



## Gym Membership Application

Thank you for your interest in applying for the Salina Area United Way's In-Home Provider Gym Membership. This perk is for a year-long membership to the Salina Family YMCA in Salina, Kansas for Saline and Ellsworth County residents.

I. **PURPOSE:** The purpose of the In-Home Provider Gym Membership Grant is to fund identified community needs. Consideration will be given to requests that align with the mission of the Salina Area United Way.

The mission of the Salina Area United Way (SAUW) is to strengthen North Central Kansas by uniting people and resources to build resilient, thriving communities. SAUW priority areas and community goals are:

**HEALTHY COMMUNITY:** Expanding access to care and promoting mental, physical, and emotional well-being for all.

**YOUTH OPPORTUNITY:** Empowering children and adults with opportunities to learn, grow, and reach their full potential.

**FINANCIAL STABILITY:** Creating pathways to stability through job readiness, income growth, and access to essential needs.

**COMMUNITY RESILIENCY:** Building connected, adaptable communities that can withstand and overcome life's challenges.

II. **FUNDING** Total funds available for In-Home Provider Gym Membership Grant shall be determined annually by the SAUW Board of Directors. SAUW cannot meet every community need. An organization may only receive the In-Home Provider Gym Membership Grant once within 12 months. Exceptions may be made in cases when the organization requesting funding serves as the fiscal agent for another organization. Due to limited funding, partial grants may be awarded.

SAUW staff and volunteers will review and evaluate all funding requests. The decision-making and approval process can take up to 45 days. A lack of required information or an incomplete application will result in no award. The deadline for the Grant application is noon, CST, March 6, 2026.

III. **ELIGIBILITY REQUIREMENTS:** *All organizations applying for In-Home Provider Gym Membership Grant must meet the following minimum requirements:*

- o Operates as a KDHE licensed in-home provider.



- o Operates on a non-discriminatory basis
- o Operates within the geographic service area of Saline or Ellsworth Counties.
- o Provides services or activities that align with the SAUW mission and community goals in Healthy Community, Youth Opportunity, Financial Stability, and Community Resiliency.

#### IV. OPERATING GUIDELINES:

*The following operating guidelines shall apply:*

- o Early Childcare Initiative Grants can be requested yearly and shall be used solely for the granted purposes.
- o The SAUW Board shall approve all In-Home Provider Gym Membership Grant.

V. APPLICATION AND FUNDING PROCEDURE: The In-Home Provider Gym Membership Grant is separate and distinct from other Salina Area United Way grants.

The following general policy shall apply:

- o Applications will be considered based on available funding. Organizations must submit their application for funding to the SAUW by **noon, CST, March 6, 2026**.
- o Staff will conduct an initial review of applications based on the responses to the required statements rated against the approved scoring rubric. Applications that receive one or more 'no' will result in the denial of grant funding. Scores of 'yes' will result in the application being submitted to the Early Childcare Initiative Committee for review. The committee volunteers will review and score applications using a scoring rubric.
- o The Early Childcare Initiative Committee will submit a recommendation for In-Home Provider Gym Membership Grant recipients and amounts to the SAUW Board of Directors at any regular meeting.
- o The SAUW Board of Directors will make final decisions on grants at any regular meeting. Applicants will receive written notification of the Board's decision.
- o Grants will be considered based on funds available.
- o Applicants will be contacted with the outcome within 45 days after the grant deadline.



Today's Date

Full Name

Address

Phone Number

Email Address

Childcare Name

DBA or LLC (if Applicable)

What county are you licensed in?

How long have you been a licensed provider in Saline or Ellsworth Counties?

How many children are you licensed to serve?

License number:

License Expiration Date:

What are your days and hours of operation:

How many children are currently enrolled?

Please attach current waitlist numbers (per age group).

Please attach your weekly rates per age group and hours of operation.

Briefly describe your organization's mission and how your organization aligns with the Salina Area United Way's mission and focus areas.

Please attach a copy of your annual budget. If there is an "other" category, please define any expenses that fall within that area.



Please attach a copy of your anti-discrimination policy. If you do not have one, a policy must be adopted by January 1, 2027 or sign the attached document agreeing to the Salina Area United Way's policy prior to receiving funding.

Please attach a copy of your Racial Equity statement. If you do not have one, a policy must be adopted by January 1, 2027 or sign the attached document agreeing to the Salina Area United Way's policy prior to receiving funding.



**Salina Area United Way is dedicated to building a stronger, healthier community by empowering individuals to live active and balanced lives. Through the gym membership stipend, we support community members in improving their physical health, reducing stress, and fostering long-term wellness habits. When individuals invest in their health, the entire community benefits — with increased productivity, reduced healthcare costs, and a more connected, energized Salina. This initiative aligns with our goal of creating a thriving, healthy community where everyone has the opportunity to live well.**



How does this membership support your health or wellbeing goals?

Please attach a copy of your current childcare license.

Please attach a copy of a current valid ID.

Please attach a copy of your W9.

Do you agree that you will let us know immediately if your tax status changes?