



Application to Become a Funded Partner Due Date: August 12, 2022

1. In a letter, briefly describe your organization's mission and the need for which you seek United Way funding. Explain why your organization is seeking to be a Community Partner at this time and how your organization aligns with Salina Area United Way's mission and focus areas:

Mission: Strengthening our community by focusing on education, income and health.

Focus Areas

Education: Raise the graduation rate

Financial Stability: Reduce the number of families who are financially unstable

Health: Increase the number of youth and adults who are healthy, and avoiding risky behavior

2. Attach a list of names and addresses of the governing body.
3. Attach a copy of a Letter of Determination from the Internal Revenue Service indicating your organization's tax-exempt status under Section 501(c)3.
4. Attach a copy of your organization's most recent annual audit report (or a financial review from an independent CPA) and your annual Form 990 Return of Organization Exempt from Income Tax. These must be from the same year.
5. Attached a copy of your organization's annual budget.
6. Do you have an Anti – Discrimination policy? Y or N If so, please attach a copy of your organization's Anti-Discrimination policy ratified by your Board of Directors. If you do not have one, a policy must be adopted by January 1, 2024, or sign the attached document agreeing to the Salina Area United Way's policy.
7. Do you have a Racial Equity statement? If so, please attach a copy of your organization's Racial Equity statement or policy that has been adopted by your Board of Directors. If you do not have one, a policy must be adopted by January 1, 2024, or sign the attached document agreeing to the Salina Area United Way's policy.
8. Attached is a list of additional requirements that each Funded Partner must adhere to if application is accepted. Please sign the attached list agreeing to these requirements if your application is accepted.

Please send one copy of the above information via email to mmorris@salinaunitedway.org.

The Grants committee will recommend to the full Board of Trustees acceptance or denial of the applicant. The Board of Trustees will then make the final approval of applicant. The applicant will be notified of the Board's decision. Please note that being approved as a United Way Funded Partner will move you forward in the application process, but it is not a guarantee of funding. If you move forward in the application process and do not adhere to the requirements listed above, you may be ineligible in the future to be a funded partner.

**SALINA AREA UNITED WAY
FUNDED PARTNER APPLICATION**

Agency Information

Agency Name: _____

Contact Person: _____

Title: _____

Mailing Address: _____

Telephone: _____

Cell: _____

Email: _____

Website: _____

Select one area which best advances United Way's goals (**mark only one**):
__Health or __Education or __Financial Stability.

I affirm that I have reviewed this application document, and to the best of my knowledge, the information furnished is correct and provides full and fair disclosure of the agency.

Agency authorized signer (print name)

Agency authorized signer (signature)

Title/Agency

Date

Agency Board President Signature

Date

**SALINA AREA UNITED WAY
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Year-End Grant Reporting

Demographic Information

Agencies awarded grant funding from the Salina Area United Way are asked to the information below on their year-end report.

For **2023**, or the agency's yearly cycle, how many **UNIQUE, UNDUPLICATED INDIVIDUALS** received this agency's services? List the information by county. [Click here to enter text.](#)

For **2023**, or the agency's yearly cycle, how many **TOTAL SERVICE "CONTACTS"** did this agency provide? List the information by county. [Click here to enter text.](#)

The definition of total contacts is the average number of service experiences a client has multiplied by the number of clients. For example, one 3-day class would be three per participant; weekly services for one month would be four contacts per client, a husband and wife counseling session would be two contacts. Contacts are typically equal to or greater than the number of unduplicated individuals.

Indicate agency services as a projected percentage for the categories listed below. Agency demographics should represent unduplicated clients.

The Salina Area United Way serves communities in ten counties. What are the percentages of clients your agency will serve in each county? Percentages in the following sections must add up to 100%. Enter 0 for zero. Enter N/A if not collected.

<u> </u> %	Cloud (<i>percent of county = 0.0%</i>)	<u> </u> %	Ottawa (<i>percent of county = 0.0%</i>)
<u> </u> %	Ellsworth (<i>percent of county = 0.0%</i>)	<u> </u> %	Republic (<i>percent of county = 0.0%</i>)
<u> </u> %	Jewell (<i>percent of county = 0.0%</i>)	<u> </u> %	Russell (<i>percent of county = 0.0%</i>)
<u> </u> %	Lincoln (<i>percent of county = 0.0%</i>)	<u> </u> %	Saline (<i>percent of county = 0.0%</i>)
<u> </u> %	Mitchell (<i>percent of county = 0.0%</i>)	<u> </u> %	Unknown
<u> </u> %	Osborne (<i>percent of county = 0.0%</i>)		

(%) of clients served in each county (should total 100%)

Use only **Saline County**-specific estimates for the remaining four demographic questions.

GENDER: Percentage (%) of clients served by gender

 % Male % Female % Gender unknown

ETHNICITY: Percentage (%) of clients served by ethnicity categories listed below

<u> </u> %	White persons, not Hispanic	<u> </u> %	Black	<u> </u> %	Other
<u> </u> %	Persons of Hispanic or Latino Origin	<u> </u> %	Asian persons	<u> </u> %	Unknown
<u> </u> %	American Indian	<u> </u> %	Persons reporting 2 or more races		

AGE: Percentage (%) of clients served that fall into each of the categories listed below

 % 0 thru 4 % 20 thru 34 % 70 thru 84

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%	5 thru 9	%	35 thru 54	%	85+
%	10 thru 19	%	55 thru 69	%	Unknown

INCOME CLASSIFICATION: Percentage (%) of clients to be served that fall into each of the categories listed below. Provide actual numbers or estimates. Please note that this information will be used for statistical purposes and not to evaluate your agency:

The definition of the term low-income is an individual whose family’s taxable income for the preceding year did not exceed 150% of the poverty level amount (varies by household size). For a chart of the **Federal Poverty Level Guidelines reference:**

<http://www.familiesusa.org/resources/tools-for-advocates/guides/federal-poverty-guidelines.html>

The term moderate-income is considered to be 80% of the area median income. For median income for Saline County, go to quickfacts.census.gov

%	Percentage of clients who are low-income (varies by household size)
%	Percentage of clients who are low to moderate-income
%	Percentage of clients who are not low or moderate-income
%	Percentage of clients whose income is not known

If you had difficulty obtaining estimates for demographic data, please briefly explain the challenges you experienced. Also, please indicate if the data provided is collected or estimated data and both are acceptable.

Reporting Requirements

Submit a one-page agency report and a financial statement indicating the actual use of funds within 60 days of completion of the agency end date. Include details on progress toward or achieving the goal, objective, and outcome. Include high-quality photos.

Help SAUW in our reporting to donors, the community, and United Way Worldwide. Estimate the following to the best of your ability. Using the data you have, estimate the overall number of people your Make A Difference Grant funded agency serves that fall into the specific demographic categories listed below.

Leave the category blank when you have no breakdown for a particular category (e.g., age, gender). Write “0” for any group your agency does not serve (e.g., young adults). In other words, “0” = we serve no one in this group, blank = we have no data regarding this group.

Demographic reporting is optional.

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Age*

- # Young children
- # Pre-teens and teenagers
- # Young adults
- # Adults
- # Older adults

Gender

- # Male
- # Female
- # Nonbinary/third gender

Income level

- # Low-income
- # Not specifically low-income

Race

- # Asian, Hawaiian, or Pacific Islander
- # Black or African American
- # American Indian or Alaska Native
- # White
- # Other

Ethnicity

- # Hispanic/Latino
- # Not Hispanic/Latino

Sexual orientation

- # LGBTQ
- # Heterosexual
- # Other

*The age categories have specifically been left vague to accommodate the different ways agencies maintain this information. Roughly, “young children” refers to children between the ages of 0-9, “pre-teens and teenagers,” 10-18, “young adults,” 19-29, “adults,” 30-64, “older adults,” 65+.

How confident are you that the numbers you entered accurately represent the populations you are serving with the agency?

- Very confident Somewhat confident Not confident

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Salina Area United Way Anti-Discrimination Policy

We recognize structural racism/ethnic discrimination and other forms of oppression have contributed to persistent disparities which United Way seeks to dismantle.

We understand that these disparities have existed in the past and persist into the present.

We acknowledge that these inequities are the result of policies and practices that work to marginalize entire populations of people.

We unequivocally denounce racism/ethnic discrimination because it undermines the well-being and vitality of our communities.

Our United Way network strives to engage community members, especially those whose voices have traditionally been marginalized.

We work with residents and public and private partners to co-create solutions that ensure everyone has the resources, supports, opportunities and networks they need to thrive.

We commit to leveraging all of our assets (convening, strategic investments, awareness building, advocacy) to create more equitable communities.

Agency authorized signer (print name)

Agency authorized signer (signature)

Title/Agency

Date

**SALINA AREA UNITED WAY
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Salina Area United Way Racial Equity Statement

We take the broadest possible view of diversity.

We value the visible and invisible qualities that make you who you are.

We welcome that every person brings a unique perspective and experience to advance our mission and progress our fight for the health, education, and financial stability of every person in every community.

We believe that each United Way community member, donor, volunteer, advocate, and employee must have equal access to solving community problems.

We strive to include diversity, equity, and inclusion practices at the center of our daily work.

We commit to using these practices for our business and our communities.

Join us in embracing diversity, equity and inclusion for every person in every community

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Additional Requirements List

- Run a successful workplace campaign and strive for full staff participation
- Keep their board of directors informed and encourage their support at their own workplaces for a successfully run workplace campaign
- Agree to a minimum of 1 presentation at a workplace campaign.
- Provide to Salina Area United Way a minimum of 3 impact stories of their organization.
- Have a booth at Salina Area United Way Kick-Off on September 22, 2022, and participate at Dueling Pianos on December 17, 2022
- Use the marketing toolkit provided to you for marketing and have a minimum of two social media posts a month.
- Identify itself publicly as a Funded Partner of the Salina Area United Way by placing funded partner logo provided to organization on all but not limited to window clings, newsletters, advertising, brochures, radio, TV, and any other promotional items.
- Provide copies of all materials produced by organization such as newsletters, flyers, brochures, event materials, etc.

Agency authorized signer (print name)

Agency authorized signer (signature)

Title/Agency

Date
