**2025 Community Investment Application**

**Application Information**

Organization Name:

FEIN #:

Contact Person:

Title:

Mailing Address:

Email Address:

Phone Number:

Website:

Program Name:

Amount Requested:

Please indicate which area your program’s outcome goals fit most closely (choose one).

[ ]  Youth Opportunity

[ ]  Healthy Community

[ ]  Financial Security

[ ]  Community Resiliency

Is this a new program or service provided by your organization? [ ]  Yes [ ]  No

Areas to be served by Program (list cities, county):

How did you hear about this grant opportunity?

**Program Description**

Program Mission Statement (indicate if different from organization Mission Statement):

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Program Target Population(s):

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What is the “need?” Tell us about your program and why it exists – what need it meets. (Limit 500 words)

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How do you plan to address the need? How are you going to make a difference? (limit 500 words)

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How do you plan to measure your success? (limit 500 words)

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Is there another program in Harvey County providing similar services? [ ]  Yes [ ]  No

Are you making efforts to collaborate with other Harvey County organizations on this program?

 [ ]  Yes [ ]  No

**Organizational Leadership**

Please list current board members, position, address, and phone number.

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Please list the number of quarterly partner meetings your organization attended in 2024. (for returning applicants only).

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Describe efforts to reach out to diverse populations and encourage diversity within your organization (board, staff, etc.)

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Does your organization have a diversity, equity and inclusion statement? If so, please include.

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**Budget and Accounting**

Does your organization receive money from other United Way organizations? [ ]  Yes [ ]  No

If yes, please indicate source and amount.

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Will UWHMC funds be used as a match for other grant funds? [ ]  Yes [ ]  No

If the total annual gross income of the organization exceeds $500,000, does the organization conduct an annual audit performed in accordance with generally accepted accounting principles (GAAP) by an independent audit firm? [ ]  Yes [ ]  No

What supplementary fundraising activities did/will your organization conduct in the calendar years 2023, 2024 and/or 2025? Please indicate activity, net dollars raised, area solicited, and month(s) conducted.

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**Administrative Accountability**

The organization is current with all Federal and State payroll liabilities. [ ]  Yes [ ]  No

The organization is in compliance with all mandatory IRS and Kansas Department of Revenue reporting requirements. [ ] Yes [ ] No

The organization has filed an annual report with the Kansas Secretary of State for the most recent fiscal year. [ ]  Yes [ ]  No

The organization is in compliance with all applicable and material program licensing requirements (if applicable). [ ]  Yes [ ]  No

The organization is an Equal Employment Opportunity employer. [ ]  Yes [ ]  No

Are there any pending lawsuits or litigations which may have a significant impact on the organization’s finances and/or operating reserves? [ ]  Yes [ ]  No

When the Board of Directors makes decisions, a quorum is present, and minutes are kept. [ ]  Yes [ ] No

The Board approves the budget annual and reviews financial statements on at least a quarterly basis.

[ ]  Yes [ ]  No

The organization maintains Directors & Officers and general liability insurance. [ ]  Yes [ ]  No

The Board directly supervises the Director of the organization and approves the compensation plan for that employee. [ ]  Yes [ ]  No

The organization makes copies of the IRS Form 990 or 990 EZ available to the public. [ ]  Yes [ ]  No

Qualification, election, and terms of service for board members are followed as outlined in the organization’s bylaws. [ ]  Yes [ ]  No

The organization has a conflict of interest statement which all voting members of the Board review and sign annually. [ ]  Yes [ ]  No

The organization documents and follows internal policies and procedures for fiscal control. [ ]  Yes [ ]  No

The agency charges fees for services in the program in which you are requesting funds. [ ]  Yes [ ]  No

Does your agency have an operating reserve in addition to the “cash on hand” amount reported?

[ ]  Yes [ ]  No

Does your agency have an endowment fund? [ ]  Yes [ ]  No

Services are provided on a non-discriminatory basis without regard to differences in gender, age, race, color, creed, disability, sexual orientation, gender identity or expression, religion or national origin. [ ]  Yes [ ]  No

Leaders of the organization actively participate in UWHMC leadership meetings and training opportunities.

[ ]  Yes [ ]  No

Signature: Date: