



KEWANEE AREA UNITED WAY

THE FOLLOWING INFORMATION IS REQUIRED FOR YOUR AGENCY TO BE CONSIDERED FOR FUNDING BY THE KEWANEE AREA UNITED WAY. PLEASE COMPLETE EACH SECTION OF THIS APPLICATION AS IT IS SPECIFIED BELOW. CONTACT THE KEWANEE AREA UNITED WAY WITH ANY QUESTIONS REGARDING COMPLETION OF THIS APPLICATION.

Section I: Who We Are

1. State the year agency was established:
2. State the year agency first partnered with KAUW;
3. State the number of paid full-time employees:
4. State the number of paid part-time employees:
5. State the number of volunteers working with your agency:
6. Provide the date when your policies/by-laws were last reviewed or revised by your Board of Directors. Please attach a copy of your By-Laws.
 - a. Do you have a policy as to how often policies/by-laws need to be reviewed?
 - b. If yes, please provide a brief description of this policy.

Section II: What We Do

1. State and describe the mission of your organization.
2. Describe the project, program or services for which you are requesting funding. Only agencies and projects who meet the mission of the KAUW will be considered.
 - a. Indicate if project, program, or general services.
 - b. Where is actual delivery of services location(s)? Please specify for both Henry and Stark Counties. Please specify the contact number(s) to apply for services.
 - c. Who benefits from agency/program?
3. When does the agency/program provide services (days/times)? Describe the need for this project, program or service specifically related to your agency's mission and how it relates to the mission of the KAUW. The KAUW Mission Statement can be found at www.KAUW.org.
4. Provide specific details of the agency/program;
 - a. Target population, including ages, and demographics. (Count only 1 service per client, i.e. a client receives 4 service units in a month; this is 1 client.)
 - b. Program activities or service provision.
 - c. Outreach and marketing approaches to your services.
 - d. Eligibility requirements for each program.
 - e. What is the fee structure for services?
 - f. What provisions are made for clients who are unable to pay full fees?
5. Please include a three-part (before, during and after) success story that describes how your agency/program affected someone receiving services from this agency. Do not include any names or identifying information. This information may be shared on social media to promote available services.



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Section III: Who is Served

1. Provide the number of unduplicated clients served; specify the number for Henry County and the number for Stark County (individually by county) for your most recent fiscal year. Each person is a unit of measure and counts only once regardless of the number of times served. If the same person is served by another agency program, that person may also be counted for each separate program. Further explanation: Several agencies serve multiple counties and states. Enter the numbers served for Henry and Stark counties ONLY. In parentheses enter total served for the agency as a whole.
2. Describe the efforts made to serve the most vulnerable citizens of Henry County with the services within this agency. Describe and quantify those results.
3. Describe the efforts made to serve the most vulnerable citizens of Stark County with the services within this agency. Describe results and quantify those results.
4. If no physical location exists in Stark and/or Henry County, please describe how clients access services in either or both of these counties.
5. Provide the total budget for the agency and the percentage of the agency's total budget that is dedicated to services in Henry County.
6. Provide the total budget for the agency and the percentage of the agency's total budget that is dedicated to services in Stark County.

Section IV: How is success measured?

1. What agency/program goals are measured and by what method? If no measurement is in place to measure success, what plans do you have to implement tracking?
2. Explain how the agency determines if outcomes are indicating successfully met goals. Specify what your agency considers success. Please give examples.

Note: A final report of outcomes for the previous year will be required in order for the requested funding to be delivered. This report is due by January 31 each year. The report should include outcomes and the number served for each program affected by the requested KAUW funding and indicate any increase or decrease from the information provided in the application. This information is foundational to KAUW and United Way Worldwide and is required for each agency.

Section V: How does your agency partner with United Way and the Community?

1. With what other community organizations does your agency collaborate? Provide the name and location of those organizations. Please indicate if your agency does not collaborate with other organizations.
2. How are volunteers utilized within this agency?
3. How does your agency partner with KAUW. Why is this participation important?
4. Does your agency promote awareness of a specific cause or event? Please specify cause or event promoted aside from fundraising efforts. Explain how KAUW can partner with your agency to promote or support this cause or event.



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- Has your agency provided both Sexual Harassment/Workplace Anti-Harassment training and Diversity, Racial Equity and Inclusion training for employees? If not, are there plans in progress to address both types of training?

Section VI: Funding Request and information

- Specify if funding is for a specific program or general agency funding. Prepare and attach the projected budget for your agency/or the specific program for which a grant is requested. Delineate the budget for Henry and Stark County compared to the entire budget (or the specific program for which funding has been requested). Use 1/1/xxxx to 12/31/xxxx of the year for which funding is requested. For instance, if requesting funding is for 2021, and application submitted during 2020; provide budget for 1/1/2021 to 12/31/2021.
- How was the funding requested calculated?
- List all grants requested from other sources and the amount requested for which your agency has applied for the current year. Specify the grants received and the total dollar amount approved for the current year (if known prior to submitting this application). Indicate if this grant is multi-year and what years are covered by the specific grant. Indicate if the grant was/will be requested for the upcoming year in the comment section. This information is required.

Grantor	Requested amount	Award Amount if approved	Year(s) for which grant is applicable	Comments (if no comments please enter N/A)

- Are matching funds available if KAUW funding is approved? From whom are matching funds available?

Grantor	Year(s) applicable	Amount of Matching Grant	Approved or Not approved



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4. How has your agency addressed this change?
5. How many people do you anticipate serving in the year for which this grant application has been submitted. Is this an increase, decrease or neither?
6. During the previous year, how many people did not receive services that requested services?
7. Why was your agency unable to provide services? Please explain root cause(s) including services not part of agency mission, cost, staffing, budget, etc.
8. Within the next three years, what challenges do you foresee for your agency? What preparation is being made to address these challenges?
9. What needs are not met or underserved in the communities in which your agency provides services? (Outside of your agency mission/objectives)
10. What other information would you like considered in this application process?

ATTACHMENTS REQUIRED:

1. Board of Directors and contact information
2. A copy of Agency By-Laws
3. Agency contact person regardless of signers on application; please include email addresses
4. Annual budget broken down by program
5. List of annual fundraising activities. Note: several agencies hold annual events; please list any preplanned annual events and any other fundraising events for the year that may be added for the upcoming year. Please include dates and location
6. Copy of tax exempt documentation as a Non-profit entity
7. Annual Audit if current and performed by an independent auditing firm
8. Excel form with Name of agency, primary location address and contact information (email/telephone number) at that location, additional locations with the appropriate contact information. Address of Corporate office if there is one with the appropriate contact information (email, name of contact, telephone number) and indicate if services are provided in Henry County, Stark County or both. If there is no location in Stark county-make a note indicting 'No services in Stark County'. NOTE: This information will be shared on the KAUW website. Do not include offices that are not included in the KAUW geographical area unless services are available to residents in Henry and/or Stark Counties.

Thank you for your application!