**2025-2026 United Way Grant Application for**

**Hubbard County Non-Profits**

Cover Sheet

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| **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
* Completed **ALICE information sheet** for your agency (page 3 of this document)
* 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 501(c)(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 April 18th, 2025.** 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 by August 31st, 2025.

United Way investments will be paid on a one-time basis by November 20, 2025, for this cycle only. In future funding cycles, investments may be paid to Partner Agencies on a semi-annual OR quarterly basis, depending on the award amount.

Funding for this cycle comes from dollars raised in Hubbard County in 2024’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:
  + Youth Opportunity (Education) – Preparing young people to realize their potential from cradle to career

*Examples: childcare and early childhood education, in-school, after-school, and summer learning, family engagement, literacy development, college and career readiness*

* Financial Stability (Basic Needs) – Creating a stronger financial future for every generation

*Examples: adult education, job training, and career pathways, financial education and coaching, homelessness prevention, affordable housing, and homeownership, benefits access*

* Healthy Community (Health) – Improving health and wellbeing for all

*Examples: healthcare access, maternal and child health, nutrition and food security, health spaces and physical activity, mental health support, substance misuses recovery and prevention*

* 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)

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Description automatically generatedALICE (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 Hubbard County? Please note, we are referring to those clients/participants who are above the federal poverty line but below a survival household budget.

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

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

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

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If you had additional funding to serve ALICE, what programs and/or services would you fund? How would this funding affect ALICE in Hubbard County?

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Logo, company name

Description automatically generated**2025-2026 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 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Agency Executive Director (Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

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