



# Community Grant 2024 Application

*Application Deadline is Monday, May 13th, 2024, at 5 PM.*

Thank you for applying. We are excited to learn about the great work your organization is doing. If you have questions, please don't hesitate to contact the United Way office at 509-332-3962 or email [grants@whitmanunited.org](mailto:grants@whitmanunited.org).

Once applications are reviewed, agencies will be contacted regarding an in-person presentation time. Current presentation dates are set for June 10-12<sup>th</sup>. Each agency is allotted 10 minutes to present their request, followed by a 5-minute question/answer session for the listeners. Agencies should be prepared to present the direct impact their organization has on the quality of life for people living in Whitman County (number of people served and how that creates long-lasting positive outcomes).

### 2024 Application Guidance

The mission of the United Way of Whitman County (UWWC) is to build relationships with other nonprofits, government branches, businesses, and community-minded organizations that **UNITE US IN PURPOSE**. We envision a **THRIVING COMMUNITY** where all individuals and families achieve their highest potential through **education, income stability, and healthy lives**.

The United Way of Whitman County supports a network of youth and social service agencies who care for the residents of Whitman County.

\* Required

Email address \* \_\_\_\_\_

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

\* Mark only one.

- Health
- Education
- Financial Stability

### Agency Information

1. Agency Name: \* \_\_\_\_\_

2. Contact Name: \* \_\_\_\_\_, and Title: \_\_\_\_\_

3. Mailing Address: \* \_\_\_\_\_

4. Phone Number: \* \_\_\_\_\_

5. Amount Requested (please note, 2024 applications have a cap of \$7,500 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.): \* \_\_\_\_\_
- 15. Number of Whitman CO individuals \_\_\_\_\_ and families \_\_\_\_\_ served annually.\*

**General Project Information Questionnaire**

*Answer the following questions briefly.*

- 18. Please provide your Mission Statement: \*

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

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

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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. Does your agency provide employee benefits such as medical/life/short-term disability insurance? \*

(please reflect within financial reporting table below) \*

- Yes
- No

23. Does your agency award financial assistance or scholarships for continuing education for staff? \*

- Yes
- No

24. If there is a discrepancy of \$25K or greater, please describe any significant change in funding or expenses for the past year.

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25. **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 2023-24 figures and 2024-25 proposed figures.  
(Format: \$0.00)

**Organization:** \_\_\_\_\_

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

	Actual Budget 2023-24	Proposed Budget 2024-25
<b>Revenue</b>		
Contributions (donations)		
Net Revenue from Fundraising		
United Way of Whitman County Funding		
Other United Way Funding		
Government Grants		
Other Grants		
Membership & Program Service Fees		
All other Revenue		
<b>TOTAL REVENUE</b>		
<b>EXPENSES</b>		
Wages, Employee Benefits, Payroll Taxes		
All other Expenses		
<b>TOTAL EXPENSES</b>		
<b>NET INCOME</b>		

## 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.

**26. Verification of annual audit:**

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

**27. 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.

**28. Verification of current 501c3 certification:**

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

## **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: \_\_\_\_\_

Once your application is completed, rename with your organizational name and email along with your board member list pdf to [grants@whitmanunited.org](mailto:grants@whitmanunited.org).