

**GRANT APPLICATION FORM – Basic Needs**

Funding Period: July 1, 2022 – June 30, 2025

United Way of the Greater Chippewa Valley (UWGCV) is seeking proposals to support programs addressing identified needs for Chippewa and Eau Claire counties in the areas of Health, Education, Financial Stability, and Basic Needs.

To complete the grant application form for the **Basic Needs Initiative:**

* Place your cursor in the appropriate text box and provide the information requested;
* Use Arial 10 font when answering the questions;
* Do not reformat the pages when printing or saving your documents because the text boxes will expand in size to accommodate your responses within the word count guidelines.

**Printed and electronic copies** of the following paperwork must be completed and **delivered no later than 12:00 p.m. on Friday, July 30, 2021** to the UWGCV office:

|  |  |  |
| --- | --- | --- |
| **Document** | **Printed** | **Electronic** |
| Application | One copy in Word with original signatures | **Two copies.** One copy in Word and another copy as a PDF with signatures |
| Budget(Attachment A) | Separate Excel spreadsheet for each year | One file with Excel spreadsheet for each year |
| AttachmentsB thru J | Clearly labeled original or copy of each applicable document | Clearly labeled, separate PDF version of each applicable document |

* Any application materials received after the deadline will not be eligible for review.
* If any section of the application is incomplete, this will be reflected in the final score.

**Electronic versions** of those documents must be **emailed to:** basicneeds@uwgcv.org.

In the subject line of the email, please type the area and the name or title of your program as indicated on the application (Example: BASIC NEEDS – Homeless Program). The electronic versions must also be **submitted by the deadline of 12:00 p.m. on Friday, July 30, 2021** in order to be eligible for review.

All questions relative to the grant application process for Basic Needs should be directed to Kelly Christianson, Lead Community Impact Director, at [basicneeds@uwgcv.org](basicneeds%40uwgcv.org) or 715-834-5043. It is also advised to check the Frequently Asked Questions (FAQ) at [www.uwgcv.org/funding](http://www.uwgcv.org/funding). Questions will be updated periodically.

**Section 1: General Information about Lead Organization**

1. Name of Lead Organization

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Website of Lead Organization

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2. Chief Executive Officer (or equivalent)

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Job Title

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| --- |
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Address (City, State, Zip Code)

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Phone

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Email

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3. Local Contact Person

|  |
| --- |
|  |

Job Title

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Address (City, State, Zip Code)

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Phone

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Email

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4. Legal Status of Lead Organization (Place an “X” in one of the boxes)

 §501(c)(3) Organization

 Public Agency

 Educational Institution

 Financial Institution

 Other Tax-Exempt Organization

Specify:

 Other

5. Name of Fiscal Agent

|  |
| --- |
|  |

Legal Status of Fiscal Agent (Place an “X” in one of the boxes)

 §501(c)(3) Organization

 Public Agency

 Educational Institution

 Financial Institution

 Other Tax-Exempt Organization

Specify:

 Other

6. Has your program or the Lead Organization been part of a government-led investigation?

Yes No

**Note:** **Complete Attachment I** if your answer is yes to this question.

7. Mission statement of your organization

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| --- |
| **Max: 200 words**  |

**Section 2: Program Information**

8. Name of Program

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Website of Program

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Program Director

|  |
| --- |
|  |

Job Title

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| --- |
|  |

Address (City, State, Zip Code)

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| --- |
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Phone

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Email

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9. Status of this program within your organization (Put an “X” in one of the boxes)

New program

 Existing and ongoing program

 Modification/Enhancement of an existing and ongoing program

10. Describe your program in no more than 100 words. If funding is approved, this description will be used in UWGCV marketing.

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| **Max: 100 words** |

11. Overview, purpose and description of your program

|  |
| --- |
| **Max: 750 words** |

12. How does your program align with UWGCV’s Basic Needs Bold Goal: *Chippewa Valley residents will have access to food, shelter, and medical services in their time of need?*

|  |
| --- |
| **Max: 750 words** |

13. Describe your organization’s qualifications (e.g. staff’s knowledge, competency, experience, and licensure) and any historical data that demonstrate previous accomplishments (e.g. program capacity, longevity, awards, community recognition, and success rate).

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| **Max: 600 words** |

14. Describe how your program will be staffed and how the staff and volunteers will be prepared, trained, and managed.

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| **Max: 600 words** |

15. The Target Population for the UWGCV’s Basic Needs is *families and individuals at or below the ALICE threshold*. Describe how the UWGCV funds requested will serve this population.

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| **Max: 600 words** |

16. Number of **unique** individuals anticipated to be served **annually** by your program**.** \*If this number changes in year 2 and or 3 – please describe in question 20. (Other demographic information that will be asked for on the Annual Progress Report will include gender, race, ethnicity, and income.)

|  |  |  |  |
| --- | --- | --- | --- |
| **Targeted Communities** | **# Children/Youth****(0-18 years old)** | **# Adults** **(19+ years old)** | **Total by Community** |
|  | **Prenatal** | **0-5** | **6-10** | **11-14** | **15-18** | **19-26** | **27-54** | **55+** |  |
| **Bloomer** |  |  |  |  |  |  |  |  |  |
| **Boyd** |  |  |  |  |  |  |  |  |  |
| **Cadott** |  |  |  |  |  |  |  |  |  |
| **Chippewa Falls** |  |  |  |  |  |  |  |  |  |
| **Cornell** |  |  |  |  |  |  |  |  |  |
| **Jim Falls** |  |  |  |  |  |  |  |  |  |
| **Lake Holcombe** |  |  |  |  |  |  |  |  |  |
| **New Auburn** |  |  |  |  |  |  |  |  |  |
| **Stanley** |  |  |  |  |  |  |  |  |  |
| **Total for Chippewa County** |  |  |  |  |  |  |  |  |  |
| **Altoona** |  |  |  |  |  |  |  |  |  |
| **Augusta** |  |  |  |  |  |  |  |  |  |
| **Eau Claire** |  |  |  |  |  |  |  |  |  |
| **Fairchild** |  |  |  |  |  |  |  |  |  |
| **Fall Creek** |  |  |  |  |  |  |  |  |  |
| **Total for Eau Claire County** |  |  |  |  |  |  |  |  |  |
| **Total for both Counties** |  |  |  |  |  |  |  |  |  |

17(a). If you are unable to count unique individuals, please explain why.

17(b). Describe your plan to provide an estimation of the number served for the required Annual Progress Report.

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| --- |
| **Max: 750 words** |

18. How will you target the communities identified? Provide specific strategies for outreach.

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| --- |
| **Max: 750 words** |

19. United Way of the Greater Chippewa Valley is committed towards advancing diversity, equity, and inclusion in the community. Describe how the program does/will address inequities and disparities in the Chippewa Valley. Provide a plan or historical data that supports your organization's efforts.

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|  **Max: 750 words** |

**Section 3: Program Goals, Evaluation, Strategies**

**BOLD GOAL: *Chippewa Valley residents will have access to food, shelter, and medical services in their time of need.***

**DEFINITIONS:**

* Availability: The aspect of “availability” asks the proposed program to demonstrate the match between current community needs and the proposed program service. The needs in each individual city/town can vary depending upon the demographics of the current population and the ability of the population to access services there and or elsewhere in the service area. In other words, “availability” is addressing the broad questions of what services are available, whom the services are available to, and the context of why services are available.
* Accessibility: Defined as hours of availability, location to serve those in need, and the identification of potential barriers (ethnic, social, etc.) to accessibility and potential solutions to the barriers.
* Efficiency: The program identifies an efficient use of financial resources.

20. Service Summary: Please calculate the “cost per unit” in two ways.

a. Divide the entire program costs by the number of unique people served.

Total (Attachment A-Cell 51C/unique people served)

b. Divide the program costs funded by requested UWGCV funds by the number of people served.

Total (Attachment A-Cell 51E/unique people served)

c. Please describe how the requested funds will be used.

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| **Max: 600 words** |

21. How does the program address solutions to access barriers such as hours of availability, location, transportation, language, and systems of social oppression?

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| **Max: 600 words** |

22. How does your program create, implement, and evaluate program goals? As an example, in this statement you can include how do you use consumer feedback, staff performance, and financial sustainability for process improvement.

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| **Max: 750 words** |

23. Is there anything else you would like to share about your program?

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| **Max: 600 words** |

**Section 4: Program Funding Request**

Funds requested from United Way of the Greater Chippewa Valley can vary from year to year.

24. Funding requested each year:

|  |  |  |
| --- | --- | --- |
| Year 1July 1, 2022 – June 30, 2023 | Year 2July 1, 2023 – June 30, 2024 | Year 3July 1, 2024 – June 30, 2025 |
| $  | $  | $  |

**Note:** Year 2 & 3 funding contingent upon program success documented in progress reports.

25. Proposed program budget for each year of funding requested.
**Note:** **Complete Attachment A** (annual spreadsheets designated by tabs)

26. If funding is received from UWGCV, how will this program be sustained after the grant period is over?

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| --- |
| **Max: 600 words** |

27. If UWGCV funding is less than requested, how will this impact your program?

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| --- |
| **Max: 600 words** |

**Section 5: Collaborative Partners**

Collaboration is working together to achieve common goals, with a deep, collective determination to reach shared objectives. Demonstrate that each collaborative partner contributes to the success of the program. It is important that common measurement tools be established and utilized to collect data so that the information can be reported and shared with others in the community. **Programs must identify at least one collaborative partner.**

28. List other organizations collaborating in your program and describe their role(s), function(s), and contribution(s) towards shared objectives as well as any funding (if provided). A Memorandum of Agreement (MOA) is recommended for partnerships. A MOA will be required for fiscal partnerships.

|  |  |  |
| --- | --- | --- |
| Collaborative Partner | Role(s) and Function(s) | Funding Dollars (if provided) |
|  | **Max: 100 words** | $ |
|  | **Max: 100 words** | $ |
|  | **Max: 100 words** | $ |
|  | **Max: 100 words** | $ |
| * **Contact information and signatures for Collaborative Partners provided in next section.**
* **If this is a Fiscal Partnership, please see Section 6 – Signature Page and submit a MOA (Attachment J)**
 |

**COLLABORATIVE PARTNER**

|  |  |
| --- | --- |
| Name of Organization |  |
| Contact Person |  |
| Job Title |  |

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

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**COLLABORATIVE PARTNER**

|  |  |
| --- | --- |
| Name of Organization |  |
| Contact Person |  |
| Job Title |  |

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

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**COLLABORATIVE PARTNER**

|  |  |
| --- | --- |
| Name of Organization |  |
| Contact Person |  |
| Job Title |  |

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

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**COLLABORATIVE PARTNER**

|  |  |
| --- | --- |
| Name of Organization |  |
| Contact Person |  |
| Job Title |  |

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

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section 6: Signature Page**

29. **COMPLETE AND PRINT THIS PAGE, OBTAIN ORIGINAL SIGNATURES, AND DELIVER THE SIGNED COPY WITH THE REST OF THE GRANT APPLICATION TO THE UNITED WAY OFFICE BY 12:00 P.M. ON FRIDAY, July 30, 2021.**

Organizations and individuals identified below have read and agree to abide by the following UWGCV policies: Affiliation & Compliance Policy, Anti-Terrorism Compliance Policy, Designation Policy, and Fundraising Policy (see <http://www.uwgcv.org/funding>). These same organizations and individuals agree to collaborate on the program identified as part of the grant application process.

**LEAD ORGANIZATION**

|  |  |
| --- | --- |
| Name of Organization |  |
| Contact Person |  |
| Job Title |  |

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

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FISCAL AGENT (This could be the Lead Organization or a Collaborative Organization)**

|  |  |
| --- | --- |
| Name of Organization |  |
| Contact Person |  |
| Job Title |  |

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

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**COLLABORATIVE PARTNER – fiscal partnership** \_\_\_Attach MOA – Attachment J

|  |  |
| --- | --- |
| Name of Organization |  |
| Contact Person |  |
| Job Title |  |

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

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Attachments – Check items submitted**

The following attachments are required from the Lead Organization, along with your application:

\_\_\_\_\_ Attachment A: Budget

Projected program budget and usage of United Way grant dollars, using the spreadsheet supplied by UWGCV.

\_\_\_\_\_ Attachment B: Organizational Chart

Reflect the following structures and how they relate to each other:

* Board and committee structure,
* Departmental structure, and
* Supervisory structure, including position titles

If your local office is a subsidiary of a parent organization, please submit the above for both your local office and your parent organization to illustrate the relationship between the two.

\_\_\_\_\_ Attachment C: Board of Directors

List each board member and indicate whether or not she/he is an officer, committee assignment, length of board service, employment affiliation, and contact information.

\_\_\_\_\_ Attachment D: Program Profit and Loss Statement

Include budget vs. actual for the most recently completed fiscal year.

\_\_\_\_\_ Attachment E: Agency Profit and Loss Statement

Include budget vs. actual for the most recently completed fiscal year.

\_\_\_\_\_ Attachment F: Organizational Financial Statements

Audited, reviewed, or compiled organizational financial statements. These financial statements should include the balance sheet and profit & loss statements for the last two most recently completed fiscal years. If possible, also include a cash flow statement for the most recently completed fiscal year.

* + 1. For tax-exempt organizations under §501(c) of the Internal Revenue Code, please provide the following, based on revenues reported on your most recently filed IRS 990 form:
* Annual Revenues < $300,000: The above financial statements that have been reviewed and approved by the board treasurer and chairperson (verify with signatures);
* Annual Revenues > $300,000: A formal “review” of the above financial statements is required from an independent certified public accountant.
* If your organization received over $500,000 in contributions: You must submit audited financial statements and the opinion of an independent certified public accountant.
	+ 1. For organizations that are not tax-exempt, please provide the following, based on revenues reported on your most recently filed tax return:
* Annual Revenues < $300,000: The above financial statements that have been reviewed and approved by your chief executive officer (verify with a signature);
* Annual Revenues > $300,000: A formal “review” of the above financial statements is required from an independent certified public accountant.

\_\_\_\_\_ Attachment G: Federal Tax Return - For the most recently completed fiscal year (e.g., 990, 1040)

\_\_\_\_\_ Attachment H: Financial Narrative Questionnaire

\_\_\_\_\_ Attachment I: Narrative Regarding Government-led Investigation (Response to Question 6)

Include why the investigation happened, findings from the investigation, whether or not the agency/program has been put on corrective action or probation, and what the agency is doing to correct the issue. Also include timeframes for each part of the process.

\_\_\_\_\_ Attachment J: Memorandum of Agreement if there is a Fiscal Collaborating Partnership

**Note: If the Fiscal Agent is NOT the same as the Lead Organization, the Fiscal Agent must ALSO provide Attachments E, F, G and H**.

Name of Program

|  |
| --- |
|  |

Printed and Electronic copies of the following paperwork must be completed and delivered no later than **12:00 p.m. on Friday, July 30, 2021** to the UWGCV office. Any application materials received after the deadline will not be eligible for review.

For UWGCV Office Use:

Printed Copies received on (date/time):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Electronic Copies received on (date/time):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please review that all items are complete, signatures are in place and all required attachments are provided.

Check items in Column 2 “Program – check as submitted”. Attachment I and J may not be applicable – if so, write NA in that column.

|  |  |  |
| --- | --- | --- |
| **Items to submit per directions on page 1** | **-Program-****check as submitted** | **-For UWGCV Office Use- Verified by UWGCV staff** |
| Grant Application (sections 1-6) |  |  |
| * All sections are complete
 |  |  |
| * Signature pages are complete
 |  |  |
| Attachment A – Budget |  |  |
| Attachment B – Organizational Chart |  |  |
| Attachment C – Board of Directors |  |  |
| Attachment D – Program Profit & Loss Statement |  |  |
| Attachment E – Agency Profit & Loss Statement |  |  |
| Attachment F – Organizational Financial Statements |  |  |
| Attachment G – Federal Tax Return |  |  |
| Attachment H – Financial Narrative Questionnaire  |  |  |
| Attachment I – Narrative Regarding  Government-led Investigation - Question 6  |  |  |
| Attachment J – MOA if Fiscal Collaborating Partnership |  |  |
|  |
| **If the Fiscal Agent is NOT the same as the Lead Organization, the Fiscal Agent must ALSO provide:** |
| Attachment E – Agency Profit & Loss Statement |  |  |
| Attachment F – Organizational Financial Statements |  |  |
| Attachment G – Federal Tax Return |  |  |
| Attachment H – Financial Narrative Questionnaire |  |  |

**End of Application**