**UNITED WAY OF WESTERN NEBRASKA**

**COVID-19 COMMUNITY COMPASSION FUND**

**FUNDING REQUEST**

The purpose of the COVID-19 Community Compassion Fund is to provide non-profit health and human service agencies and organizations an opportunity to seek resources for immediate response to address by COVID-19 issues in our community, not otherwise being met through the annual United Way Funds Distribution process. Applications will be accepted from United Way member and non-member agencies.

Requests shall be submitted to United Way of Western Nebraska and will be reviewed periodically by an Ad Hoc Committee having the authority to process the request and make a recommendation on funding before it is put before the United Way Board of Directors. After reviewing the request, the United Way Board of Directors will make the final determination regarding the funding recommendation. The committee will administer grants from the fund in phases to help address immediate needs and short-term and longer-term impacts of the outbreak and recovery. Grants will be released on a rolling basis as the situation unfolds, making it possible to move resources as quickly as possible and adapt to evolving community needs. The process overall will be dependent upon available dollars. Our goal is to notify applicants of granting decisions as expeditiously as possible.

**Agencies requesting COVID-19 Community Compassion funds must meet the following criteria:**

* Provide United Way of Western Nebraska with a current 501(c)(3) tax exempt determination letter (current United Way partner agencies are not required to submit as United Way of Western Nebraska has a current 501 (c)(3) letter on file).
* Provide services to address the impact of the COVID-19 public health crisis on our community or other publicly declared crisis, including immediate basic needs, gaps in service, and operational challenges. Preference will be given to the provision of direct services in this context.
* Provide for and contribute primarily to human care and health needs, operating and serving individuals in the health, welfare, recreation, youth-guidance and/or character building field.
* Provide services targeted towards an identifiable population and within the United Way of Western Nebraska service area.
* Be willing to sign and adhere to the United Way COVID-19 Community Compassion Fund Agreement.
* Agency must be an organization with an established Board of Directors or defined governing agency that meets on a regular basis.
* Agency must have a written mission, goals and objectives.
* Agency must conduct business without discrimination with regard to age, race, color, religion, sex, national origin, ancestry, political beliefs, disability, veteran status, marital status, sexual orientation, gender expression or identity, or any other category protected by law.
* Have a recently completed review or audited financial statement or can provide 12 months of bank statements that can be provided to United Way of Western Nebraska. Other financial reporting may be requested. (Current United Way partner agencies are not required to submit an audit or financial statements are they are already filed with United Way of Western Nebraska.)

**UNITED WAY OF WESTERN NEBRASKA**

**COVID-19 COMMUNITY COMPASSION FUND**

**APPLICATION FORM**

|  |  |
| --- | --- |
|  1. Legal name of agency/organization applying: |  |
|  2. Address: |  |
|  3. Phone Number: |  |
|  4. Agency Director or Representative: |  |
|  5. Name & Address of Principle Officer: |  |
|  6. Is this organization affiliated with a state,  regional or national organization? Please indicate YES or NO. |  |
|  7. Explain why you feel the need to apply for  COVID-19 Community Compassion funding: |  |
|  8. Have you requested funding from other  sources? Please indicate yes or no. If yes,  please list the other sources. |  |
|  9. Number of people that will be served: |  |
| 10. Attach a copy of your 501(c)3 tax exempt  letter of determination |  |
| 11. Narrative of request.  |  |
| 12. What are the specific objectives and goals?  How will the funds be used? |  |
| 13. Please feel free to attach any additional  information you feel is necessary for  consideration of your application. |  |

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**Individual Completing Application** **Date**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Title**

**UNITED WAY OF WESTERN NEBRASKA**

**COVID-19 COMMUNITY COMPASSION FUND**

**BUDGET**

(Please include budget figures relating to the COVID-19 Community Compassion Funds being requested.)

**REVENUE**

|  |  |
| --- | --- |
| COVID-19 Funds requested from United Way in Scotts Bluff County | $ |
| COVID-19 Funds requested from United Way in Box Butte County | $ |
| COVID-19 Funds requested from United Way in Dawes County | $ |
| COVID-19 Funds requested from United Way in other counties within the United Way of Western Nebraska service area(please itemize counties and amounts) | $ |
| Fees and Grants from Government | $ |
| Other Contributions | $ |
| Miscellaneous Revenue **(please attached itemized list)** | $ |
| **Total Revenue** | **$** |
|  |  |

**EXPENSES**

|  |  |
| --- | --- |
| Itemize expenses related to COVID-19 impact(use as many rows as needed) | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
| **Total COVID-19 Related Expenses** | **$** |

**UNITED WAY OF WESTERN NEBRASKA**

**COVID-19 COMMUNITY COMPASSION FUND AGREEMENT**

An agreement between United Way of Western Nebraska and

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Agency).

The **United Way** agrees that the volunteer Board of Directors or Trustees of the **Agency** or organization shall have the responsibility to determine Agency policies and to manage Agency programs.

The **Agency** agrees to maintain its current 501(c)(3) tax exempt status.

The **Agency** agrees to keep financial records in accordance with United Way of Western Nebraska guidelines, with United Way having the option to inspect financial records at their discretion.

The **Agency** agrees to work with other agencies, groups or organizations, whether private or public, in meeting community needs, preventing duplication of services and promoting high standards of performance.

The **Agency** agrees to be a good steward of contributions by donors to United Way of Western Nebraska.

The **Agency** agrees to provide any reports requested by **United Way of Western Nebraska** regarding any COVID-19 Community Compassion Funds received.

The **Agency** and **United Way of Western Nebraska** agree to keep each other informed of matters of common concern/interest and to maintain open channels of communications.

***AGENCY***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title

***UNITED WAY OF WESTERN NEBRASKA***

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Signature Date

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Title