**Application Requirements**

*Due Date: December 28th, 2023*

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 UWE Funded Organization currently and how your organization aligns with United Way of El Dorado’s mission and focus areas:

**Mission:** *The United Way of El Dorado builds a strong community by addressing health, education, and income stability.*

2. Attach a list of names and email 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 (or review) report (asset and liability page of audit only) from an independent CPA and your annual Form Return of Organization Exempt from Income Tax 990 (summary page only). These must be from the same year. If your organization is not required to have an audit or review, please attach a fiscal year-end balance sheet.

5. Attach a one-page copy of your organization’s annual budget for the 2023 fiscal year.

6. Attach a copy of your organization's Anti-discrimination policy.

8. Attached is a list of additional requirements that each Funded Organization must adhere to if the application is accepted, and funding is awarded. Please sign the attached list agreeing to these requirements if your application is accepted and funds are awarded.

Please send one copy of the above information via email to unitedwayofeldorado@outlook.com on or before the due date of December 28th, 2023.

**Required Allocations**

In-person allocations will be held in mid-January this year. At this time, the applicant will present to the allocation committee their organization and why United Way of El Dorado funding is needed for the organization to run the specific program they are requesting funding for.

The Allocation committee will recommend to the Full Board of Directors acceptance or denial of the organization’s application and allocation presentation. The Board of Directors will then make the final approval of the applicant. The applicant will be notified of the Board’s decision. If you are awarded as a United Way of El Dorado Funded Organization and do not adhere to the requirements listed above, you may be ineligible in the future to be a funded partner.

**Agency Information**

Agency Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Website:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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.

Organization Authorized Signer (Print Name):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization Authorized Signer (Signature):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization Board President (Print Name):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization Board President (Signature):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Grant Reporting**

*Organizations awarded grant funding from the United Way of El Dorado are asked for the information below on their mid-year and year-end reports.*

1. For 2024, or the agency’s yearly cycle, how many UNIQUE, UNDUPLICATED INDIVIDUALS received this organization’s services? Number Served in El Dorado: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Submit a one-page agency report and a financial statement indicating the actual use of funds awarded by United Way of El Dorado in 2024 grant year by July 10th, 2024 and January 20th, 2025 . This report may be a customized PDF report from QuickBooks or any other funds tracking database you use including Excel.

3. Help United Way of El Dorado 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 United Way of El Dorado funds serve that fall into the specific demographic categories listed below. (Data provided must be El Dorado Specific.)

**Age**

# Young children:\_\_\_\_\_\_\_

# Pre-teens and teenagers:\_\_\_\_\_\_\_\_

# Young adults:\_\_\_\_\_\_\_\_\_

# Adults:\_\_\_\_\_\_\_\_\_\_

# Older adults:\_\_\_\_\_\_\_\_

**Gender**

# Male:\_\_\_\_\_\_\_

# Female:\_\_\_\_\_\_\_\_

# Gender Unknown:\_\_\_\_\_\_\_\_

**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: \_\_\_\_\_\_\_

\*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

1. Did you run a workplace campaign and strive for full staff participation? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Did you make a minimum of two social media posts that involved the UWE? \_\_\_\_\_\_\_\_\_\_\_\_\_ Dates:\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Did you Identify your organization publicly as a Funded Organization of the United Way of El Dorado by placing United Way of El Dorado logo provided to the organization on all but not limited to window clings, newsletters, advertising, brochures, radio, TV, and any other promotional items?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency Authorized Signer (Print Name):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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.

• Provide to United Way of El Dorado a minimum of One impact stories of their organization.

• Participate in the United Way of El Dorado Campaign Kickoff.

• Use the marketing toolkit provided to you for marketing and have a minimum of two social media posts a month during United Way of El Dorado campaign season from kickoff to the end of the year.

• Identify itself publicly as a Funded Organization of the United Way of El Dorado by placing United Way of El Dorado logo provided to the organization on all but not limited to window clings, newsletters, advertising, brochures, radio, TV, and any other promotional items.

• Provide electronic copies of all materials produced by the organization such as newsletters, flyers, brochures, event materials, etc.

Agency Authorized Signer (Print Name):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency Authorized Signer (Signature):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_