FOR IMMEDIATE RELEASE: April 6, 2022

United Way of Guernsey, Monroe, and Noble Counties is accepting applications for 2023 Funded Agencies. Applications must be received in the Cambridge, OH office no later than midnight, April 27, 2022. Completed documents may be mailed to PO Box 5, 611 Wheeling Avenue, Cambridge, OH 43725 or emailed to guernsey.monroe.noble@unitedwayohio.org.

Once your application is received you will receive a confirmation email. If you have applied and do not receive the confirmation, please reach back to the UWGMN office no later than noon April 28, 2022, by calling 740-439-2667. Messages left on the office answering service are time and date stamped.

United Way has been serving the area since 1946 and is working hard to build on the existing strong foundation of regional support to make even deeper contributions in the communities where we all live, work and serve. The heart of UWGMN is to fund frontline agencies addressing the urgent and ongoing needs in the three main pillars of focus: Health, Education and Financial Stability. If you are interested in donating to these efforts, you may give securely to UWGMN work at www.unitedwayohio.org. Many area businesses hold fundraisers and employee giving campaigns that bring over 150K to funded agencies. UWGMN hopes to build this support to 500K to strategically support frontline agencies bringing hope to those in need.

If you know of established programs or emerging programs of promise serving Guernsey, Monroe, or Noble County families, please urge those agencies and organizations to apply. Eligible organizations will have non-profit status, sound fiscal policies and a record of their governing structure approval to be considered.

If you would like to represent your region to our board through membership in an informal advisory council, please contact UWGMN today at guernsey.monroe.noble@unitedwayohio.org. Living “United” we can make a positive impact for our shared communities!

Thank you,

Marynell Townsend, Executive Director

March 2022

To: United Way Agencies of Guernsey, Monroe, and Noble Counties.

 UNITED WAY

GRANT APPLICATION

AGENCY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please submit one copy AND THE ORIGINAL for a total of 2 copies of your application, approved by your Board of Trustees and signed by the Board President or Chair, by April 27, 2022. Feel free to include any current promotional material with your application.

Thank you!

Marynell Townsend

Executive Director

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# Grant Application

|  |  |  |
| --- | --- | --- |
| **I.** | Agency Name: |  |
|  | Physical Address: |  |
|  | Mailing Address: |  |
|  | Counties you serve: |  |
|  |  |  |
|  | Phone: |  | Website: |  |
|  | Email: |  |
|  | EIN#: |  |
|  | Director: |  |
|  | Board President: |  | Phone: |  |
|  | Board Treasurer: |  | Phone: |  |

|  |  |  |
| --- | --- | --- |
| **II.** |  | AMOUNTREQUESTED |
|  | UW Grant Request | $ |
|  |  |  |
|  | Total Operating **Budget for the specific program or services for which UW funds will be used** | $ |
|  | **UW % of Specific Program Operating Budget** | **%** |
|  | **UW Allocation Received last cycle** | $ |

|  |  |
| --- | --- |
| **III** | **United Way funds will be used for:**  |
|  | % | General Operating Support | % | Emergency Programs |
|  | % | Family Programs | % | Health Programs |
|  | % | Youth Programs | % | Elderly Programs |

The undersigned officers certify that the Board of Directors of the above organization has approved this application at a meeting held on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2022.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Executive Director |  | Board President or Authorized Officer |

1. **Briefly describe how United Way funds will be used and the need (program name, overview, target population and geographic area served) . Reference the United Way Three Pillars of Health, Education and Financial Stability where applicable.**
2. **How many, unduplicated, individuals will be served, per county, with United Way funds and tell us how your Board of Directors measures the success of the program?**
3. **Please describe your overall agency goals for the program UW is being asked to fund and specifically how UW funding will be used.**
4. **Has COVID-19 created extraordinary circumstances altering your operations or affecting the program you are requesting funds for?**
5. **Please provide a success story that we may use in promoting your work. Detail specifics on how an individual or family has been helped. How has this program changed a client’s life? Please send a photo reflective of this success story. Do you have permission to use the real names/photos of this client?**
6. **If you received funds last year, please share an impact story with funds provided.**

**X.**  **Please list any fundraising activities and dates (if known) scheduled for 2023.**

1. **Will your agency/staff run a United Way campaign or fundraiser among your own employees, board members or contacts? If not, why?**

**XII. How does your agency promote United Way and our partnership?**

 **Appendices (Please attach a copy of each to be kept on file and updated yearly or if and when any information changes.)**

1. **Copy of the most recent financial audit/review (within the last two years) that includes a balance sheet, income statement, and cash flow statement. If the audit or review does not meet generally accepted accounting principles (GAAP) then Attachment C must be completed.**
	1. **Current list of your Board Members**
	2. **Non-Discrimination Policy/Statement**
	3. **Signed Anti-Terrorism Form (attached)**

**Please complete only if your agency does not have an audit or review or does not meet generally accepted accounting principles.**

The United Way of Guernsey, Monroe and Noble Counties wishes to streamline its funding application and review process, however, financial accountability among recipients of United Way funds remains a crucial factor. In the interest of containing costs, while maintaining accountability, the following statement must be signed and submitted with the United Way Allocation Application for those agencies that do not have an audit or financial review that conforms to U. S. Office of Management and Budget Circular A-133 (or A-110), Audits of State and Local Governments, and Non-Profit Organizations.

To the best of our knowledge,

(Agency Name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, has operated in a conservative fiscal manner and that:

* Financial statements provided with this application accurately represent the current position of the agency
* All financial transactions are recorded in an agency-approved manner/system
* More than one person reviews each transaction
* Access to financial records is shared freely with the governing board when requested
* The governing board regularly receives financial statements that reflect the agency’s financial position
* Barring any unforeseen events, the agency has, or will have, sufficient funds to operate for the period of time needed to carry out this proposal
* The agency has no plans of dissolving the corporation during the period covered by this proposal, and
* The agency uses United Way funds to perform the services as described in our application

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Executive Director Date

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Board President (or authorized Officer) Date

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Board Treasurer Date