



Tri-County Kentucky United Way

2022 APPLICATION FOR FUNDING - INSTRUCTIONS

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 not-for-profit 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 (physical or mental).
- 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 (please use this as a checklist):

- **Full completed application.**
- **Program budget** for the program for which you are seeking funding (please use attached form).
- 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 document).
- **IRS determination letter** confirming your exempt status under the 501(c)3 status or as a school.
- **Current Board roster** with designation of officers and affiliations, noting that they live and/or work in Marion, Nelson or Washington Counties. **THIS IS NEW!**
- A copy of your most recent **Non-Discrimination Policy**.
- Most recent **annual report and/or newsletter**, if applicable.
- Copy of your current **registration with KY Secretary of State** (<https://app.sos.ky.gov/ftsearch/>).
- **Success story** for the program for which you are requesting funding. **THIS IS NEW!**
- Optional:
 - **picture of requested program's services** that can be used for United Way marketing materials.
 - **program/agency brochure.**

Note: If you are requesting for more than one program within your organization, you must complete separate applications for each program.

The deadline for submission of this application is **12:00 noon on Friday, December 3rd, 2021**. Please **submit two (2) hard copies** of your full application (one marked "Copy" and one marked "Original") to:

P.O. Box 547 in Bardstown (or contact Laura prior to hand-deliver to her office)

AND email a full application packet to director@tricountykyuw.org.

Please use a binder clip to secure each full application. 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.

2021 Application for Funding Tri-County Kentucky United Way

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

Please type your responses.

COVER PAGE INFORMATION	
Full Name of the Agency	
Agency EIN #	
Agency Street Address	
Agency City, State and Zip Code	
Agency Phone Number	
Executive Director/CEO Name	
Email Address	
Name of Program Seeking Funding	
Dollar Amount Requested for 2022	
Dollar Amount Received in 2021	
Total 2022 Projected Program Budget (should match figure on the program budget that you provide)	
2022 Request is _____% of Total Program Budget (total 2022 Amount Requested divided by 2022 Projected Program Budget = percentage)	
Contact Person for this Application	
Title	
E-Mail Address	
Phone Number	

AGENCY INFORMATION	
Agency Website	
Agency Mission Statement	
IRS designation status (ie. 501c3)	
Please explain any anticipated volunteer or staff leadership changes at your agency/program in 2021?	
Fiscal Year Timeframe	
Total # of clients served at agency	
How many volunteers do you utilize at your agency?	
What volunteer opportunities are available at your organization that UW may share, when requested?	
Please list other programs offered by your agency.	
<p>Please use your most recent IRS Form 990 and the following formula to calculate 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>Overhead is not necessarily a measure of your mission's effectiveness. It is simply a ratio of expenses necessary to operate your organization compared to total revenue.</p>	
What internal controls to securely handle your finances?	
Is Covid-19 still having an impact on your organization or on your clients? If so, please explain.	

DIVERSITY, EQUITY, AND INCLUSION (DEI) INFORMATION

Equity Statement. If you have a statement that reflects your agency’s commitment to diversity, equity, and inclusion, please state it here.

Equity Training. Please describe any training that takes place at your organization regarding DEI.

Composition. Are the demographics of the clients that you serve reflected within your staff, board, and/or volunteers? Is so, please explain.

DEI Promotion. How does your agency strive to promote DEI within and/or among your programs, staff, board, and/or volunteers?

Targeted service. How do you ensure that you are providing service to the individuals most in need within the program for which you are requesting funding?

Targeted populations. In what ways do you reach out to target minority populations, low-income neighborhoods, etc. in the program for which you are requesting funding?

Gaps/Unmet Needs. Do you feel that there are gaps in service/unmet needs for certain populations (low-income, minority, specific towns, etc.)? Please explain.

2021 PROGRAM FUNDING REQUEST INFORMATION

<p>Program Name for which you are seeking funding</p>	
<p>2022 Requested Funding (should match amount on Cover Page)</p>	
<p>Reason for any increase/decrease in grant award from prior year</p>	
<p>What <u>specifically</u> will TCKYUW funds be used for within this program? Please be as specific as possible – ie. supplies, staff, materials, etc. This information should match the budget that you provide.</p>	
<p>If your full request cannot be funded, what would your reduced request be and how will this reduced amount be used/how would program be adjusted?</p>	<p>Reduced amount for Funding: \$ _____</p> <p>How will it be used in your Program:</p>
<p>Why is Tri-County Kentucky United Way funding important to this program? What is the value of this funding?</p>	
<p>If you currently receive Tri-County Kentucky United Way funding, how do you show that you are a TCKYUW Community Partner.</p> <p>We ask that you let the community know that you are a Tri-County KY United Way partner.</p>	<p><input type="checkbox"/> UW sticker on your door</p> <p><input type="checkbox"/> UW logo on your website/brochures</p> <p><input type="checkbox"/> Noted in materials</p> <p><input type="checkbox"/> Stated in presentations</p> <p><input type="checkbox"/> Other: _____</p>

2022 PROGRAM INFORMATION

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

Program Name: _____

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

2. Statement of Need. What is the community problem that this program will address? Provide data to support the issues that local people are facing (ie. percentage of people in Nelson suffering from substance use; food insecurity percentages in Marion County; child abuse data in Washington). **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.

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

Education Financial Stability Health

4. What county/counties does this program serve?

Marion Nelson Washington

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

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

7. 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.

8. Please name specific agencies with whom you collaborate. Identify agencies with whom you network and share relationships in order to achieve the work that you do.

9. How is your program unique in the services that it provides to the community/county that you stated that you serve? Are there other programs that provide the same service? How is your program different?

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.

	2019 (completed)	2020 (completed)	2021 (anticipated)	2022 (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				

CLIENT DEMOGRAPHICS FOR PROGRAM FOR WHICH YOU ARE REQUESTING FUNDING

	Marion County			Nelson County			Washington County		
	2019	2020	2021	2019	2020	2021	2019	2020	2021
African American									
Caucasian									
Hispanic/ Latino									
Other (please state race): _____									
Other (please state race): _____									
Other (please state race): _____									
TOTALS:									

	Marion County			Nelson County			Washington County		
	2019	2020	2021	2019	2020	2021	2019	2020	2021
Female									
Male									
Other (please specify): _____									
TOTAL:									

(Demographics continued) Please increase the table to include additional towns.

	Marion County			Nelson County			Washington County		
	2019	2020	2021	2019	2020	2021	2019	2020	2021
Lebanon									
Bardstown									
Springfield									
Other: _____									
Other: _____									
Other: _____									

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

- 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: _____

Outcomes: An outcome is the change that occurred as a result of your program activities (ie. in your program’s participants, the community’s conditions, client’s knowledge, attitude, behavior, skills, or condition, etc.). Outcomes are measurable, occur over a specified amount of time, and are usually expressed in percentages. For example: 78% of clients will improve their job readiness skills. Results are the percentage that actually experienced change (ie.82% of improved their job readiness skills).

When responding, please only report on outcomes from Marion, Nelson, and/or Washington counties.

1. FOR THIS PROGRAM, what were your outcomes for 2020 and what were the results?

2020 Outcomes	2020 Results
1.	
2.	
3.	

2. FOR THIS PROGRAM, what are your current outcomes for 2021? Please provide at least 2 outcomes.

2021 Outcomes	2021 Results Year to Date
1.	
2.	
3.	

3. **FOR THIS PROGRAM, what are your 2022 projected outcomes? Please provide at least 2 outcomes.**

2021 Outcomes
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.

PRIOR YEAR FUNDING:

If you received Tri-County Kentucky United Way funding for 2021, please note the following:

- **Name of program for which you received funds:**
- **How your dollars were spent (what funding was used for specifically):**
- **Do you have any funds remaining as of October 31, 2021?** If so, please identify the reason and how you plan to spend this money down.
- **What are the successes and highlights of your program?**
- **What are the barriers/obstacles that this program encountered in terms of service delivery and/or client’s success?**
- **Please include a success story related to how United Way funding helped your client.**

PROGRAM BUDGETS

Please use the charts below to provide budget information (for the program for which you are requesting funding) for the proposed fiscal year (2022).

2022 Program Budget (projected year) (add additional lines, as needed):

2022 PROGRAM BUDGET - INCOME				
Funding Source – please list all sources of funding for this program	Secured or Anticipated	Dollar Amount	Comments	
Total Income:				
2022 PROGRAM BUDGET – EXPENSES				
Line items (ie. salary, fringe, supplies, transportation, etc.)	Budget Justification (how line item is calculated)	TCKY United Way Requested Funds	Other Funding	Total Program Budget
Total Expenses:				

SIGNATURE PAGE

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, can 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 2022 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/early summer and **will tentatively be due to TCKYUW by July 30th, 2022.**

You will also be required to submit a year-end report to summarize your full year of activities and outcomes. Again, this report will be provided to you at a later date and **will be tentatively due to TCKYUW by January 30th, 2023.**

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 future funding processes.**

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



**2022 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, 2022).
- I. Submit a **year-end report** (to be provided at a later date) to the TCKY United Way (tentatively due on January 30th, 2023).
- J. Allow United Way to utilize program information, success stories, and the amount funded in **printed materials**.

- K. 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.
- L. Be willing to **share** (on brochures, website, social media, and/or in oral presentations) that TCKYUW funding has been provided for the specified program.
- M. Include an **Equity statement** on your website by the end of 2022.

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

A volunteer will contact you in early 2022 to discuss your program and complete a site visit (if Covid situation allows). Funding decisions will be made in March of 2022. You will be notified of all 2022 funding decisions by early April 2022.

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, 2022. Quarterly payments will be contingent upon your 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: _____