



Tri-County Kentucky United Way

2021 APPLICATION FOR FUNDING

Tri-County Kentucky United Way

Thank you for your interest in applying for funding from the Tri-County Kentucky United Way!

To be eligible for funding, your organization must:

- be a valid 501(c)3 organization or local school district program.
- serve individuals in Marion, Nelson and/or Washington Counties.
- be a health and human service organization providing service in at least one of the United Way priority areas: Education, Financial Stability, and/or Health.
- have been in existence for at least 2 full years, and have filed an annual audit or IRS 990.

This application must be filled out completely. Submission of this application is not a guarantee of funding.

The following must be submitted for each completed application packet:

- **Program budget** for the program (current year and proposed year) for which you are seeking funding (please use attached forms).
- Signed copy of **Agency Agreement** (please use attached form).
- **Anti-terrorism Compliance** (please use attached form).
- Most recent agency **Financial Statement/Audit/990**, as applicable. Please only submit your IRS signature page, revenue page, and expenses page (not the entire 990).
- **IRS determination letter** confirming your exempt status under the 501(c)3 status or as a school, **if this has not been provided in the past**.
- **Current Board roster** with designation of officers and affiliations.
- A copy of your **Non-Discrimination Policy**.
- Most recent **annual report and/or newsletter**, if applicable.
- Copy of your **registration with KY Secretary of State** (<https://app.sos.ky.gov/ftsearch/>).
- Optional:
 - **picture of requested program's services** that can be used for United Way marketing materials.
 - **program/agency brochure**.
 - **most recent annual report and/or newsletter**.

The deadline for submission of this application is **12:00 noon on Friday, December 4th, 2020**. It is the applicant's responsibility to follow-up with United Way prior to the deadline, if they did not receive an acknowledgement of receipt of the application.

Please **submit two (2) hard copies** of your full application (one marked "Copy" and one marked "Original") **AND email a full application packet to director@tricitykyuw.org**. Please **use a binder clip** to secure **each full application**.

Your full application will be reviewed by the Allocations Committee. You will be contacted in early 2021 to discuss your application.

2021 Application for Funding Tri-County Kentucky United Way

Please type your responses.

AGENCY INFORMATION	
Full Name of the Organization	
EIN #	
Mailing Address	
City, State and Zip Code	
Agency Phone Number	
Executive Director/CEO Name	
Email Address	
Contact Person for this Application	
Title	
E-Mail Address	
Phone Number (Local)	
Name of Program Seeking Funding	
Agency/Program Website	
Agency's Mission Statement	
IRS designation status (ie. 501c3)	
What internal controls are in place to ensure that finances are securely handled (ie. dual signatures, board oversight, etc.)?	
Total # of people served by agency overall	
Total # of paid agency staff (full-time and part-time)	

Total # of agency volunteers	
What volunteer opportunities are available at your organization that UW may share, when requested?	
Please explain any anticipated volunteer or staff leadership changes at your agency/program in 2021?	
<p>Please use your most recent IRS Form 990 and the following formula to calculate your agency's administrative cost:</p> <p style="padding-left: 40px;">Part IX, Line 25, Columns C + D (Mgmt/Gen + Fundraising Exp)</p> <p style="padding-left: 80px;"><u>Divided by</u></p> <p style="padding-left: 40px;">Part VIII, Line 12, Column A (Total Revenue)</p> <p>Note: Overhead is not necessarily a measure of the organization's mission effectiveness. It is simply a ratio of expenses necessary to operate your organization compared to total revenue.</p>	

Equity Information	
<p>Equity Statement: (Goal is to have all UW funded programs to have an Equity statement on your website by January 2022)</p>	
<p>Equity Training: Please describe any and all equity training that takes place within your organization and how often.</p>	

IMPACT OF COVID-19 ON YOUR ORGANIZATION AND PROGRAM

<p>Please describe the impact that Covid-19 <u>is still having</u> on your organization and programs.</p>	
<p>Did you receive any funding from Tri-County Kentucky United Way's Covid-19 funding?</p> <p>If so, how much was received?</p> <p>Please provide a brief update on the impact of that funding.</p>	

2021 FUNDING REQUEST INFORMATION

<p><u>Program Name</u> for which you are seeking funding</p>	
<p>Total Amount Received in 2020 for this program</p>	
<p>Total Amount Requested for 2021 for this program</p>	
<p>Total 2021 Projected Program Budget (should match the figure on the program budget that you provide)</p>	
<p>2021 Request is _____% of Total 2021 Program Budget (total 2021 Amount Requested divided by 2021 Projected Program Budget = percentage)</p>	
<p>Reason for any increase/decrease in grant award from prior year</p>	
<p>What <u>specifically</u> will TCKY UW funds be used for within this program? Please be as specific as possible – ie. supplies, staff, materials, etc.</p>	

<p>If only partial funding can be awarded, what would your request be?</p> <p>How will program be adjusted? Would you be able to implement full proposal by using other funding sources?</p>	
<p>Why is Tri-County Kentucky United Way funding important to this program? What is the value of this funding?</p>	

PROGRAM INFORMATION

Please be concise, but informative, in your application responses.

Please provide a brief general description of the overall program for which you are seeking funding (what service does the program provide).

Which United Way priority area is this program addressing (you can pick more than one)?

_____ Education _____ Financial Stability _____ Health

Describe the community problem that this program will address (ie. education, financial stability, health). **PLEASE INCLUDE AT LEAST ONE CURRENT LOCAL STATISTIC (WITH CITATION)** that most profoundly demonstrates the need for your program in Marion, Nelson and/or Washington counties.

What county/counties does this program serve?

_____ Marion _____ Nelson _____ Washington

Please describe the target population/eligibility requirements for this program (ie. age, income level, county of residency, gender, etc.)?

Is there a waiting list for the program, and if so, how many are on the waiting list?

Is this program an evidenced-based program, or do you use any evidenced-based curriculum/practices in this program (it is not required to be). Please identify the evidence-based curriculum/practices used.

How many current staff are employed IN THIS PROGRAM?

_____ **Part-time employees**

_____ **Full-time employees**

Please name specific agencies with whom you collaborate.

How is your program unique in the services that it provides to the community/county that you stated that you serve?

If you currently receive Tri-County Kentucky United Way funding, how do you show that you are a TCKYUW Community Partner (ie. UW logo on your website and brochures, note that UW is helping to fund program in materials and/or in presentations, etc.)? We ask that you show that you are a United Way partner.

Output and Outcome Information

Outputs:

Outputs are expressed in numbers. They are measurable and easily determined. They are units of service, counts of activities, and what the program produces. Examples include: number of brochures distributed, hours of tutoring provided, number of clients served, number of beds filled, number of graduates, number of students served, etc. Outputs are intended to lead to desired outcomes.

	2018 (completed)	2019 (completed)	2020 (anticipated)	2021 (projected)
# of clients served IN THIS PROGRAM in Marion County				
# of clients served IN THIS PROGRAM in Nelson County				
# of clients served IN THIS PROGRAM in Washington Cty				
Total # served IN THIS program				

Please explain any significant changes in number of individuals served/projected to be served.

CLIENT DEMOGRAPHICS

(Please note the number for each of the following.)

2019 CLIENT DEMOGRAPHICS - RACE				
	Marion County	Nelson County	Washington County	Totals
African American				
Caucasian				
Hispanic/Latino				
Other (please state race): _____				
Other (please state race): _____				
Other (please state race): _____				

2019 CLIENT DEMOGRAPHICS - GENDER				
	Marion County	Nelson County	Washington County	Totals
Female				
Male				
Other (please specify): _____ _____				

2019 CLIENT DEMOGRAPHICS - ZIP CODE

Please specify significant numbers of clients by zip code:	Number of clients served
Lebanon (40033)	
Bardstown (40004)	
Springfield (400__)	
Other: _____	
Other: _____	
Other: _____	
Other: _____	
Other: _____	
Other: _____	
Other: _____	
Other: _____	
Other: _____	

Please estimate, if possible, the number of your clients in this program that are (this is not mandatory):

- Employed (any number of hours) _____
 - Unemployed _____
 - Low-income _____
 - Grandparent/extended family raising children _____
 - Single parent households _____
 - Veteran, active-duty military, or military spouse _____
 - Senior on fixed income _____
 - Disabled adults and seniors _____
 - Substance User _____
 - Recovering Substance User _____
 - Homeless _____
 - Immigrant/non-English speaking _____
 - Undocumented _____
 - Children under the age of 18 _____
 - At-risk youth _____
- Total Number of clients served: _____

Please list any additional outputs, if appropriate:

Outcomes:

An outcome is the change that occurred as a result of your program activities. It may be a change in your program’s participants, in the community’s conditions, etc. It can include a change in knowledge, attitude, behavior, skills, or condition. Outcomes are measurable and occur over a specified amount of time.

What are your projected outcomes for 2021, as they relate to United Way’s priority area(s) (Education, Financial Stability and/or Health) that you chose above? Please provide at least 2 outcomes and try to use at least one outcome that is provided below for each category. Feel free to add your own projected outcomes:

Education (help children/youth to be successful in school)

1. Improve school Readiness.
 - ____ % of children will achieve developmental milestones.
 - ____ % of children will be proficient on school readiness assessments.
 - ____ % of children/youth will _____.
 - _____.
2. Improve academic performance.
 - ____ % of students will improve grades.
 - ____ % of students will improve school attendance.
 - ____ % of students will _____.
 - _____.
3. Increase involvement in positive activities.
 - ____ % of students will be engaged in structured after-school activity.
 - ____ % of students will increase involvement in extra-curricular activities.
 - ____ % of children will _____.
 - _____.
4. _____.
 - ____ % of children will _____.
 - _____.

Financial Stability (create pathways to financial stability through employment and education)

1. Improve financial knowledge and management.
 - ____ % of participants will gain financial knowledge.
 - ____ % of participants will improve financial position.
 - ____ % of participants will _____.
 - _____.
2. Improve access to employment and career growth.
 - ____ % of participants will improve their employment readiness skills.
 - ____ % of participants will gain employment/maintain employment.
 - ____ % of participants will _____.
 - _____.
3. Decrease barriers to education and employment.
 - ____ % of participants will secure a reliable transportation source.
 - ____ % of participants will _____.
 - _____.
4. Increase access to assistance in time of crisis.
 - ____ % of clients will no longer be in jeopardy of utility shut-off, eviction, or homelessness.
 - ____ % of clients will receive legal representation that addresses their issue.
5. _____.
 - ____ % of participants will _____.
 - _____.

Health (promoting health, independence and safety)

1. Improve physical and/or mental health.
 - ____% of participants will improve their quality of life due to mental health services or medical assistance.
 - ____% of clients will become newly enrolled in health insurance, services or benefits.
 - ____% of clients will be successfully working towards sobriety.
 - ____% of participants will _____.
 - _____.
2. Increase access to safe housing and independent living.
 - ____% of clients will be provided with temporary, safe shelter due to a crisis situation.
 - ____% of clients will be transitioned into safe, healthy, affordable housing.
 - ____% of older adults or individuals with disabilities will improve quality of life due to services that allow them to live more independently.
 - ____% of clients will improve their lives following a disaster.
 - ____% of participants will _____.
 - _____.
3. Improve access to food stability/basic needs.
 - ____% of clients will maintain a consistent food supply for themselves/their children.
 - ____% of children will be happier/have improved grades due to consistent food supply.
 - ____% of clients will receive clothing, hygiene supplies or household goods to improve quality of life.
 - ____% of participants will _____.
 - _____.
4. _____.
 - ____% of participants will _____.
 - _____.

Please list your 2019 **outcomes results**.

Example: 78% of clients improved their job readiness skills.

1.

2.

3.

Please provide any additional results, demographics and/or local statistics on your program's successes and accomplishments that you would like to share.

How are services/outcomes for this program currently measured (ie. client surveys, monthly reports, client case notes, follow-up, etc.)?

What are the barriers/obstacles that you have experienced in terms of service delivery and/or to your client's success?

Program Budgets

Please use the charts below to provide budget information (for the program for which you are requesting funding) for the current fiscal year (2020) and the proposed fiscal year (2021).

2020 Program Budget (current year):

Please list all sources of Income for THIS program only in fiscal year 2020 (add additional lines, as needed and please delete examples):

2020 Program Budget - Income			
Funding Source	Secured or Anticipated	Dollar Amount	Comments
<i>Example: XYZ Grant</i>	<i>Secured</i>	<i>\$5,000</i>	<i>one year only</i>
<i>Example: Individual Donations</i>	<i>Anticipated</i>	<i>\$2,500</i>	
<i>Example: Business Name</i>	<i>Secured</i>	<i>\$1,000</i>	
Total Income:			

2020 Program Budget – Expenses			
Line items (ie. salary, fringe, supplies, transportation costs, etc.)	Budget Justification (how line item is calculated)	TCKY United Way Requested Funds	Total Program Budget
<i>Example: Salary</i>	<i>1 staff x \$25,000 annual salary</i>	<i>\$4,000</i>	<i>\$25,000</i>
Total Expenses:			

2021 Program Budget (proposed year):

Please list all sources of Income for THIS program only in fiscal year 2021 (add additional lines, as needed, and please delete examples):

2021 Program Budget - Income			
Funding Source	Secured or Anticipated	Dollar Amount	Comments
Total Anticipated Income:			

2021 Program Budget – Expenses			
Line items (ie. salary, fringe, supplies, transportation costs, etc.)	Budget Justification (how line item is calculated)	TCKY United Way Requested Funds	Total Program Budget
Total Proposed Expenses:			

Please provide one example of dollar values for your services. Please use increments of \$5, \$10, \$25, \$50, \$100, \$120, or \$150.

Example: \$120 provides 1 student with food on the weekends for a school year.

1. _____

By participating in the Tri-County Kentucky United Way funding process, the undersigned has carefully read the application and reviewed the information contained in this proposal for accuracy and completeness. You further understand that **an incomplete application or failure to provide the information requested, as well as late submission, will render the submission as non-qualifying and ineligible for funding or further consideration in this funding cycle.**

The undersigned also understands that this **grant submission is for the 2021 calendar year only and the applicant will have to re-apply through the grant process for future year funding.** The submission of **this grant application is not a guarantee of funding.**

If TCKYUW funds are granted to you, **you will be required to submit a mid-year report,** which tracks your progress towards the outcomes that you have provided. These outcomes also allow TCKYUW to share successes with the public and United Way donors. If awarded funding, the report template will be provided to you in late spring and **will tentatively be due to TCKYUW by July 30th, 2021.**

The undersigned also understands **that if this proposal is funded, failure to meet the proposed objectives or deliver the level of services, or loss of your non-profit status may disqualify the organization from receiving the full award or could disqualify the agency from participating in the following year's funding process.**

An Agency Agreement (attached) must be signed by authorized personnel within your organization and returned with this application for it to be passed on to the Allocations' Committee for review.

Board Chairperson/Chief Volunteer Date

Executive Director/CEO Date



**2021 Agency Agreement
For**

(agency name)

In order to share in the funds raised by the Tri-County Kentucky United Way, our program hereby agrees to:

- A. Cooperate and collaborate with other agencies to **prevent service duplication** and promote effective services.
- B. Comply with all conditions and provisions governing **supplemental fundraising activities**, as determined by the Tri-County Kentucky United Way Board of Directors in order to be eligible for **any** United Way funding:
 - a. Agency will *make every effort* to not conduct **solicitations during the TCKY UW Campaign Drive**, which is from September 1 through October 30. Agency events are acceptable if this is the best time of the year for your event. Please inform TCKYUW of any events during this time.
 - b. There is to be no solicitation of a company's employees where **payroll deduction campaigns** are conducted and no payroll deduction campaigns on behalf of your agency.
- C. Keep complete and accurate **records of financials**, which can be open to inspection by a representative of the Tri-County Kentucky United Way, if necessary and if requested.
- D. Submit to the United Way other **reasonable information** concerning finances, programs, etc. in accordance with the TCKYUW Board of Directors' or Grant Committee's request.
- E. No one shall have **early access or special access** to services and goods provided by your program. Any special circumstance should be noted in writing and approved by the agency's board of directors and available for public inspection and knowledge upon request.
- F. Notify TCKY United Way, in writing, of any **significant changes** within the funded program or organizational structure that may affect the delivery of services prior to implementing the proposed changes. This includes, but is not limited to, a change in program philosophy, program model, client, delivery strategy, intended outcomes, indicators and results, etc. If a change does occur, TCKY United Way may ask for a revision to the funded application for further review by the Grants Committee and Board of Directors.
- G. Obtain approval from the TCKY United Way **PRIOR** to any changes to the manner in which **awarded funding** will be utilized. A detailed description, as well as a new budget, may need to be submitted and reviewed by the TCKYUW Grants Committee before any changes may be made.
- H. Submit a **mid-year report** (to be provided at a later date) to the TCKY United Way (tentatively due July 30th, 2021).
- I. Have program information, success stories, and the amount funded used in **printed materials**.
- J. Support the Tri-County Kentucky **United Way campaign efforts** by assisting with United Way campaign presentations (only if requested to do so by the United Way) to discuss the impact of TCKY funding.
- K. Be willing to **share** (on brochures, website, social media, and/or in oral presentations) that TCKYUW

funding has been provided for the specified program.

L. Include an Equity statement on your website.

To insure fiscal and community accountability, I certify that this agency/program:

- Is recognized as exempt from taxation under the IRS Code, as well as from corresponding provisions of other applicable state, local and foreign laws or regulations.
- Will comply with all applicable legal, federal, state, and local operating and reporting requirements (e.g. generally accepted accounting principles, annual audit, 990, etc.).

Agency Name: _____

Program Name: _____

Name of Authorized Person signing this form: _____

Title of Authorized Person: _____

Signature of Authorized Person

Date

You will be notified of all 2021 funding decisions by early April 2021. If approved for funding, payments will be mailed quarterly. The first check will be mailed on March 30, 2021 and subsequently on June 30, September 30, and December 30, 2021. Quarterly payments will be contingent upon program results and actual receivable, unrestricted funds secured by the Tri-County Kentucky United Way.



Anti-terrorism Compliance Measures

In Compliance with the spirit and intent of the USA Patriot Act and other Counter-terrorism laws, the Tri-County Kentucky United Way requires that each agency certify the following:

“I hereby certify, on behalf of _____
(agency name),

that all Tri-County Kentucky United Way funds and donations will be used in compliance with all applicable anti-terrorist financing and asset control laws, statues and executive orders.”

Signature of Authorized Official (required): _____

Print Name: _____

Title: _____

Date: _____