

UNITED WAY OF OTTER TAIL & WADENA COUNTIES COMMUNITY INVESTMENT APPLICATION CHECKLIST

LIVE UNITED

APPLICATION CHECKLIST

This checklist is designed to assist in your application preparation. Specific application questions should be directed to unitedwayotw@uwotw.org

ITEM	YES	NO
Section 1: General Agency Information (pg. 2 of application packet)	<input type="checkbox"/>	<input type="checkbox"/>
Section 2: Program, & Demographic Information (pg. 3-5 of application packet)	<input type="checkbox"/>	<input type="checkbox"/>
Section 3: Attachment Requirements (if not previously submitted)		
<ul style="list-style-type: none"> • Current year agency budget attached as PDF 	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> • Most Recent IRS Form 990 attached as single PDF 	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> • Most recent agency audited financial statement attached as PDF 	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> • Board Roster 	<input type="checkbox"/>	<input type="checkbox"/>
Section 4: Statement of Assurance	<input type="checkbox"/>	<input type="checkbox"/>
Application submitted via email to unitedwayotw@uwotw.org by February 09, 2024	<input type="checkbox"/>	<input type="checkbox"/>

General Information

- One application packet per program and/or county is required. (If applying in multiple counties, multiple applications are required.)
- Missing or incomplete applications will not be accepted.
- Deadline for the applications package is **Friday, February 9, 2024 at 2 p.m.** Applications received after deadline will not be accepted.
- Funding for this application cycle will be paid out quarterly beginning September 30, 2024, and end on June 30, 2026.
- For questions, please contact the United Way office at 218-736-5147.

United Way of Otter Tail & Wadena Counties
120 East Washington Ave
Fergus Falls, MN 56537
unitedwayotw@uwotw.org

UNITED WAY OF OTTER TAIL & WADENA COUNTIES COMMUNITY INVESTMENT APPLICATION CHECKLIST

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Organization Name _____ Website _____

Organization Address _____ City, State, Zip _____

Administrative Staff _____ # Program Staff _____ # Total Staff _____

Organization's Annual Budget _____

Organization's Federal Tax I.D. #(EIN) _____

ACH Payment Information: _____

Financial Institution

Type of Account

Routing Number

Does the organization have an Equity, Diversity, Inclusion & Non-Discrimination Statement? Yes ___ No ___
(If yes, include statement below)

Demographics: Tell us about the community members served by the organization. Leave blank any demographic not tracked by the organization.

Race	#	%	Age	#	%	Low-Income	#	%
Asian			5 and under			Below 100% Poverty		
Black			6-12 years			100-150% Poverty		
Hispanic/Latino			13-18 years			151%-200% poverty		
Multi-Racial			19-25 years			> 200% poverty		
White			26-59 years					
Other			60 and over			Education Level		
						Less than HS		
Gender			Sexual Orientation			Some High School		
Male			Straight			HS Graduate		
Female			Gay			Associates Degree		
Other			Bisexual			Bachelor's Degree		
			Other			Master's Degree		

Commitment of Partnership

How do community members know United Way provides funding for your program and how do you give back to United Way?

Program Name: _____

Program Coordinators Name: _____ Title: _____

Contact information: Email: _____ Phone: _____

Strategic Alignment

In what way does the program for which you are requesting funding align with United Way’s priority areas (mark more than one if appropriate)?

- EDUCATION:** Helping children and youth achieve their potential by supporting the learning, development, and sense of belonging of children and youth so they become responsible and contributing adults.

- INCOME:** Promoting financial stability and independence to ensure the basic needs of food, housing, clothing, and safety.

- HEALTH:** Improving people’s health status through higher levels of positive health, lower levels of disease and/or improved quality of health and life.

Please provide an overview of the organization’s mission, vision, and how the mission of this particular program aligns with the United Way of Otter Tail & Wadena Counties core values of Education, Income, and Health as indicated above. (300 words or less)

Populations Served

(Please only count an individual once regardless of frequency or type of services provided)

1. How many people (unduplicated) did your program/project serve in Otter Tail or Wadena Counties this past year?
2. How many people (unduplicated) does it plan to serve in Otter Tail or Wadena Counties in the upcoming year?

Wadena County	Past Year	Projected Year	Otter Tail County	Past Year	Projected Year
City			City		
Aldrich			Battle Lake		
Menahga			Fergus Falls		
Nimrod			Henning		
Sebeka			New York Mills		
Verndale			Parkers Prairie		
Wadena			Pelican Rapids		
County Wide			Perham		
Outside the County borders			County Wide		
			Outside County borders		

3. What community needs does your program address? _____
4. What is your target population for this program? _____
5. What are the barriers to success for your program (other than funding, what are your challenges)?

Collaboration

How does the agency collaborate with other organizations on this program in the community? Provide information on partnership(s) with other United Way agencies, faith-based organizations, other community non-profits, government agencies, local companies, schools, etc. (300 words or less)

Measurable Outcomes

How are outcomes being measured by the agency regarding this program? (Please clearly list the number of people served annually and data being tracked). How do these measurements show success in meeting the outcomes of the program? (300 words or less)

Investment Impact

How does United Way’s investment help meet the funding needs of the programs/organization? Please give specific examples of how United Way funds are utilized (i.e., % of funding to program, staff time, program overhead, other funding sources, long term visibility, volunteers, etc.). (300 words or less)

Marketing

How do you publicize your program and its partnership with United Way to potential participants?

UW Annual Funding Request _____

Percentage of Funding to program _____

Signature

Executive Director Name (printed)

Executive Director Signature

Date

Signature

Board President Name (printed)

Board President Signature

Date

UNITED WAY OF OTTER TAIL & WADENA COUNTIES

STATEMENTS OF ASSURANCE

The following guidelines are to be reviewed before applying for funding from United Way of Otter Tail & Wadena Counties. These criteria must be met in order to be considered for funding.

- To the extent possible under existing state and federal law, our agency has been declared tax exempt by the Internal Revenue Service and is a not-for profit 501(c)(3) organization conducting a health and human service program or a public agency/unit of government.
- Our organization has been a 501(c)(3) tax-exempt organization for 12 months preceding this application.
- Our program requests are based on an identifiable current need, demand or problem in Otter Tail or Wadena Counties. (Identifiable through local county and state agency needs assessments)
- As United Way does not invest in the arts, research, public policy, or animal issues, awarded funds will not be used for these purposes.
- Awarded funds will not be used for remodeling, renovation, expansion, or construction.
- Our agency/program has updated bylaws and an active Board of Directors who consist of volunteers that participate in the policy making process, represent the diverse elements of the community, adhere to a rotation policy which clearly specifies a period member are excused from attendance and voting, and meet at least quarterly with a quorum. Board members do not receive financial remuneration from the program they oversee.
- Our agency/program has a stated mission, vision, and strategic plan.
- Our agency/program demonstrates financial management - all financial statements show evidence of accounting principles in accordance with Generally Accepted Accounting Procedures and include full disclosures and appropriate notes for such things as leases, loans, investments, and affiliated party transactions.
- Our agency/program has regular audits (an annual audit if the agency has gross receipts of \$300,000 or more; an audit or review if the agency has gross receipts of \$25,000 but less than \$300,000; an audit, review, or compilation if the agency has gross receipts of less than \$25,000.)
- Our agency/program's most recent audit has reported an unmodified or clean opinion; that is, the auditor does not qualify or restrict his opinion regarding any significant matter found during the audit.
- Our agency/program is not under current investigation for fraud or other illegal activity.
- Our agency/program has and follows a policy of non-discrimination and non-segregation on the basis of race, sex, age, physical and mental handicap, religion, or any other protected class regarding its governing body, employees and persons served.
- Our agency/program is willing to provide an outcomes report to United Way, annually. (This will be required at the end of December for each program receiving funds. Forms will be provided. These reports will assist United Way in determining the impact and effectiveness of the programs in building a healthier community.
- Our request meets one of our priorities for funding. (see below)

PRIORITIES FOR FUNDING – How does your program align with United Way’s Initiatives? Please ensure that your request meets one of our priorities for funding. You will be asked to identify one of these areas on your application.

- EDUCATION: Programs which help children and youth achieve their potential by supporting the learning, development and sense of belonging of children and youth, so they become responsible and contributing adults.
- INCOME: Programs which promote financial stability and independence to ensure the basic needs of food, housing, clothing and safety.
- HEALTH: Programs which improve people’s health status through higher levels of positive health, lower levels of disease and/or improved quality of health and life.

As the authorized representative of the organization, I hereby certify that the applicant will comply with the above assurances.

Signature of Authorized Representative

Date

Authorized Representative Name and Title (Please print)