

108 S. Broadway, Suite 1

Greensburg, IN 47240

812-663-3342

dcuf.com

**2024 Funding Community Investment Grant Application**

Our goal is to build resources that positively impact the lives of Decatur County residents by investing in programs with

proven quality outcomes in the areas of education, healthy living and financial stability.

The Decatur County United Fund Community Investment Grant is made possible through the generous donations of individuals, businesses and corporations in our community. Therefore, it is our responsibility to ensure good stewardship of those entrusted donations by carefully reviewing all applications.

**REVIEW: Eligibility Requirements--- Please do not apply unless all of the following conditions are met.**

* The organization is an incorporated nonprofit organization under the laws of the state of Indiana and has tax-exempt status under section 501 (c) 3 of the Internal Revenue Service.
* The organization has a Board of Directors that is an active, representative voluntary governing body, with regular meetings and is responsible for developing its mission, determining its strategic direction and providing oversight.
* The organization has bylaws that state the purpose of the organization and makes provisions for the size of the Board of Directors and provides rules for selection, tenure, number officers and committees, financial and legal procedures, conflicts of interest and quorum requirements.
* The organization can provide IRS Form 990 for the two previous years of operation.
* The organization has the mechanisms and capacity to report measurable, qualitative and quantitative outcomes.
* The funding request to DCUF does not extend to individuals, civic, religious or political institutions, school

fundraisers, capital campaigns or endowments, or event fundraisers.

Please ensure your application is complete by referring to the checklist, impact priorities, and basic conditions. Your application cover page starts on page 3. To submit your application, copy pages 3 -12 when completed and submit additional copies as stated on the checklist.

Feel free to contact the Decatur County United Fund at 812-663-3342 with any questions or concerns.

**Review & Funding Process**

The Decatur County United Fund’s Community Investment Committee will review each proposal for evidence-based and/or performance-based program effectiveness in the established impact priorities, measurable quality outcomes and appropriate community collaboration.

The Community Investment Committee will provide funding recommendations to the Decatur County United Fund Board of Directors who will make all final determinations.

Funding will be based on the merits of each proposal as well as grant funding available. All grant funding is contingent upon the success of the Decatur County United Fund’s Annual Campaign.

**Grant Application Checklist**

**Please complete the application in full and ensure all required documents are included.**

* **Program Overview**
* **Program Narrative, Measurable Impact and Telling Your Story**
* **Program Budget Narrative** Include budget for requested funding, as approved by your organization’s Board of Directors, for the specified **three-year** period.
* Unless it reflects the same numbers, submit a **second** **total three-year budget** for your organization.
* **Assets and Liabilities Worksheet** and **Units of Service**
* Complete all applicable budget questions 1-7
* Submit **Grant History Form**
* Provide a listing of your organization’s **Current Board Members and Officers,** including position held. List all scheduled meetings including dates and times.
* If your organization has experienced any changes in the following since last year’s application, or if you are applying to the Decatur County United Fund for funding for the first time, please include **one** copy of each of the following documents:
* 501(c)3 tax exemption ruling from the Internal Revenue Service
* A copy of an independent (external) accountant’s report and accompanying management letter for the most recent fiscal year. If the first time applying, submit two previous years of operating financials.
* Organization By-laws, including any updates as applicable.
* Affirmative Action Policy, including updates as applicable.
* Conflict of Interest Policy, including updates as applicable.
* Include one copy of your most recent 990, 990-EZ or 990-N. All agencies applying for funding for the **first time** must include one copy of each of the two previous year’s tax returns.
* In addition to your original, please submit 12 copies of your application. A copy will be provided to each Community Investment member for review.
* Completed applications and all required supplemental documents **must be received by** **4:00 pm on Thursday**, **March 2, 2023.** Please submit all materials to:

Decatur County United Fund

108 S Broadway, Suite 1

Greensburg, IN 47240

812-663-3342

**Decatur County United Fund Community Impact Priorities**

The Decatur County United Fund is dedicated to improving lives and making measurable community change in the areas of education, health and financial stability.

**Applications for funding must address one or more of the following impact priorities described below.**

**Health**

**Community Focus**

**Improved Health**

Individuals and families have access to quality healthcare.

Individuals and families continue to improve their health.

**Education**

**Community Focus**

**Childhood & Youth Success**

Children enter school prepared to be successful in primary school.

Youth gain the knowledge, skills, and credentials needed to obtain family sustaining employment.

**financial stability**

**Community Focus**

**Economic Success**

Individuals or families are economically stable and resilient.

**All applicants must meet the following BASIC CONDITIONS to be eligible for Decatur County United Fund funding.**

**1. Mission**

* Applicants must have a clear purpose and function to provide a health or human service in Decatur County and contribute to the health and welfare of individuals and families residing therein.
* Projects must provide services with a non-religious purpose. For this reason, faith-based organizations submitting requests for religious purposes will not be considered.

**2. Corporate Structure**

* Applicants must be a 501(c) 3, non-profit corporation, exempt from federal income tax as determined under the 501(c) 3 provision of the Internal Revenue Service Code.
* Applications must demonstrate a need for Decatur County United Fund financial support and be willing to submit financial and program data as requested.
* All requests must be essential to the organization’s ability to provide human services. Local funding sources for capital requests are available in Decatur County. Therefore, capital requests are discouraged and will be considered only when the request is essential for the organization to provide human services.

**3. Governance**

* Organization must have an established, rotating, voluntary Board of Directors which meets regularly and serves without compensation.
* Organizations must be willing to seek funding from other sources, such as the government, third party entities, other nonprofits, individuals, and families based on their ability to pay for services rendered.
* All applying organizations must operate and provide services without regard to race, ethnicity, color, sex, religion, national

origin, age, or physical handicap.

* Applicants must comply with all federal, state, and local laws pertaining to employer relationship, services rendered, and other applicable concerns.

**4. Personnel**

Organizations receiving grant funding agree to comply with the following:

* Identify their affiliation with the Decatur County United Fundin their communications, by use of the Decatur County United Fund logo or other written recognition.
* Avoid supplementary fund raising or capital campaign efforts during the Decatur County United Fund’s **Blackout Period, September 1 through November 3**; unless the Decatur County United Fund determines that it will not conflict with the annual campaign.
* Provide progress reports and data as requested.
* Consideration of Decatur County United Fund requests, including, but not limited to, participation in campaign presentations.

**5. Programming**

To assure equity and fairness in the decision making process, proposals will be evaluated in light of the following criteria*:*

* Ability of the program to **impact the Decatur County United Fund’s impact priorities**, including education, health and financial stability with **measurable outcomes**.
* Implementation of unique programs and services currently unavailable in Decatur County. Avoidance of duplicate community services is encouraged.
* **Evidenced based/performance based programs with a history of success** and strong capabilities of the requesting nonprofit/organization.
* Potential to **reach multiple individuals**, across Decatur County.
* Ability to **develop funds to sustain** the project, if needed, after funding through the Decatur County United Fund is expended.
* The extent and completeness to which the **need** for the program is substantiated.
* The extent of **collaboration** with other agencies and use of volunteers, where appropriate.

Application Cover

**Section 1: Program Overview**

|  |  |  |  |
| --- | --- | --- | --- |
| Community Partner: |  | | |
| Address: |  | | |
| City, State, Zip: |  | | |
| Phone Number: |  | | |
| Website: |  | | |
| Community Partner CEO or Executive Director: |  | Email: |  |
| Proposal Contact: |  | Email: |  |
| Program Contact: |  | Email: |  |
| Agency Mission |  | | |

|  |  |
| --- | --- |
| Program Name: |  |
| Brief Program Description: *(Please limit to 30 words or less)* |  |
| United Fund Impact Focus(s):  (*Please limit to 30 words or less*) |  |

|  |  |
| --- | --- |
| Year the Program Began Operation (or approximate age of program): |  |
| 2024 DCUF Funding Requested for this Program | $ |
| Per the dollar amount requested above, how will these funds be used? Be specific. (Ex. salaries, program materials, etc.…) | |

**Section 2: Program Narrative**

**Page Limit: 5 pages; *Please answer the question in the area below (it will expand).***

|  |
| --- |
| **1. PROGRAM** **DESCRIPTION AND PURPOSE**  a. Briefly describe your agency, current programs, years of operations, and organizational accomplishments.  .  b. Provide a brief description of your program and how it relates to the Decatur County United Fund impact  areas of education, health, and financial stability. |
| **2. PROGRAM STAFF and VOLUNTEERS**  a. Number of full-time staff who are fully dedicated to the program. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  b. Number of full-time staff who have some portion of their time dedicated to the program. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  c. Number of part-time staff that work in the program. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  d. Number of volunteers helping deliver this program. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  e.Description of staff, their role in delivering the program and qualifications (ie: education, experience, etc.).  Please share how their skills, training and experience ensures excellent program delivery. |
| **3. CLIENT IDENTIFICATION AND ENGAGEMENT**   * 1. Describe the specific community population that your strategy aims to address (defined geographically, demographically, through shared obstacles, etc.).      * 1. Describe your referral networks and client engagement (frequency of contacts and/or intensity of services).   c.   |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Demographics of Clients | | | | | | | | | | Race | # | % | Age | # | % | Gender | # | % | | White |  |  | 5 and under |  |  | Male |  |  | | Black |  |  | 6-12 years |  |  | Female |  |  | | Hispanic |  |  | 13-18 years |  |  | Other |  |  | | Multi-Racial |  |  | 19-25 years |  |  | Low-Income |  | % | | Other |  |  | 26-64 years |  |  | Below 100%  poverty |  |  | |  |  |  | 65 and over |  |  | Between 100 –  150% Poverty |  |  | |
| **4. PROGRAM EXCELLENCE AND CONTINUOUS IMPROVEMENT**   * 1. What are the core strengths of the program/agency?   2. What are the challenges to the program/agency?   3. Please list the assessments, credentials, accreditations, licensing, etc. and their sources that your program uses to assess the quality of your program. |

**Section 3: Measurable Impact**

***By HIGHLIGHTING, Please select only one goal.***

***By HIGHLIGHTING, Please select the output(s) the program will measure under STRENGTHEN COMMUNITIES. (Select at least one.)***

***BY HIGHLIGHTING, Please select the outcome(s) the program will measure under CHANGE LIVES. (Select at least one.)***

|  |  |  |
| --- | --- | --- |
| GOALS | **STRENGTHEN COMMUNITIES** | **CHANGE LIVES** |
| **Education:**  **Childhood Success**  Goal: Children enter  school ready and are successful in primary school. | ***Direct Support and Services: Outputs***  **CS1** -# of children (0-5) enrolled in high-quality early childhood programs supported by United Fund  **CS2** -# of children receiving literacy supports in grades K-3  **CS3** -# of families, caregivers served that are provided with information, resources, tools, trainings and/or teaching skills | ***Outcomes***  **CS4** -% of children (0-5) served who achieve developmental milestones  **CS5** -% of children served who are proficient on school readiness assessments by the end of their kindergarten year  **CS6** -% of children (K-3) served reading at grade level  **CS7** -% of children (K-3) served who maintainsatisfactory or improve school attendance |
| Education:  Youth Success  Goal: Youth gain the knowledge, skills, and credentials to obtain family-sustaining employment. | ***Direct Support and Services: Outputs***  **YS1** -# of elementary/middle/high school youth served  who participate in school and/or community-based out of  school time programs and/or receive individualized  supports  YS2 -# of youth served who receive job skills training | ***Outcomes***  **YS3** -% of youth served who graduate high school on  time  **YS4** -% of youth served who gain post-secondary employment, further education or credentials  **YS5** -# of youth (ages 15-24) served who gain employment  **YS6** -% of middle/high school youth served who earn passing grades in core subject areas  **YS7** -% of elementary/middle/high school youth served who maintain satisfactory or improve school attendance  **YS8** -% of middle/high school youth served who develop soft skills  **YS9** -% of youth served who transition from middle to high school on time |
| Economic Mobility  Goal:  Individuals/families improve their socioeconomic status. | *Direct Support and Services: Outputs*  EM1 - # individuals served who receive job skills training  EM2 - # of individuals served who access affordable housing, financial products, and services  EM2a- # of individuals served whom are receiving emergency assistance | *Outcomes*  EM3 -% of individuals served who gain employment  EM4 -# of veterans served who gain employment  EM5 -% of individuals served who increase their wages  EM6 -% of individuals served who increase disposable income by accessing benefits and/or reducing costs  EM7 - Total dollar amount of refunds returned to individuals/families through VITA  EM8 -% of individuals served who earn job-relevant licenses, certificates, and/or credentials  EM9 - % of individuals served that had their emergency situation resolved |
| **Health**  Goal:  Individuals/families  have access to  healthcare and improve their health. | ***Direct Support and Services***  **AH1** -# of individuals served participating in physical  activity and/or healthy food access/nutrition programs  **AH2** -# of individuals served with access to healthcare  services and supports  **AH3** -# of individuals served with access to healthcare insurance | ***Outcomes***  **AH4** -% of children/adults served who eat healthier, increase their physical activity, and/or move towards a healthy weight  **AH5** -% of babies served who experience healthy birth outcomes (e.g. celebrate their 1st birthday, carried to full term, carried to full term, and/or born at a healthy weight)  **AH6** -% of youth/adults who avoid or reduce risky behavior |

**SECTION 4: TELLING YOUR STORY**

**Success Story:**

Please include one success story for your program. The story should provide information about who (the client), the struggle they are trying to overcome, how they made the change, the impact, and how the agency works to make positive change. Decatur County United Fund may use this for marketing and communication purposes. *(Maximum 250 words).*

**Section 5: Program Budget Narrative**

**Page Limit: 3 pages**

Complete a 3-year **PROGRAM** budget (2022 actual, 2023 budget and 2024 projected) and respond to the following question related to the program budget.

* Complete one budget form for EACH PROGRAM OR PROJECT for which you are requesting support.
* Unless it reflects the same numbers, submit a second TOTAL budget reflecting figures for the entire organization.
* Itemize your special events.

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| --- | --- | --- | --- |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Project Budget** | **2022**  **Actual** | **2023**  **Budget** | **2024**  **Projected** |
| **Support /Revenue**  Contributions—General |  |  |  |
| Special Event #1(net income) |  |  |  |
| Special Event #2 (net income) |  |  |  |
| Special Event #3 (net income) |  |  |  |
| Grants |  |  |  |
| Membership Dues-Individuals |  |  |  |
| Program Service Fees |  |  |  |
| Sales to Public (net) |  |  |  |
| Investment Income |  |  |  |
| Miscellaneous/Revenue (please explain) |  |  |  |
| Amount requested from United Fund |  |  |  |
| **Grand Total Revenue** |  |  |  |
|  |  |  |  |
| **Expenses**  *Please add expenses not listed below* |  |  |  |
| Salaries |  |  |  |
| Payroll Taxes |  |  |  |
| Benefits |  |  |  |
| Professional Fees |  |  |  |
| Rent |  |  |  |
| Supplies |  |  |  |
| Utilities |  |  |  |
| Telephone |  |  |  |
| Equipment |  |  |  |
| Postage |  |  |  |
| Travel |  |  |  |
| Insurance |  |  |  |
| Printing |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Total Expenses** |  |  |  |

**Assets & Liabilities Worksheet**

|  |  |
| --- | --- |
| **Assets** | |
| **CASH** |  |
| **CHECKING** |  |
| **SAVINGS** |  |
| **INVESTMENTS** |  |
| **PROPERTY AND EQUIPMENT** |  |
| **ENDOWMENTS** |  |
| **OTHER (Explain)** |  |
| **TOTAL** |  |

|  |  |
| --- | --- |
| **Liabilities** | |
| **PROPERTY** |  |
| **EQUIPMENT** |  |
| **OTHER DEBTS (Explain)** |  |
| **TOTAL** |  |

|  |  |  |
| --- | --- | --- |
|  | **2021 Actual** | **2022 Actual** |
| **Cost of one Unit of Service**  (Example: *Total Expense =$40,000 ÷ Number of Unit Services Offered Per Year 852 = $46.94 per unit of service*) |  |  |
| **Number of unique, unduplicated individuals served per year.** *(Each individual served counts only one time Example: Of the 852 unit services, 178 unique individuals are impacted.* |  |  |
| **Define Unit of Service**  *(Example: 1 visit, 15 encounters, 1 class, 15 minutes of service, etc.--- be specific for your agency)* |  |  |

1. Generally, describe significant changes in revenue reported in the 2023 budget.
2. Generally, describe significant changes in expenses reported in the 2023 budget.

1. Explain any significant surplus or deficit (if applicable).
2. Report the % of total revenues represented by Decatur County United Fund funding in your 2021 and 2022 budget. Provide an explanation of why and diversification plans if the percent is over 50%.

|  |  |  |
| --- | --- | --- |
|  | **Total Program Revenues** | **% of Total provided by DCUF** |
| **2021** |  |  |
| **2022** |  |  |

1. Program Revenues as a Percent of Total Agency Revenues: Report the total program revenue as a percent of total organization revenue.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Total Program Revenues** | **Total Organizational Revenues** | **Total Program Revenues as a % of Total Organizational Revenues** |
| **2021** |  |  |  |
| **2022** |  |  |  |

1. Fees for service:
   1. Does the program charge participants any fees for service?

❑ Yes ❑ No

* 1. If yes, does the program have accommodations in place for participants unable to afford the fees? If so, please explain.
  2. What percentage of participants in 2021: d. What percentage of participants in 2022:

\_\_\_\_\_Received a reduction in fees? \_\_\_\_\_Received a reduction in fees?

\_\_\_\_\_Had their fees fully waived? \_\_\_\_\_Had their fees fully waived?

\_\_\_\_\_Were charged the full rate of program fees? \_\_\_\_\_Were charged the full rate of program fees?

\_\_\_\_\_**TOTAL (should equal 100%)** \_\_\_\_\_**TOTAL (should equal 100%)**

1. If requesting first-time or a funding increase of 10% or more, explain your rationale. For example, if the funding will increase the capacity of the program or replace a lost source of funding, please describe.

**Section 6: grant history**

**Organization:**

List below all grants sought by your organization from any source in the past 24 months for any purpose(s), whether or not funding was received. Include Decatur County United Fund request. *Include only grants that affect your Decatur County operations.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date of Grant  Request | Name of Grant-Making  Organization or Agency | Purpose(s) of  Grant Requested | Amount Requested | Amount Received |
|  |  |  |  |  |
|  |  |  |  |  |
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|  |  |  |  |  |

**Section 7: current agency board membership**

**Agency Name:**

|  |  |  |
| --- | --- | --- |
| **POSTION HELD** | **NAME** | **TERM – SERVING UNTIL** |
| **President** |  |  |
| **Vice President (or 1st Vice)** |  |  |
| **2nd Vice President** |  |  |
| **Secretary** |  |  |
| **Treasurer** |  |  |
| * Board Member |  |  |
| * Board Member |  |  |
| * Board Member |  |  |
| * Board Member |  |  |
| * Board Member |  |  |
| * Board Member |  |  |
| * Board Member |  |  |
| * Board Member |  |  |
| * Board Member |  |  |
|  |  |  |

|  |  |
| --- | --- |
| **2023 MEETING DATE** | **TIME** |
|  |  |

**Signature and Submission:**

I hereby certify that I am the duly authorized officer or representative of the requesting organization and to the best of my knowledge, the information provided in this application is accurate. I understand and agree to provide additional documentation in support of the information provided if requested by United Way of East Mississippi. The agency executive director and board of directors have read and are in agreement/compliance with the criteria for Decatur County United Fund funded agencies. By submitting this funding application, I confirm my organization's understanding and acceptance of the rules and conditions for application. The information in this funding application is true to the best of my knowledge.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

Signature of Executive Director Date Signature of Board President Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name of Executive Director Printed Name of Board President