



2023 LONG APPLICATION FOR FUNDING (\$1000 or more) - 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:

- Full completed application with signature page.**
- 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.
- A copy of your **Diversity, Equity, and Inclusion Statement.**
- A copy of your most recent **Non-Discrimination Policy.**
- Most recent agency **Financial Statement/Audit/990**, as applicable. **Please only submit your IRS signature page, revenue page, and expenses page (PLEASE DO NOT SUBMIT YOUR ENTIRE DOCUMENT).**
- 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 **annual report and/or newsletter**, if applicable.

Note: If you are requesting funding 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 9th, 2022.** 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.**

Your full application will be reviewed by the Allocations Committee. You will be contacted in early 2023 to discuss your application.

Note: 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.

Tri-County Kentucky United Way
2023 LONG Application for Funding for \$1000 or more

Please type your responses and be thorough but concise in your answers. Please do not highlight your answers. Please put all required attachments at the end of your 2023 Application for Funding. Please use a binder clip to secure each full application.

COVER PAGE INFORMATION	
Full Name of <u>Agency</u>	
Agency EIN #	
IRS designation status (ie. 501c3). (Please attach your IRS determination letter.)	
Agency Street Address	
Agency City, State and Zip Code	
Agency Phone Number	
Executive Director/CEO Name	
Email Address	
Contact person for this application	
Title	
Email Address	
Phone number	
Name of <u>Program</u> Seeking Funding	
Dollar Amount Requested for 2023	
Total 2023 Projected Program Budget (should match figure on the program budget that you provide)	
2023 Request is _____% of Total Program Budget	
2023 Minimum Request if program cannot be fully funded.	
2022 Funded Program Name and Dollar Amount Received	

GENERAL AGENCY INFORMATION	
Agency Mission Statement	
Agency Website	
Fiscal Year Timeframe	
Please list other programs offered by your agency.	
Please explain any anticipated volunteer or staff leadership changes at your agency/program in 2023?	
Board of Directors. Please attach a listing of your current Board of Directors that identifies the county in which they live or work. Note: You must have representation from the counties in which you serve (Marion, Nelson, and/or Washington). If you do not have representation from these counties, please explain why and identify your efforts to secure representation.	
What volunteer opportunities are available at your organization that UW may share, when requested?	

DIVERSITY, EQUITY, AND INCLUSION (DEI) INFORMATION	
Diversity, Equity, and Inclusion Statement. Please provide copy of your Statement as an attachment. If you do not have a Statement, please note when you will have a Statement completed.	
Is your Statement on your website?	
DEI Training. Please describe any training that takes place at your organization regarding DEI.	
Non-Discrimination Policy. Please include a copy of your agency's Policy.	

AGENCY FINANCIAL INFORMATION

Please use your most recent IRS Form 990 and the following formula to calculate agency's administrative cost:

$$\frac{\text{Part IX, Line 25, Columns C + D (Mgmt/Gen + Fundraising Exp)}}{\text{Part VIII, Line 12, Column A (Total Revenue)}}$$

If your administrative cost is over 25%, please explain your actions for reducing this cost.

Please attach the Revenue page, Expenses page, and Signature page of your most recent IRS 990 Form/Financial Statement/Audit as an attachment. DO NOT ATTACH THE FULL DOCUMENT.

2023 PROGRAM FUNDING REQUEST INFORMATION

Program Name	
2023 Requested Funding (should match amount on Cover Page)	
Reason for any increase/decrease in grant award from prior year	
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.	
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? Should match amount of cover page.	Reduced amount for Funding: \$ _____ How will it be used in your Program:
Why is Tri-County Kentucky United Way funding important to this program?	

PROGRAM BUDGET

Please use the table below to provide budget information (for the program for which you are requesting funding only) for the proposed fiscal year (2023). Please add additional lines, as needed. THIS BUDGET MUST BE FILLED OUT NOTING ALL FUNDING SOURCES AND EXPENSES FOR THE PROGRAM REQUESTING FUNDING.

2023 PROJECTED PROGRAM BUDGET - INCOME				
Funding Source – please list all sources of funding for this program	Secured or Anticipated	Dollar Amount	Comments	
Total Income:				
2023 PROJECTED 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:				

2023 PROGRAM INFORMATION

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

Program Name: _____

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

2. **Priority Areas.** Which United Way priority area is this program addressing (check all that apply)?
 Education Financial Stability Health

3. **Target Communities.** What county/counties does this program serve (check all that apply)?
 Marion Nelson Washington

4. **Statement of Need.**
 - a. 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 County). **YOU MUST 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.

 - b. What are the gaps in service/unmet needs for the population that you serve?

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

 - b. In what ways do you reach out to minority populations, low-income neighborhoods, and residents outside of Lebanon, Bardstown, or Springfield in the respective counties served?

6. How is your program unique to the community/county that you serve? Are there other programs that provide the same service? How is your program different?

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

OUTPUT AND OUTCOME INFORMATION

A. Please complete the charts below for the program for which you are requesting funding. This information will help us to identify gaps in serving certain populations.

	2020 (completed)	2021 (completed)	2022 (as of 11/30)	2023 (projected)
# served IN THIS PROGRAM in Marion County				
# served IN THIS PROGRAM in Nelson County				
# served IN THIS PROGRAM in Washington Cty				
Total # served IN THIS PROGRAM				

RACE	2020		2021		2022	
	#	%	#	%	#	%
African American						
Caucasian						
Hispanic/ Latino						
Other (please state race): _____						
Other (please state race): _____						
TOTAL:						

GENDER	2020		2021	2022		
	#	%	#	%	#	%
Female						
Male						
Other (please specify): _____						
TOTAL:						

B. **Outcomes:** An outcome is the change that occurred in your participants or the conditions of the community as a result of your program activities (increased knowledge, or improved 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 for Marion, Nelson, and/or Washington counties.

1. FOR THIS PROGRAM, what were your outcomes for 2021 and what were the results?

2021 Outcomes	2021 Results
1.	
2.	
3.	

2. FOR THIS PROGRAM, what are your outcomes and results for 2022 (year to date)?

2022 Outcomes	2022 Results Year to Date
1.	
2.	
3.	

3. FOR THIS PROGRAM, what are your 2023 projected outcomes? Please provide at least 2 outcomes.

2023 Outcomes
1.
2.
3.

C. 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 _____
 - Seniors on fixed income _____
 - Disabled adults and seniors _____
 - Substance Users _____
 - Recovering Substance Users _____
 - Homeless _____
 - Non-English speaking _____
 - Undocumented _____
 - Children under the age of 18 _____
 - At-risk youth _____
- Total Number of clients served in this program:** _____

D. 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 2022, please note the following:

- **Name of program for which you received funds and amount of funding awarded:**
- **How were your dollars spent (what funding was used for specifically)?**
- **Have all funds that have been provided to date been spent?** If not, please identify the reason and how you plan to spend this money down.

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 2023 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 the summer and **will tentatively be due to TCKYUW by August 30th, 2023.**

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, 2024.**

The undersigned also understands **that if this proposal is funded, failure to meet the proposed objectives, deliver the approved level of services, loss of your non-profit status, or other circumstances that affect your agency's credibility 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

A volunteer will contact you in early 2023 to discuss your program and complete a site visit. Funding decisions will be made in March of 2023. You will be notified of all 2023 funding decisions by early April 2023.

If approved for funding, payments will be mailed quarterly. The first check will be mailed on March 30, 2023 and subsequently on June 30, September 30, and December 30, 2023. Quarterly payments will be contingent upon your program results and actual receivable, unrestricted funds secured by the Tri-County Kentucky United Way.



**2023 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 November 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 Allocation 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 Allocations' 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 August 30th, 2023).
- I. Submit a **year-end report** (to be provided at a later date) to the TCKY United Way (tentatively due on January 30th, 2024).
- J. Allow United Way to utilize program information, success stories, and/or amount funded in **printed materials**. Submission of information ensures UW that you have received proper permission to do so.

- 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, in oral presentations, and through use of UW decal/sticker) that TCKYUW funding has been provided for the specified program.

To ensure 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.
- Is current with their registration with the Kentucky Secretary of State.
- 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: _____

Printed Name of Authorized Person signing this form: _____

Title of Authorized Person: _____

Signature of Authorized Person

Date



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: _____