United Way of Central Kansas

Community Partner Application

Request for Funding Application

Allocation Year April 1, 2023-March 31, 2024

Write a statement that addresses the following questions:

* Describe programming that UWCK funding will be used for and why this programming is important to our community? How does it apply to one of United Way’s goals (health, education, financial stability)?
* What are the long-term goals of this program and how will you track the success of the program?
* Who will this programming impact?
* How do you inform the community about the services you provide? What steps do you take to ensure that minority groups are educated on your services?
* Describe the Long-term sustainability plan for the program (i.e. financial, leadership succession planning, diversified funding, board development, marketing, etc)

|  |  |
| --- | --- |
| Number of Full-time Staff & Total FTE (1.0 FTE = 32 hrs or more per work week) | # of Staff: Total FTE:  |
| Number of Part-time Staff & Total FTE (<1.0 FTE) | # of Staff: Total FTE: |

|  |
| --- |
| Is your organization affiliated with a State or National Organization?  |
| \_\_\_\_ NO \_\_\_\_ YES (If yes, complete and return ADDENDUM (A) attached.)  |
| Does your organization receive money from other United Way organizations?  |
| \_\_\_\_ NO \_\_\_\_ YES *(If yes, indicate source and amount below. If more than one, list each separately.)*  |
| Will UWCK funds be used as a match for other grant funds?  |
| \_\_\_\_ NO \_\_\_\_ YES (*If yes, indicate source and amount below. If more than one, list each separately.*)  |
| What percentage of your overall budget comes from UWCK funding? |
|  |

What supplementary fundraising activities **did/will** your organization conduct in calendar years

2022 and 2023?

|  |  |  |  |
| --- | --- | --- | --- |
| Activity | Net $ results | Area solicited | Month(s) conducted |
|   |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |
| --- | --- |
| Administrative Accountability | Indicate Yes or No |
| Legal/Regulatory |  |
| The organization has 501(c)3 tax exempt status as defined by the United States IRS.  |  |
| The organization is current with all Federal and State payroll tax liabilities.  |  |
| The organization is in compliance with all mandatory IRS and Kansas Dept of Revenue reporting requirements.  |  |
| The organization has filed an annual report with the KS Secretary of State for the most recent fiscal year.  |  |
| The organization is in compliance with all applicable and material program licensing requirements (if applicable).  |  |
| The organization is an Equal Employment Opportunity employer.  |  |
| Are there any pending lawsuits or litigations which may have a significant impact on the organization’s finances and/or operating reserves?  |  |
| GOVERNANCE |  |
| The Board approves the budget annually and reviews financial statements on at least a quarterly basis.  |  |
| The organization makes copies of the IRS Form 990 or 990 EZ available to the public. |  |
| The organization has a conflict of interest statement which all voting members of the Board review and sign annually.  |  |
| FINANCIAL/FISCAL MANAGEMENT |  |
| An annual audit, CPA conducted review or independent financial review is conducted in accordance with UWCK Financial Reporting Requirements (see Addendum B and submit appropriate documents).  |  |
| The organization documents and follows internal policies and procedures for fiscal control. |  |
| The agency charges fees for services in the program in which you are requesting funds.  |  |
| If yes, a sliding fee scale (or a similar method of discounting services) for low-income individuals is used.  |  |
| Does your agency have an operating reserve in addition to the “cash on hand” amount reported on page 9? (If Yes, indicate balance at end of most recent fiscal year and number of months of operating expenses covered.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| ORGANIZATIONAL PLANNING AND DECISION MAKING |  |
| The organization has a mechanism in place to gather client input.  |  |
| Services are provided on a non-discriminatory basis without regard to differences in gender, age, race, color, creed, disability, sexual orientation, religion and national origin.  |  |
| Self-supporting/fundraising activities are done in compliance with the UWCK Community Partner Memorandum of Understanding.  |  |
| All organization activities are conducted in accordance with the USA Patriot Act Counterterrorism Compliance policy. |  |

**ADDENDUM A – (COMPLETE ONLY IF APPLICABLE).**

|  |  |  |
| --- | --- | --- |
|  | State Affiliation | National Affiliation  |
| List the amount of your income sent to the affiliate last year.  |  |  |
| What percent is this of your total budget?  |  |  |
| Does your affiliate conduct a fundraising campaign in Central Kansas?  |  |  |

**Counterterrorism Compliance**

In compliance with the spirit and intent of the USA PATRIOT Act and other counterterrorism laws, the United Way of Central Kansas requests that each funded agency (“Organization”) certify that it is in compliance with the United Way of Central Kansas and the United Way Worldwide (“UWW”) compliance program.

**Organization Name:** Click here to enter text.

|  |  |  |
| --- | --- | --- |
| **Check the Appropriate Box to Indicate Your Compliance With Each of the Following:**  | **Comply** | **Do Not****Comply** |
| This Organization is not on any federal terrorism “watch lists,” including the list in Executive Order 13224, the master list of specially designated nationals and blocked persons maintained by the Treasury Department, and the list of Foreign Terrorist Organizations maintained by the State Department.  |  |  |
| This Organization does not, will not and has not knowingly provided financial, technical, in-kind or other material support or resources\* to any individual or entity that is a terrorist or terrorist organization, or that supports or funds terrorism. |  |  |
| This Organization does not, will not and has not knowingly provided or collected funds or provided material support or resources with the intention that such funds or material support or resources be used to carry out acts of terrorism. |  |  |
| This Organization does not, will not and has not knowingly provided financial or material support or resources to any entity that has knowingly concealed the source of funds used to carry out terrorism or to support Foreign Terrorist Organizations. |  |  |
| This Organization does not re-grant to organizations, individuals, programs and/or projects outside of the United States of America without compliance with IRS guidelines. |  |  |
| This Organization takes reasonable, affirmative steps to ensure that any funds or resources distributed or processed do not fund terrorism or terrorist organizations. |  |  |
| This Organization takes reasonable steps to certify against fraud with respect to the provision of financial, technical, in-kind or other material support or resources to terrorists and terrorist organizations.  |  |  |

\* In this form, “material support and resources” means currency or monetary instruments or financial securities, financial services, lodging, training, expert advice or assistance, safe houses, false documentation or identification, communications equipment, facilities, weapons, lethal substances, explosives, personnel, transportation, and other physical assets, except medicine or religious materials.

I certify on behalf of the Organization listed above that the foregoing is true.

Print Name: Click here to enter text. Title: Click here to enter text.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: Click here to enter text.