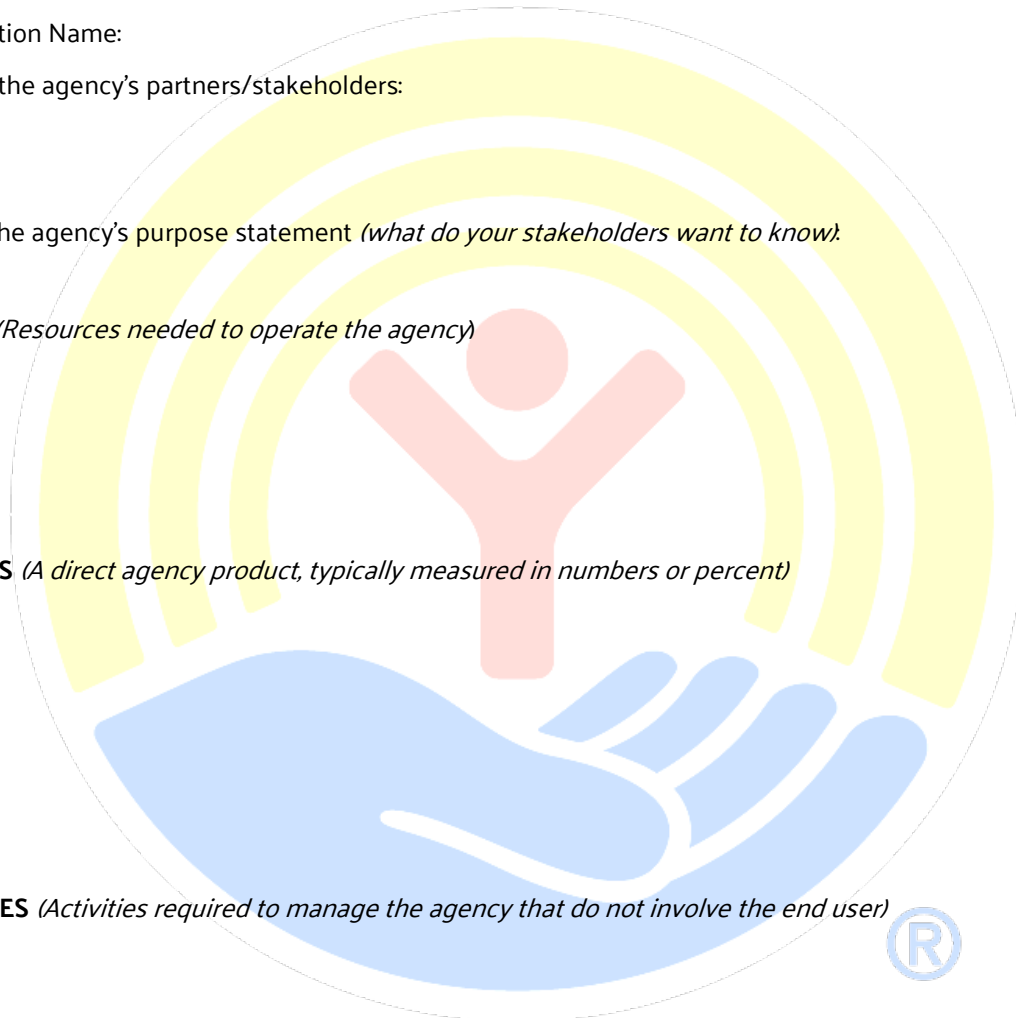
AGENCY OUTCOMES/GOALS

See the 2025-2027 Funding Application References & Examples at www.uwwn.org/grant for definitions and samples.
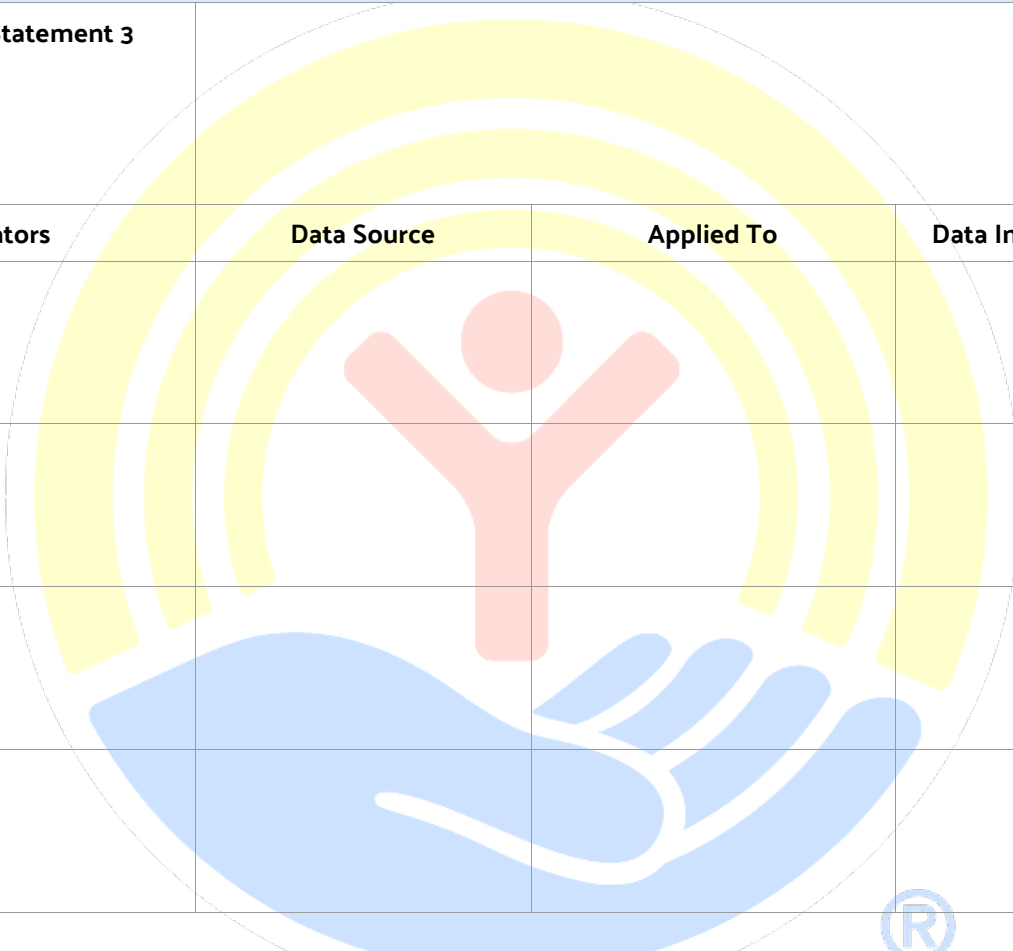
May not need all space provided.

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.				

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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 a 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?	☐	☐
If you answered NO to any of the questions, please explain.		

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 applying for funding that the above is true.
Print Name: Signature:

Title: