



Community Grant 2025 Application

Application Deadline is Thursday, May 15th, 2025, at 5 PM.

Thank you for applying to the United Way of Whitman County's 2025-26 Community Grant Program. We're excited to learn more about the meaningful work your organization is doing to serve Whitman County. If you have any questions, please don't hesitate to contact the United Way office at (509) 332-3962 or email us at grants@whitmanunited.org.

Please note: This grant cycle includes a few important updates. We will not be holding in-person presentations. Funding decisions will be based on your application, the strength of your organization's impact, and how your programs are evolving to meet current community needs.

Agencies are encouraged to emphasize how their services enhance the quality of life in Whitman County, particularly by sharing the number of individuals served in the previous calendar year and any long-term, measurable outcomes associated with those services. We are especially interested in programs and projects that support poverty and ALICE households—those who are Asset-Limited, Income-Constrained, and Employed—helping them not only meet basic needs but also build stability and thrive over time.

2025 Application Guidance

The United Way of Whitman County (UWWC) works to build strong partnerships across nonprofit, government, business, and community sectors. Together, we support a more resilient region by investing in programs that improve health, increase youth opportunity, and promote financial stability.

As our funding model transitions away from a traditional workplace campaign, we continue to prioritize impact-driven investment. Our Community Partners play a vital role in helping us build thriving communities where every person has the opportunity to succeed.

We thank you for the work you do and your commitment to Whitman County residents.

* Email address _____ *

Required

Please select the community impact area that most closely aligns with your program focus:

* Mark only one.

- Health Access
- Youth Opportunity
- Financial Security

Agency Information

1. Agency Name: * _____
2. Contact Name and Title: * _____, _____
3. Mailing Address: * _____
4. Phone Number: * _____
5. Amount Requested (please note, 2025 applications have a cap of \$3,000 per agency): *

6. Percent of Total Agency Budget: * _____
7. Board President or Chief Executive Officer: * _____
8. Number of Full-Time Employees: * _____
9. Number of Part-Time Employees: * _____
10. Number of Volunteers: * _____
11. Have you had a change in leadership in the past year? *
 Yes
 No

If yes, please elaborate: _____

12. Will United Way of Whitman County funds be used as a match for other grant funding?
 Yes
 No

If yes, please elaborate: _____

13. Is a representative of your organization available to meet with our Executive Director, or publicly represent your organization on behalf of UWWC? *
 Yes
 No

Client Demographic

14. Primary service demographic (elderly, youth, education, etc.): * _____ Number of
15. Whitman CO individuals _____ and families _____ served annually. *

General Project Information Questionnaire
Answer the following questions briefly

18. Please provide your Mission Statement: * _____

19. Please describe the services your agency provides: (1500cc limit) *

20. How will these funds be utilized: (1500cc limit) *

21. What are the three primary funding resources for your organization? *
(i.e., government funding, annual fundraising event-- ***please provide time of year***, direct service for pay.)

1. _____
2. _____
3. _____

22. If you have received funds in the past from United Way of Whitman County, please briefly describe the recent impact created by those funds: (1500cc limit) *

23. **Please send a current list of the Board of Directors along with your completed application. ***

United Way of Whitman County

Financial Reporting Form

This portion of the application requires both 2024-25 figures and 2025-26 proposed figures.
(Format: \$0.00)

Organization: _____

Fiscal Year End: _____

	Actual Budget 2024-25	Proposed Budget 2025-26
Revenue		
Net Revenue from Fundraising		
United Way of Whitman County Funding		
All other Revenue		
TOTAL REVENUE		
EXPENSES		
Wages, Employee Benefits, Payroll Taxes		
TOTAL EXPENSES		
NET INCOME		

Required Documentation

Please certify each item below. These documents may be requested by United Way for further review. You are not required to submit these documents unless requested.

25. Verification of annual audit:

Yes, I certify an audit or financial review was conducted for our last fiscal year.

26. Verification of most recent 990 filing, or financial review:

Yes, I certify the most current 990 has been filed and may be produced if called to do so.

27. Verification of current 501c3 certification:

Yes, I certify the Agency/Organization 501 (c)3 Certification is current.

Once your application is completed, convert it to a PDF, rename it with your organizational name coming first, and email it along with your board member list PDF to grants@whitmanunited.org.

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 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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