



**UNITED WAY OF WESTERN NEBRASKA
APPLICATION FOR FUNDING
JULY 1, 2024 – JUNE 30, 2025**

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 (signed after the funding has been approved)?		
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.

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

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?

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

AGENCY/PROGRAM SUMMARY CONTINUED

Mission Statement:

Number of unduplicated individuals served by your agency in United Way of Western Nebraska area:	2020:	2021:	2022:	2023:	Estimate for 2024:
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List the geographical areas that United Way of Western Nebraska funds will be used:

**CLIENT STATISTICS
2023 Statistics**

AGE GROUP (indicate # in each age group)	Birth to 5 years:	6 to 18 years:	19 to 64 years:	65+:
	Unknown:			
	Total (Sum of all numbers):			
SEX	Male:	Female:	Unknown:	Total Served:
CLIENT RESIDENCES BY COUNTY	BANNER COUNTY TOTAL:	BOX BUTTE COUNTY TOTAL:	CHEYENNE COUNTY TOTAL:	DAWES COUNTY TOTAL:
	DEUEL COUNTY TOTAL:	GARDEN COUNTY TOTAL:	KIMBALL COUNTY TOTAL:	MORRILL COUNTY TOTAL:
	SCOTTS BLUFF COUNTY TOTAL:	SHERIDAN COUNTY TOTAL:	SIOUX COUNTY TOTAL:	GOSHEN COUNTY (WY) TOTAL:
	PLATTE COUNTY (WY) TOTAL:	County unknown TOTAL:		

VOLUNTEER STATISTICS
Estimate the yearly number of unduplicated volunteers and hours

DIRECT SERVICES	INDIRECT SERVICES
Directly involve the end users and are face-to-face	Management related (board meetings, committees, UWWN events, 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.

Please indicate how your agency is publicly identified as a United Way partner agency.	
If applicable how did your organization recognize the 2023-24 grant award?	

Is someone from your agency regularly attending the United Way quarterly agency meetings?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If not, why?		

Did your agency participate or volunteer in any United Way events or activities during the past year?	YES <input type="checkbox"/>	NO <input type="checkbox"/>															
If yes, please mark the United Way events or activities your agency participated in during the last year: <table data-bbox="129 1260 1218 1701"> <tr> <td>Quackers n Cheese (9/14/23)</td> <td>UW Presentations</td> <td rowspan="7">Comments:</td> </tr> <tr> <td>Duck Draw (9/16/23)</td> <td>Stuff the Bus</td> </tr> <tr> <td>Golf Tournament (6/27/22)</td> <td>Fighting Hunger</td> </tr> <tr> <td>Color Dash (6/3/23)</td> <td>Display UW logo</td> </tr> <tr> <td>Selling Ducks</td> <td>Identify/Publicize UW partner agency</td> </tr> <tr> <td>Promote UW events/activities on Social Media</td> <td></td> </tr> <tr> <td>UW Radiothon (1/25/24)</td> <td>UW Clothing Distribution</td> </tr> </table>			Quackers n Cheese (9/14/23)	UW Presentations	Comments:	Duck Draw (9/16/23)	Stuff the Bus	Golf Tournament (6/27/22)	Fighting Hunger	Color Dash (6/3/23)	Display UW logo	Selling Ducks	Identify/Publicize UW partner agency	Promote UW events/activities on Social Media		UW Radiothon (1/25/24)	UW Clothing Distribution
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As stated in the Agency Agreement:

8. 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.).

United Way of Western Nebraska

Please check which counties you are requesting funds for and the amount requested for each county total. Please list how United Way of Western Nebraska funds will be used for this coming year and how your organization used funds from last year if applicable.

How many consecutive years have you been a United Way agency?	
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FUNDING REQUEST BY COUNTY	
Banner County: \$	Kimball County: \$
Box Butte County: \$	Morrill County: \$
Cheyenne County: \$	Scotts Bluff County:
Dawes County: \$	\$ Sheridan County:
Deuel County: \$	\$ Sioux County: \$
Garden County: \$	Platte County, WY: \$
Goshen County, WY: \$	OTHER: \$ <i>Please enter comments for other:</i>
<p>Entire UWWN Service Area (select this option if your agency funding will serve the majority of the UWWN service area {more than six counties} and then check the appropriate counties from above) \$</p>	
<p>How will funds for 2024-2025 be used?</p>	
<p>How were 2023-2024 United Way of Western Nebraska funds used and were there any unspent funds?</p>	

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?	2022	2023	2024 projection	<i>Please enter the percentage as a decimal (i.e. 25% should be entered as .25).</i>
Additional comments:				

As stated in the Agency Agreement:

9. Agency is strongly encouraged to fundraise outside the period of October 1 through November 30th of each year. Agency funding may be impacted if Agency fails to adhere to this recommendation. All funds solicited during this period must be reported in United Way's funding application and will be taken into consideration at the time of funding.

BUDGET

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

Line #	Description	7/1/22 - 6/30/23	7/1/23– 6/30/24	7/1/24 – 6/30/25
SUPPORT & REVENUE				
#1	United Way Allocation/Request*	\$	\$	\$
#2	United Way Allocation/Request*	\$	\$	\$
#3	United Way Allocation/Request*	\$	\$	\$
#4	Contributions/Donations	\$	\$	\$
#5	Special Events/Supplemental Fundraisers (should match pg. 8)	\$	\$	\$
#6	Agency Grants (should match pg. 9)	\$	\$	\$
#7	Government Grants (should match 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 (should match pg. 8)	\$	\$	\$
#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	\$	\$	\$
#27	Total Expenses (Add Lines 15 thru 26)	\$	\$	\$
#27	Excess (Deficit) of Total Support & Revenue over Expenses (Line 13 minus 27)	\$	\$	\$
#28	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.

LOGIC MODEL WORKSHEET

See the [2024-2025 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 [2024-2025 Funding Application References & Examples](#) 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?		
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: