2025-2026 United Way Grant Application Questions for Beltrami County

Non-Profits Applying to the Impact Area of Healthy Community

**Part 1: AGENCY INFORMATION**

Application Title (two to six words)

Application Summary (two to three sentences that summarize your request, 75 words or less)

Agency Name

Mission Statement of Agency (75 words or less)

Amount requested from United Way of Bemidji Area

Agency Address (Physical and Mailing)

Phone Number

Website

Primary Contact: name, email address, phone number

**Part 2: AGENCY INFORMATION CONT’D**

List your Board of Directors (names, terms, and roles on the board).

How many board meetings do you have per year?

Do you have a quorum at your meetings?

If not, why?

Does your agency’s staff and board take annual Diversity, Equity, and Inclusion trainings?

If yes, what trainings have you taken?

How many total staff does your agency employ? (# and FTE)

How many staff work with clients in Beltrami County? (# and FTE)

How many staff work in the impact area of Healthy Community in Beltrami County?

How many volunteers (# and hours) did your agency utilize in Beltrami County in 2024?

Please upload the following documents:

501c3 certification (if not on file at United Way)

Bylaws (if not on file at United Way)

Most recent available copy of charities registration approval letter from State of MN Office of Attorney General

Agency brochure (if applicable)

**Part 3: PROGRAMS AND SERVICES**

Describe the programs and services your agency provides that solve a community issue in the impact area of Healthy Community (1000 words or less).

Who does your agency serve? Please include demographics, such as income level, age, gender, special interest, and more. (250 words or less)

Provide the following client information:

|  |  |  |  |
| --- | --- | --- | --- |
| Total # of unduplicated individuals who were served or projected to be served: | Whole Program | Beltrami County ONLY | Potential additional clients in Beltrami County\* |
| 2 years ago |  |  |  |
| The past/last year |  |  |  |
| Projected next year |  |  |  |

\*Estimates or actual known additional clients in need of your services that could have been served if you had enough people, money, space, etc.

What was your cost per client for the past year?

If your organization serves other geographical areas outside Beltrami County, please list below ALL areas covered by your organization (i.e., cities and/or counties, etc.). (250 words or less)

How does your agency or program develop and improve to best serve its clients in the impact area of Healthy Community? How are those most impacted by this work involved in the process? (500 words or less)

**Part 4: GOALS AND OUTCOMES**

What are your goals and/or new initiatives for your agency in the impact area of Healthy Community for the 2025-2026 United Way grant cycle? (500 words or less)

From your above answer, identify two to three of your agency’s most important outcomes for success in the impact area of Healthy Community and specify the activities needed to achieve the outcome, measurable indicators that will be used to determine whether the outcomes have been achieved, along with a target for each outcome.

**Example:**

**Outcome Statement:** Ex: Low-income students improve academic performance

*(Outcome Statements demonstrate how your program brings about changes in participants.)*

**Activities with Timeline:** Ex: 1) Tutors sign up students by recruiting through the schools (September 2025), 2) First tutoring session completed for each student (October 2025), 3) Regular Assessments are given to students to track progress (monthly, November 2025-June 2026)

*(Activities, with a timeline, demonstrate that you have a plan for how you will complete the above Outcome Statement.)*

**Indicator(s):** Number of low-income students who increase academic performance by 20%

*(Indicators should be measurable and will inform if you achieved your outcome.)*

**Target:** 50 low-income students increase academic performance by 20%. 25 low-income students are at grade level by end of the school year

*(Targets should be obtainable and show success.)*

**Outcome Statement #1:**

**Activities with Timeline:**

**Indicator(s):**

**Target:**

**Outcome Statement #2:**

**Activities with Timeline:**

**Indicator(s):**

**Target:**

**Outcome Statement #3:**

**Activities with Timeline:**

**Indicator(s):**

**Target:**

Are your services in the impact area of Healthy Community the same and/or different from agencies that provide similar services? Do you coordinate and/or refer with each other? (250 words or less)

Please share a success story (or two!) from the past 12 months, about how your agency or program has improved the lives of your clients. This is your chance to describe the outcomes your program is able achieve and bring your agency to life for the Community Investment Cabinet. Be as descriptive as possible and make sure the story you provide ties back to the outcomes listed above. For confidentiality, please do not share specific names of clients or program participants.

If you received funding last year from United Way of Bemidji Area, please provide a report on activities funded by the grant. (800 words or less)

**Part 5: ALICE (Asset Limited, Income Constrained, Employed)**

Please refer to <https://unitedforalice.org/state-overview/Minnesota> for more information on ALICE.

Does your agency serve those who are considered ALICE in Beltrami County? (Please note, we are referring to those clients/participants who are above the federal poverty line but below a survival household budget.)

If yes, what percentage of your clients/participants are ALICE and how do you measure that number?

If yes, which programs and/or services do you provide to ALICE?

Due to federal, state, or other requirements, do you have to turn away those who are ALICE? If so, how many?

If you had additional funding to serve ALICE, what programs and/or services would you fund? How would this funding affect ALICE in Beltrami County? (500 words or less)

**Part 6: FINANCIAL INFORMATION**

Please give answers for the following for your LAST fiscal year:

Most recent fiscal year that you are reporting numbers for (i.e., Jan-Dec 2023 OR July 2022-June 2023):

What was the agency’s total Revenue?

What was the agency’s Revenue for Beltrami County?

List special events (event titles and amounts raised) that raised over $500 for Beltrami County

List government funding and amounts received

List government funding and amounts received for Beltrami County

What was your Membership Dues income for your agency?

What was your Membership Dues income for your agency in Beltrami County?

What was your Program Service Fee income?

What was your Program Service Fee income for Beltrami County?

What were your agency’s total expenses?

What were the agency’s total net assets?

What was the agency’s administrative/overhead rate? ((management + fundraising)/total expenses) (in percentage)

How many months of operating reserves does the agency have? (net assets/(total expenses/12 months))

Please explain any financial disparities, including funding that came in during a specific fiscal year and will be spent another fiscal year, fundraising for a capital project, etc.

Will you be using United Way of Bemidji Area as a match for other funding?

If yes, please describe.

Please upload the following documents in PDF format:

Board approved detailed budget for the current fiscal year. Ideally, this budget should be for Beltrami County. If that is not possible, please upload a budget for the smallest, applicable program/area and use the text box to explain the program/area.  (i.e., “The budget I’m submitting is for the entire agency, which has offices in Bagley, Blackduck and two in Bemidji. ~80% of our work is for Beltrami County residents.) If you are a large, state-wide agency, it is imperative that you submit a budget and/or financial records that show income and expenses directly for Beltrami County, as other financials will not be helpful.

Most recent audit If you are not required to have an audit, please upload your Balance Sheet for your last fiscal year.

P&L Statement for your last fiscal year (this should match information provided above)

Most recent IRS Form 990, 990-N (E-postcard) or 990- EZ.

United Way focuses on funding agencies that balance the community in the areas of Financial Stability (Basic Needs), Healthy Community (Health), and Youth Opportunity (Education). If United Way is unable to fund your request, what are your alternative sources of funding? (250 words or less)

**Part 7: SIGNATURE**

Submit by uploading the signed Partner Agency Agreement Form (available to download in application) and signing online.