**2024-2025 United Way Grant Application for Hubbard County Non-Profits**

Cover Sheet

|  |  |
| --- | --- |
| **Date of Application** |  |
| **Name of Organization** |  |
| **Mailing Address** |  |
| **Contact Person, Title** |  |
| **Phone Number** |  |
| **Email** |  |
| **Agency Website Address** |  |
| **Program Title or General Operating Request** |  |
| **Dollar Amount Requested** |  |
| **Annual Operating Budget** |  |

**A complete application includes the following (when submitting the application, please attach each document as a separate file):**

* Completed **Cover Sheet** and **Proposal** (proposal must be no more than 3 pages); see requirements on the next page
* Current Board Approved Local Organization **Budget** (should be for Hubbard County) and Program Budget (if applying for a Program)
* Signed **Agency Partnership Agreement**
* **Most recent available copy of charities registration approval letter from State of MN Office of Attorney General** stating they received your annual report and that your organization’s registration has been continued pursuant to Minnesota Statues chapter 309, the Charitable Solicitations Act. If exempt from registration, submit a reason for exemption. *Minnesota law requires a charitable organization to file a registration statement* if*: 1) it solicits or intends to solicit contributions in excess of $25,000 a year;* or *2) its functions and activities are not performed wholly by volunteers (i.e., it pays staff, independent contractors (like coaches), officers or uses a professional fund-raiser);* or *3) it has assets or income that inure to the benefit of an officer.*
* **Copy of 501c(3)** – *unless* already on file in the United Way office (please contact the United Way if you are unsure if it is on file), or if there were changes in your status since last year
* **Copy of By-laws** – *unless* already on file at the United Way office (please contact the United Way if you are unsure if it is on file), or if changes were made since last year
* **Copy of most recently completed Audit report –** If an Audit is not required, submit your financial statements as approved by your Board of Directors complete with statements, schedules, and notes.
* **Copy of most recently completed IRS Form 990, 990-N (E-postcard) or 990- EZ.** If exempt from filing a 990, submit a reason for exemption.

**FAILURE TO INCLUDE ANY OF THIS INFORMATION COULD RESULT IN REJECTION OF YOUR APPLICATION.**

**United Way Grant Application for Hubbard County Non-Profits**

Guidelines and Procedures

Agencies seeking partner funding from the United Way of Bemidji Area MUST MEET THE “BASIC CONDITIONS OF FUNDING” (see next page).

APPLICATION DEADLINE - The completed application must be emailed to grants@unitedwaybemidji.org by **4:00 p.m. o****n March 29th, 2024.** A completed application is not a guarantee of funding. If you have any questions, contact United Way at (218) 444-8929.

Applicants will be notified of grant results in June 2024.

United Way investments will be paid on a one-time basis by July 31, 2024, for this cycle only. In future funding cycles, investments will be paid to Partner Agencies on a semi-annual OR quarterly basis, depending on award amount.

Funding for this cycle comes from dollars raised in Hubbard County in 2023’s Campaign for the Community. Grantees who are awarded funds can expect awards in the range of $500-$5,500, depending on the number of awardees.

Your concise proposal (no more than 3 pages) must contain the following information clearly identified with headings:

* Brief history and explanation of mission of organization
* Agency and/or program description and how it aligns with at least one of United Way’s focus areas:
  + Education - Helping children, youth, and adults achieve their full potential
  + Basic Needs/Income - Promoting financial stability and increasing self-sufficiency OR providing basic needs/crisis emergency services
  + Health - Improving people's health and social well-being
* Geographic area that will benefit from the project
* The human service need being addressed
* Specific target population and estimate of the number of people affected
* Expected outcomes of this project
* Evaluation procedure description (the method for measuring expected outcomes)
* Future funding sources for the project (if applicable)
* Implementation schedule for the project (specific dates)

Logo, company name

Description automatically generated

**GRANT GUIDELINES/BASIC CONDITIONS   
FOR UNITED WAY OF BEMIDJI AREA   
PARTNER AGENCY INVESTMENTS**

**Agencies seeking new or continued funding through the United Way must comply with or agree to the following conditions:**

1. **BE INCORPORATED, OPERATIONAL AND PROVIDING SERVICES FOR WHICH YOU ARE APPLYING,   
   NOT-FOR-PROFIT AND IRS TAX EXEMPT**Agencies receiving United Way dollars must be not-for-profit organizations that have been declared tax exempt by the Internal Revenue Service and have a 501(c)(3) status. The agency must be in operation and providing the service(s) for which funding is being requested. In addition, each agency must annually submit a properly signed “Affidavit of Compliance” with the charitable regulations of the State of Minnesota.
2. **PROVIDE COMMUNITY SERVICE BASED ON DOCUMENTED NEED(S)**The agency/program request should be based upon an identifiable current need, demand, or problem in the community, specifically the United Way target and service area (Hubbard County). United Way of Bemidji Area offers support in the following community impact areas:

**Education** - Helping children, youth, and adults achieve their full potential   
**Basic Needs/Income** - Promoting financial stability and increasing self-sufficiency or providing basic needs/crisis emergency services  
**Health** - Improving people's health and social well-being

Services which are supported by United Way dollars should be clearly defined and their impact documented by the organization applying for or receiving funds. Services should be targeted toward an identifiable population and/or geographic location within the service area of United Way of Bemidji Area.

1. **BE NON-DISCRIMINATORY**Discrimination by race, creed, color, sex, age, handicapping condition or religion is prohibited. Each organization receiving United Way funding must have an up-to-date non-discrimination policy.
2. **HAVE ACTIVE, ROTATING VOLUNTEER LEADERSHIP THAT REPRESENTS DIVERSE ELEMENTS OF THE HUBBARD COUNTY**The agency’s Board of Directors or governing body should consist of volunteers who participate in the policy making process, represent the diverse elements of the community, periodically rotate off the Board on a planned basis, and meet at least quarterly.
3. **HAVE A SOUND FINANCIAL AND PROGRAM MANAGEMENT**It is critical for United Way support that there is demonstrated ability to manage the programs and services in accordance with generally accepted accounting procedures, e.g., American Institute of Certified Public Accountants (AICPA) Guide. The organization must provide copies of its annual audit using an independent certified public accountant or accounting firm.
4. **HAVE A LOCAL CHAPTER/PROGRAM IN HUBBARD COUNTY AND/OR SERVE PEOPLE WITHIN THIS DESIGNATED COVERAGE AREA**Any agency applying for United Way funds that has a national or state charter must have a local chapter/program and have a visible presence in Hubbard County in order to be eligible for United Way funding. The agency must also show ongoing support, participation, and service to this area throughout the funding cycle.
5. **UNITED WAY FUNDING MAY NOT BE USED FOR BRICK AND MORTER/CAPITAL BUILDING PROJECTS**Agencies applying for funding may not use United Way dollars for remodeling or renovation, expansion or new construction of office or program site.
6. **UNITED WAY DOES NOT FUND** Athletic organizations and/or events, political organizations and/or activities, organization’s prior year’s deficits, individuals, and/or for-profit organizations.

Logo, company name

Description automatically generated**2024-2025 AGENCY PARTNERSHIP AGREEMENT**

If your agency receives investments from the United Way, as a Partner Agency you agree to the following:

United Way funded organizations will not initiate or participate in any non-United Way organized federated campaign in the workplace, meaning a campaign in which monetary donations are solicited through payroll deductions.

Monies invested in your organization from the United Way are to be used for the intended purpose as stated in the original Investment Application. Any changes in circumstance must be reported to the United Way for approval. If not approved, investment repayment will be requested from the organization to the United Way.

An “Exit Report,” at the end of the investment cycle, is requested of the organization if the organization decides to terminate their relationship as a continuing United Way Partner Agency. The organization does NOT need to provide an “Exit Report” if the organization intends to reapply for the community investment process the following year.

**By signing this agreement, the below named agency’s Board of Directors and staff agrees to follow these rules as set forth by the United Way. Any actions not in compliance with this agreement may result in the withdrawal of the agency’s investment by the United Way. A signature also certifies that all information contained in the application has been reviewed and is true and correct.**

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

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

**Agency Director/President (Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**\*\*\* SUBMIT GRANTS EMAIL TO GRANTS@UNITEDWAYBEMIDJI.ORG \*\*\***