**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: