

United Way Heartland Region  
2018 Grant Information



OUR MISSION IS TO IMPROVE PEOPLE'S LIVES AND ADVANCE THE COMMON GOOD BY  
CONNECTING COMMUNITY RESOURCES TO COMMUNITY NEEDS

Organization Name:

Total Grant Request: \$

---

Funded activities shall commence in a timely manner and expenditures utilizing United Way funds shall cease within one year after receipt of the grant unless an extension is granted by Board of Directors of the United Way Heartland Region. Grant funds not expended shall be returned to the United Way Heartland Region. UWHR support comes from a variety of sources and the board functions with the utmost fiduciary responsibility when allocating funds. If an organization received funding in the past, it is not a guarantee that funding will continue each year. Decisions are made on an annual basis according to the application request.

**FUNDED ENTITIES ARE REQUIRED TO ASSIST WITH THE ANNUAL CAMPAIGN AS OUTLINED IN THE AGENCY CONTRACT. NO APPLICATIONS WILL BE ACCEPTED AFTER THE DUE DATE. INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED FOR FUNDING.**

An electronic copy of the application and the accompanying/supporting documentation must be emailed to [rkludt@hur.midco.net](mailto:rkludt@hur.midco.net) and in addition, five (5) paper copies-

**HAND DELIVERED TO:**

United Way Heartland Region  
Wells Fargo Bank – 2<sup>nd</sup> Floor  
405 Dakota Ave S  
Huron, SD 57350

or

Rhonda Kludt, Executive Director  
631 Kansas Ave SE  
Huron, SD

**OR MAILED TO:**

United Way Heartland Region  
PO Box 652  
Huron, SD 57350



**United Way Heartland Region  
2018 Grant Application**

**No applications will be accepted after 5:00 PM on due date of 05/19/2017**

Organization Name: \_\_\_\_\_ EIN: \_\_\_\_\_

Administrator/Director: \_\_\_\_\_ Board President: \_\_\_\_\_

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

Telephone #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Brief description of Agency Activities & Mission: \_\_\_\_\_

What are your current sources of funding? (List all)

\_\_\_\_\_

Do you have an operating reserve, an endowment or foundation? If so, what is the current value of each?

\_\_\_\_\_

List other Grants for which you have applied that would fund your program in 2018?

\_\_\_\_\_

What percentage of your budget is spent on services that directly impact your clients?

\_\_\_\_\_

How many times did your board meet last year?

\_\_\_\_\_

What communities do you serve? (List all)

\_\_\_\_\_

## Program Information

(Pages 3 & 4 need to be filled out for each program you are requesting funding)

Name of program desiring United Way support and the amount requested for this program: Only program name and amount on this line please.

---

Describe the program for which you request funding including proposed use of United Way Funds: (Itemize above dollar amount)

---

What is the community need for this program and why was it initiated?

---

What are the benefits that this program provides?

---

Program Goals:

---

Target Population of Program (Number of people served):

---

Within the target population, are there any programs similar to your organization's programs in the community/region? If yes, what differentiates your program from the others?

---

Date program began or will begin:

---

Staff responsible for the program:

---

Who will attend the United Way interview for this program? (Someone with knowledge of finances must attend)

1. \_\_\_\_\_ Email: \_\_\_\_\_

2. \_\_\_\_\_ Email: \_\_\_\_\_

3. \_\_\_\_\_ Email: \_\_\_\_\_

Who from your board or organization will assist the United Way with its annual fund drive? **Responsible board members/employees able to assist with the campaign are imperative to the success of the UWHR campaign.**

1. \_\_\_\_\_ Email: \_\_\_\_\_

2. \_\_\_\_\_ Email: \_\_\_\_\_

3. \_\_\_\_\_ Email: \_\_\_\_\_

**FINANCIAL INFORMATION STATEMENT**

<b>Organization:</b>		
<b>Program:</b>		
	<b>2017</b>	<b>Projected 2018</b>
<b>INCOME:</b>		
United Way		
United Way Carryover		
Total Other Funds:		
<b>INCOME TOTAL</b>		
<b>EXPENSE TOTAL (Do not itemize)</b>		
<b>UNITED WAY EXPENSES – Itemize United Way dollar distribution by expense category: (tell us how you used/Intend to use United Way Funds i.e. program expenses, operational, salaries, etc.)</b>		
<b>Total Program Expenses</b>		
Salaries		
Operating (Administrative)		
<b>Total United Way Expenses</b>		

**I certify the information provided is accurate: (Two signatures required)**

Date:

Date:

Executive Director

Board Chair

**Please submit electronically and mail or deliver one hard copy of the following items with 5 copies of this application:**

- **Attachment A:** List of Current Board Members
- **Attachment B:** Current Organization’s Budget
- **Attachment C:** Most Recent Audit or Compilation Financial Report
- **Attachment D:** IRS Tax Exempt Status Letter, 501(c)3
- **Attachment E:** Most Recent Federal Tax Return



## HEARTLAND REGION UNITED WAY PARTNERSHIP SUPPORT QUESTIONNAIRE

*For previously funded agencies, please describe how your agency assisted United Way in the most recently completed campaign.*

Used United Way logo on printed materials, etc. and acknowledged UW funding in news articles? yes    no  
If so, please provide samples and explain how you identify yourself as a UWHR funded entity.

Assisted United Way with workplace presentations? yes    no  
If so, how many? Please indicate company names below.

Conducted internal campaign and encouraged agency staff and board members to contribute to UWHR? Your support from within your organization is important. yes    no  
Board participation \_\_\_\_\_ out of \_\_\_\_\_  
Staff participation \_\_\_\_\_ out of \_\_\_\_\_

Displayed United Way sign in office? yes    no

Distributed designated packets in a timely manner? yes    no  
**THIS IS CRITICAL TO THE SUCCESS OF THE CAMPAIGN**  
How many businesses did you contact? \_\_\_\_\_  
How many of those contributed? \_\_\_\_\_

Collected designated packets in a timely manner? yes    no  
How long did it take you to distribute and collect? \_\_\_\_\_

SENT THANK YOUS TO BUSINESSES? yes    no