

**United Way**

**of Central Kansas**

**Community Partner Application**

**2022**

United Way of Central Kansas

**Mobilizing the caring power of communities**

**to advance the common good.**

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United Way of Central Kansas

Community Partner Application

Check List

Agency Name

Date/Time Received Reviewed by

United Way of Central Kansas will review this checklist when application is submitted. Applicants may use the checklist to ensure all requested items have been included with application. Please submit .pdf file of the following items (in one file).

**Please submit all items together in one single file.**

* Request for Funding Application
* Program Brochure
* Revenue & Expenses Spreadsheet (available on uwck.org) or Accounting Software documentation. For those agencies who are a part of a national or state affiliation,

**we will need local budgets**.

* Board Member/Advisory Committee Listing
* Affiliations (addendum A–ONLY IF APPLICABLE)
* Financial Reporting Requirements outlined in Addendum B
* IRS 501(c)3 Certificate
* Most Recent Completed Form 990
* Signed Memorandum of Understanding

**Please note:**

* **DEADLINE: Monday, January 3rd by 2:00 pm.**
* **Submit all items in: 1) electronic form (.pdf documents) via e-mail as one (1) file.**
* Handwritten applications will not be considered.

United Way of Central Kansas

1125 Williams St

Great Bend, KS 67530

unitedwaycentralks@hotmail.com

United Way of Central Kansas

Community Partner Application

Request for Funding

Allocation Year April 1, 2021-March 31, 2022

Agency Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FEIN#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount Requested $ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ Contact Person \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address \_\_\_\_\_ Email \_\_\_\_\_\_

City State Zip Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

All funding decisions will be focused on programing within your organization and there will be an increased focus regarding demographics and specific measurable outcomes you are tracking.

Our vision is that all people have an equal opportunity to succeed. We believe that a community cannot be truly successful unless everyone in that community succeeds, most especially those with the least. We work with residents, and public and private partners to co-create solutions that ensure everyone has the resources, support, opportunities, and networks they need to thrive.

We commit to leveraging all of our assets (convening, strategic investments, awareness building, advocacy) to create more equitable communities. Through our partnerships with our Community Partners and other organizations in our community, we strive to create an equitable society for all our neighbors.

**Please indicate which area your program’s outcome goals fit most closely (choose one).**

**Education** – Helping individuals achieve their potential by improv**ing access to affordable, quality child care and early childhood learning opportunities, partnering with schools and parents to improve student success rates, and providing after-school and mentoring programs for children and teens.**

**Financial Stability** – Helping families become financially stable and independent by s**upporting basic needs while improving financial education and providing child care scholarships so families can stay at work.**

**Health** – Improving people’s health by incr**easing access to health care services, reducing substance abuse, child abuse and domestic violence, senior health and well-being, and increasing health education and preventative care**

Authorized Signatures:

Requesting Agency Executive Director Date

Board President or Other Authorized Member Date

1. **Describe programming that UWCK funding will be used for and why this programming is important to our community? Is this a new program or one that is already in place?**
2. **How was this/will this program be implemented?**
3. **Describe the long-term goals of this programming. How will you be tracking results from this programming?**
4. **Who will this programming impact? Do you have a target demographic? Please specify demographic or identity-based characteristics (eg. Low-income families, mother and children from history of disadvantaged groups, small business owners of color, LGBTQIA youth).**
5. **How is your organization reducing racial disparity and increasing inclusion?**
6. **How do you intend to inform the community about the services you provide? What steps do you intend to take to ensure that minority groups are educated on your services?**
7. **Describe the Long-term sustainability plan for the program (i.e. financial, leadership succession planning, diversified funding, board development, marketing, etc)**

At the time of this application please attach copy of Current Board Members/Advisory Committee and Current Staffing Levels

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

2021 and 2022?

|  |  |  |  |
| --- | --- | --- | --- |
| 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 Department of Revenue reporting requirements. |  |
| The organization has filed an annual report with the Kansas 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 AND PRINT ONLY IF APPLICABLE).**

|  |
| --- |
| If your organization is part of a state or national affiliation, how does Central Kansas and your agency benefit from the regional/state affiliation? |
|  |

|  |  |  |
| --- | --- | --- |
|  | 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.

ADDENDUM B – INFORMATION ONLY – DO NOT PRINT

Financial Reporting Requirement Policy

|  |  |  |
| --- | --- | --- |
| Organizations with a Total Annual Gross Income | Financial Reports  (1 copy) | Additional Documents  (1 copy) |
| Exceeding $300,000 | 1. Balance Sheet – current as of application date 2. Profit & Loss Statement – current as of app date 3. Balance Sheet as of most recent fiscal year-end 4. Profit & Loss Statement as of most recent fiscal year-end | 1. Audit performed in accordance with generally accepted accounting principles (GAAP) by an independent audit firm 2. Most recent IRS Form 990 |
| $151,000 to $300,000 | 1. Balance Sheet – current as of application date 2. Profit & Loss Statement – current as of app date 3. Balance Sheet as of most recent fiscal year-end 4. Profit & Loss Statement as of most recent fiscal year-end | 1. Review performed by an independent certified public accountant 2. Most recent IRS Form 990 |
| $150,000 and below | 1. Balance Sheet – current as of application date 2. Profit & Loss Statement – current as of app date 3. Balance Sheet as of most recent fiscal year-end 4. Profit & Loss Statement as of most recent fiscal year-end | 1. Written response to the financial questions on the next page (pg 13). |

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ADDENDUM B (continued) – INFORMATION ONLY – DO NOT PRINT

*For organizations with a total gross annual income of $150,000 or less ONLY:*

If an audit is not performed, then the organization will follow the guidelines below.

1. A written statement from a financial committee of the board or the treasurer of the board stating that the committee or treasurer independently reviews the financial records and signs off on an annual financial report each year. The financial committee members or treasurer should have a financial accounting background.

2. A statement describing the process used to ensure that opportunities for embezzlement, fraud, or fiscal mismanagement are minimized. This process shall include, but is not limited to:

* 1. brief description of division of financial duties,
  2. reviewing the bank statements and bank statement reconciliations,
  3. check writing procedures, including any need for more than one signature,
  4. checking receipts to see if they match checks and are for approved expenses (at least spot checking, this should be done as checks are written on a monthly basis),
  5. checking records for income and making sure process is in place to thank donors,
  6. checking balances on computer software vs. bank accounts,
  7. checking any payroll records to match against State and Federal filings and hours for employees,
  8. checking that expenses fall within board approved budget guidelines, and
  9. checking cash balances and assuring that adequate funds are available for obligations.

NOTE: If an audit is not performed:

         Program outcomes must still be demonstrated and verifiable.

         United Way of Central Kansas reserves the right to conduct an on-site inspection of agency’s books & records.