



## **United Way of Whitman County 2023 Community Grant Application Packet**

Thank you for applying for a United Way of Whitman County (UWWC) Community Grant. The 2023 funding cycle is July 1, 2023, through June 30, 2024. All application materials are included.

This packet contains:

1. Funding Philosophy
2. Organization Agreement
3. Funding Questionnaire
4. Organization Information
5. Financial Reporting Form
6. Funding Reporting Form
7. Whistleblower Policy
8. Anti-Terrorism Agreement

Please return the following no later than 5pm, May 1, 2023, to [director@whitmanunited.org](mailto:director@whitmanunited.org):

1. Completed Organization Agreement, Funding Questionnaire, Organization Information Form and Financial Reporting Form
2. The completed Funding Reporting Form, if you received UWWC funding from the previous grant cycle
3. Verification of annual audit or financial review. If your organization does neither, please submit specific details of your accounting processes.
4. Verification of most recent 990 filing if applicable
5. Verification of current 501c3 certification
6. Names and titles of current Board of Directors
7. Signed Whistleblower Policy and Anti-Terrorism Agreement

If your application is accepted, you will be scheduled to meet in person with members of the United Way of Whitman County Board, provide a 10-minute presentation on the ways your organization directly impacts the health, education and financial stability of Whitman County residents. Your presentation will be followed by a 5-minute question and answer period. Handouts are welcome; a Power Point presentation is not required. Presentations will be held at the SEL Event Center in Pullman, WA the week of May 22, 2023. Funding priorities will be given to organizations providing services to Whitman County residents.

We are excited to learn about the great work you are doing in Whitman County. If you have questions, please contact the United Way of Whitman County at 509.339.4962 or [director@whitmanunited.org](mailto:director@whitmanunited.org).

## **United Way of Whitman County Funding Philosophy**

**Mission Statement:** United Way of Whitman County champions for the *health, education and financial stability* of every person, in every community, across Whitman County.

United Way of Whitman County believes people are connected and interdependent. When we reach one, we influence all. Through our role as convener, facilitator and advocate, our goal is to create long lasting change by addressing the underlying causes of poverty and social inequality. United Way of Whitman County supports programs that specifically address:

**Health:** physical, mental, and social health; focus on prevention, systems change and healthy behaviors to improve outcomes

**Education:** early childhood education, school age, middle and high school youth as well as continuing education for adults; life-long learning

**Financial Stability:** Asset Limited Income Constrained Employed (ALICE) individuals and families; financial independence

United Way of Whitman County supports a network of health and human service organizations serving clients across the life course in Whitman County.

## Organization Agreement

To be eligible for a United Way of Whitman County grant, your organization must agree to the following statements. If your organization is not able to comply with ALL requirements, please do not complete the remainder of the application.

Our organization agrees to:

Offer programs and/or services in Whitman County and carry out its programs in such a manner to best meet the needs of the community	
Be a 501c3 non-profit organization in good standing	
Comply with federal and state laws concerning labor, employment, and human rights; comply with anti-discrimination, diversity, and inclusion policies within the workplace	
Maintain an active volunteer Board of Directors, which assumes and fulfills the responsibility of managing its affairs within the scope and spirit of respective bylaws and this agreement	
Strive to increase the public's understanding of and participation in social, health and human service providers in Whitman County	
Complete reporting requirements according to United Way of Whitman County standards	
Display the United Way of Whitman County logo at the organization's place of business and on the organization's website if possible, and, if possible, on promotions such as letterhead, social media, and event materials	
Allow United Way of Whitman County to share your story in print or electronic information or social media	
Notify United Way of Whitman County in writing if a leadership change within the organization occurs	
Abide by the policies set forth in the Anti-terrorism Policy	
Promote the partnership with United Way of Whitman County at community activities and presentations	

**Please Check your Organization's *PRIMARY* Community Impact Area:**

<input type="checkbox"/> <b>HEALTH</b>	<input type="checkbox"/> <b>EDUCATION</b>	<input type="checkbox"/> <b>FINANCIAL STABILITY</b>
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## Funding Questionnaire

Organization Name \_\_\_\_\_

Contact Name \_\_\_\_\_

Contact Title \_\_\_\_\_

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

Telephone \_\_\_\_\_ Email \_\_\_\_\_

IRS EIN (Tax ID number). Do not continue if your organization is not registered with the IRS:

\_\_\_\_\_

Amount Requested \$ \_\_\_\_\_

Percent of Total Annual Budget \_\_\_\_\_

Board President \_\_\_\_\_

Number of Employees \_\_\_\_\_ FT \_\_\_\_\_ PT \_\_\_\_\_ Volunteers

Has there been a leadership change in the past year \_\_\_\_\_ If yes, please explain:

**Service Population:**

Number of Whitman County residents served annually \_\_\_\_\_

Demographic Characteristics	Number served in Whitman County
Female	
Male	
Other gender identities	
Individuals	
Families	
Children 0 – 18	
Seniors 65 and older	
People with disabilities	
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
Caucasian	
Latino/Latina	
Other	





**United Way of Whitman County  
Financial Reporting Form**

**Organization:** \_\_\_\_\_ **Fiscal Year End:** \_\_\_\_\_

	<b>2022</b>	<b>Proposed Budget 2023</b>
<b>Revenue</b>		
Contributions (donations)		
Net revenue from fundraising		
United Way of Whitman County grants		
Other United Way grants		
Government grants		
Other grants		
Membership & program service fees		
All other revenue		
<b>TOTAL REVENUE</b>		

<b>EXPENSES</b>		
Salaries & wages		
Employee benefits		
Payroll taxes		
All other expenses		
<b>TOTAL EXPENSES</b>		

<b>NET INCOME</b>		
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## **Funding Reporting Form**

### **ONLY for 2022 United Way of Whitman County Community Grant Recipients**

To ensure the responsible and mindful stewardship of our donor funds, the United Way of Whitman County is requesting the following information on the utilization of grants awarded to you in the previous grant cycle.

1. Were you able to utilize United Way of Whitman County 2021-22 funds as identified in that year's application? If yes, please explain. If no, identify how funds were used.
2. Identify at least three ways United Way of Whitman County funds assisted your organization in meeting its 2021/2022 goals.
3. Please identify at least three ways United Way of Whitman County impacted the health, education and/or financial stability of the clients you serve.
4. Are there any United Way of Whitman County allocation funds remaining? If so, when and how do you intend to use funds?
5. Provide a story that illustrates how United Way of Whitman County funding positively impacted the clients you serve. We deeply appreciate narratives that highlight the impact you have on our neighbors and how the United Way of Whitman County enabled you to have that impact. Your story tells our story!



## **Whistleblower Policy**

United Way of Whitman County (UWWC) relies on all associated persons to conduct themselves in accordance with the requirements and spirit of this policy and report questionable matters without fear of retaliation. This Whistleblower Policy is a control to further safeguard the integrity of UWWC and expects all associated persons (employees, board members, volunteers, agents, and organizations) to act in accordance with the highest ethical standards in performance of responsibilities. UWWC is committed to fair, accurate and transparent accounting of financial matters and compliance with applicable laws. UWWC recognizes its responsibility of stewardship for resources and the support which enables it to pursue its mission.

### **POLICY**

This policy is intended to cover serious concerns that have a significant impact on UWWC. Examples of actions or behaviors to be reported include, but are not limited to:

1. Deliberate error in the preparation, evaluation, review or audit of financial statements or records
2. Stealing or misappropriation of funds or assets
3. Billing for services not performed or for goods not delivered
4. Intentional violations of laws, regulations, accounting standards and controls or policy

### **PROCEDURES**

The procedures associated with this policy are intended to provide a mechanism for an employee, board member, volunteer, or organization to be able to submit a good faith complaint. Whistleblower complaints may be submitted to the Executive Director, the Board President, or the Board Vice President. All complaints will be taken seriously, addressed in a reasonable time, and in a manner intended to protect reporting persons from unlawful retaliation and discrimination. Employees acting in good faith who report suspected violations will not suffer adverse employment actions. Anyone receiving services or funding from UWWC who in good faith reports violations will not suffer adverse service actions. The confidentiality of the whistleblower will be maintained; however, their identity may have to be disclosed to conduct a thorough investigation, or to comply with the law. Any whistleblower who believes they are being retaliated against may contact the Board President or Vice President. The right of a whistleblower for protection against retaliation does not include immunity for any personal wrongdoing.

Print name \_\_\_\_\_

Title \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

## Anti-Terrorism Agreement

### Anti-Terrorism Compliance and Charitable Status

In compliance with the USA Patriot Act and other counterterrorism laws, "I hereby certify on behalf of the organization that all funds and donations received from UWWC will be used in compliance with all applicable anti-terrorist financing and asset control laws, statutes, and executive orders."

Print name \_\_\_\_\_ Title \_\_\_\_\_

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

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#### FOR INTERNAL USE ONLY:

- Completed Organization Agreement, Funding Questionnaire, Organizational Information Form and Financial Reporting Form
- Completed Funding Reporting Form if UWWC funded previous grant cycle
  - NA
- Verification of annual audit or review or specific details of accounting process
- Verification of most recent 990 filing if applicable
- Verification of current 501c3 certification
- Names and titles of current Board of Directors
- Signed Whistleblower Policy and Anti-Terrorism Agreement

Reviewed by Executive Director: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed by Allocation Committee Member: \_\_\_\_\_ Date: \_\_\_\_\_