



United Way of Jefferson County

United Way of Jefferson County

2023 Grant Application

Agency Legal Name *

Agency DBA Name (other than legal name)

Address *

Street Address

P.O. Box Number if Applicable (Type N/A if not)

City

State / Province

Postal / Zip Code

Phone Number *

Please enter a valid phone number.

Fax Number *

Please enter a valid phone number.

EIN *

Website URL

Name of Person Completing Application *

Email *

example@example.com

Title *

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2023 Grant Amount Request *

United Way funds programs that comprehensively focus on solving the priority needs identified by the United Way Community Impact Initiative as identified by United Way Worldwide. These are (and can include but are not limited to): Education, Health & Wellness, Financial Stability and Basic Needs. Granted funds can only be applied for the use of programs/projects that provide a direct service to an individual or family. Grants will not be considered for capital improvements.

Amounts of Previous Grant Awards. (Put 00 if no grant was awarded in a year or if you are a new agency applying). *

	Amount Awarded	Amount Adjusted if Any
2022 Grant Award		
2021 Grant Award		
2020 Grant Award		
2019 Grant Award		
2018 Grant Award		

1. Organization's Mission Statement *

Type here...



2. Organization's Vision Statement

Type here...



Year Organization Was Established *

3. Brief Summary of Organization's History *

Type here...



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Title of Program/Services This Grant Will be Used For *

Is This Program *

- Ongoing
- New

Which of the Following Does Your Program Qualify For? (Select no more than 2)

Months Services are Available (Select all that apply)

Days Services Are Provided (Select all that apply)

Hours of operation. *

Additional hours available to provide services. (If applicable).

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4. Summary description of overall program/project to be funded under this grant. *

Type here...



5. Brief description of population to be served by this program/project. *

Type here...



6. What is the problem/challenge or need that is unaddressed or unmet? OR What is the community benefit that this program or project will impart? *

Type here...



7. Timetable for implementation and duration of program/project. *

Type here...



8. How and with whom will the Agency collaborate on this particular program/project? *

Type here...

9. How is your program/project different from similar existing projects at other organizations? *

Type here...

10. Provide specific short-term, intermediate and/or long-term outcomes of this program/project and the time frame within which they will occur. *

Type here...

11. How will outcomes be measured and who (e.g. staff, consultant, etc.) will measure them? *

Type here...

12. How will the results be used and disseminated by your organization and/or by others? *

Type here...

13. How will the project/program constituents and/or clients be actively involved in the evaluating the program/project? *

Type here...

14. Please list prior year achievements if this is an ongoing project. (enter N/A if this is new project). *

Type here...

15. Are you expecting funding from any earned revenue? If yes. please explain.

Type here...

16. Are you expecting funding from any in-kind support such as, volunteer's hours and financial value of those hours, in-kind services provide your agency and the value of those services, etc.? *

Type here...

17. What special events did your Agency have scheduled in 2020? Were you able to have them? Due to Covid-19 please share what challenges you faced and some of the ways you were able to overcome event losses. *

Type here...

18. What kind of special events/mailings do you have planned for 2021. *

Type here...

19. Request for an exemption of an event/funding campaigns during the United Way black out period of September 1-November 30, 2023. (If applicable).

Type here...

20. Do you have a sliding fee scale? If yes, please upload your fee schedule at the end of this application.

21. Does Your organization charge fees? If yes, are services at no cost to those in poverty levels? *

Type here...

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Impact Report of Service Statistics for the calendar year 2021. Numbers must be based on what the United Way of Jefferson County funded: specific services of your agency. Instructions: Each individual is to be counted one time only for the year 2021. (Even if they receive multiple services). Note: number of families equals family units served. (Not number of adults served plus number of children served). If you are a new agency applying, enter your 2020 adults/children/families served. If your agency runs on a fiscal calendar, then you can report services statistics from July 1, 2020-June 30, 2021.

	Number of Adults Served	Number of Children Served	Number of Families Served
Steubenville			
Wintersville			
Adena			
Amsterdam			
Bergholz			
Bloomington			
Brilliant			
Dillonvale			
East Springfield			
Empire/Statton			
Irondale/Hammondsville			
Mingo Junction			
Mount Pleasant			
New Alexandria			
Rayland			
Richmond			
Salinesville			
Smithfield			
Tiltonsville			
Unionport			
Yorkville			
Other areas within Jefferson County not listed above			
TOTAL JEFFERSON COUNTY RESIDENTS SERVED			
Total Harrison County Residents served.			
Total all other counties residents served.			

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Individuals Served Annually. Number of individuals your agency served for the program being funded by United Way of Jefferson County in Jefferson County: USE UNDUPLICATED NUMBERS. Example: If an individual visits your agency once a month for service, you count that individual one time not twelve times. Do not include individuals not served by United Way funding. Volunteers cannot be counted as individual services. Individuals must receive an actual service from the agency that can be documented by the agency.

*

	2022 Expected	2021	2020	2019
Individuals Served				

22. How did Covid-19 impact the number of individuals your Agency served in 2021 compared to 2020? For example: did those served needs increase, did you have to reduce/increase services, etc.? *

Type here...

23. How did you adjust the way services were provided, how was the agency staff effected and how was the day to day workplace environment effected, impacted, etc.? *

Type here...

24. What adjustments have you put into place to provide services in 2022? *

Type here...

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Volunteers Statistics. Please fill in the section below with your agencies volunteer information for 2021, unless otherwise specified.

Keep in mind that total volunteers in statistics a, b & c should equal the same number of volunteers when you add them across.

Volunteer Statistics A *

	Number of Male	Number of Female	Number of LGBTQ	Number of Not Listed	Total all Volunteers
Volunteers 2021					
Volunteers 2020					

Volunteer Statistics B *

	Under 18	18-25	26-45	46-65	Over 66	Total All Ages
Volunteer Ages 2021						
Volunteer Ages 2020						

Volunteer Statistics C *

	From the Community	From another agency	From a College/ University	Form a High School	From a Day of Action	From other sources	Total All Volunteer Types
Type of Volunteer 2021							
Type of Volunteer 2020							

Volunteer Statistics D *

	Hours
Total All Volunteers Hours 2021	
Total All Volunteers Hours 2020	

Volunteer Statistics E *

	Total Value of Volunteer Hours
Total All Volunteers Hours 2021 x \$28.54	
Total All Volunteers Hours 2020 x \$27.50	

25. Volunteer Challenges due to Covid-19. Please share the challenges/impact you have had/felt with not being able to use volunteers during the pandemic. Also, you can share the differences from the previous year. Have you learned/used different resources during this time?

Type here...

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Program Major Sources of Funding *

	Percentage
% United Way of Jefferson County	
% Other United Ways	
% Monetary Contributions (Individuals/Corporations)	
% Special Events/Fundraisers	
% Products/Services	
% Miscellaneous Revenue/Support (Investment income/contracts/endowment revenue)	
Total Percentage should equal 100%	

Agency Major Sources of Funding *

	Percentage
% United Way of Jefferson County	
% Other United Ways	
% Monetary Contributions (Individuals/Corporations)	
% Special Events/Fundraisers	
% Products/Services	
% Miscellaneous Revenue/Support (Investment income/contracts/endowment revenue)	
Total Percentage should equal 100%	

List of other funders to whom this current proposal has been and will be submitted.

	Funder Name	Date submitted/to be submitted	Amount Pending	Amount Funded	Declined
Funder 1					
Funder 2					
Funder 3					
Funder 4					

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Explanation of Restricted Funds

List any restricted funds for your agency below. If you do not have restricted funds, please skip to the next section.

	Answer
Name of Restricted Fund A	
Amount	
Restricted By Source or Board	
Source of Fund	
Are investment earnings available for current unrestricted expenses?	
Date when restricted became effective	
Date when restriction expires	

	Answer
Name of Restricted Fund B	
Amount	
Restricted By Source or Board	
Source of Fund	
Are investment earnings available for current unrestricted expenses?	
Date when restricted became effective	
Date when restriction expires	

	Answer
Name of Restricted Fund C	
Amount	
Restricted By Source or Board	
Source of Fund	
Are investment earnings available for current unrestricted expenses?	
Date when restricted became effective	
Date when restriction expires	

	Answer
Name of Restricted Fund D	
Amount	
Restricted By Source or Board	
Source of Fund	
Are investment earnings available for current unrestricted expenses?	
Date when restricted became effective	
Date when restriction expires	

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What is your agency's administrative overhead cost percentage?

Note: This cost MUST BE LESS THAN 28%. Otherwise, you must include an explanation below and the plan to reduce these costs to less than 28% at the time of application. This explanation must be more than just a plan to raise more funds. If the agency does not file a regular IRS Form 990, the agency must still complete at the minimum page 1 and sign it, and pages 9 and page 10, all from the regular IRS Form 990. This is for United Way purposes only. The correct 990 is found on the IRS website at www.irs.gov and it is easy to complete. If the IRS does not require your organization to file the Form 990 or requires you to file another form, you must still complete the regular IRS 990. IRS Forms 990 EZ, 990PF, and comparable forms are not acceptable. These IRS 990 forms are for application purposes only and will not be filed with the IRS. Please attach a copy of the most immediate year to this application, even if you have already submitted it to our office at another time. A fillable Form 990 is available on our webpage.

Fill in the information from the most recent 990 that is uploaded with this grant application. *

	Amount
1.) Page 10, Line 25 Column C: Management & General Expenses	
2.) Page 10, Line 25 Column D: Fundraising expenses	
3.) Page 10 Total line 25 Column C+D	
4.) Page 9, Line 12, Column A Total Revenues	
5.) Total Administrative %. Divide Total #3 into Total #4	

26. Explanation and plan to reduce administrative costs to less than 28%, if needed: OR attach explanation letter at the end of the application.

Type here...

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Agency Eligibility and Assurances: Answer the following questions. *

	Yes	No
Provides health or human services in Jefferson County in the state of Ohio and is eligible to receive tax deductible donations within the meaning of the IRS Code Section 170 (c) (1) or (2), which includes 501 (c) 3 organizations.	<input type="radio"/>	<input type="radio"/>
Does the Agency have a current tax exempt status with the IRS as a 501 (c) (3) charitable, non-profit organization?	<input type="radio"/>	<input type="radio"/>
Does the Agency have its own federal tax exemption status?	<input type="radio"/>	<input type="radio"/>
OR Does the Agency instead operate under another organization? Is the Agency registered with the Ohio Attorney General as a Charitable Organization?	<input type="radio"/>	<input type="radio"/>
Does the Agency file a regular 990 with the IRS each year?	<input type="radio"/>	<input type="radio"/>
Is the Agency governed by a volunteer board of directors consisting of members from the general community?	<input type="radio"/>	<input type="radio"/>
Has board meetings at least four times per year. (In-person or online)	<input type="radio"/>	<input type="radio"/>
Has at least one, paid full time or FTE staff person(s).	<input type="radio"/>	<input type="radio"/>
OR Has at least one, directing volunteer staff person(s).	<input type="radio"/>	<input type="radio"/>
Has been in business at least two years.	<input type="radio"/>	<input type="radio"/>
Has By-Laws.	<input type="radio"/>	<input type="radio"/>
Has an affirmative action policy, non-discrimination policies.	<input type="radio"/>	<input type="radio"/>
Provides Directors & Officers insurance.	<input type="radio"/>	<input type="radio"/>
Has liability insurance.	<input type="radio"/>	<input type="radio"/>
Has fiscal policies and procedures.	<input type="radio"/>	<input type="radio"/>
Has personnel policies & procedures.	<input type="radio"/>	<input type="radio"/>
Has Articles of Incorporation.	<input type="radio"/>	<input type="radio"/>
Will conduct a workplace campaign to benefit the United Way of Jefferson County.	<input type="radio"/>	<input type="radio"/>
Does the Agency have a United Way logo sign publicly displayed at the agency? (OR if new applicant will do so).	<input type="radio"/>	<input type="radio"/>
Does the Agency use the United Way logo and membership on their stationery, publicity, newsletters, and all appropriate correspondence and do you also mention your United Way relationship in all media correspondence? (OR if new applicant will do so).	<input type="radio"/>	<input type="radio"/>
Does the Agency agree to comply with the terms of the Member Agency Agreement if funded?	<input type="radio"/>	<input type="radio"/>

2022 United Way Counterterrorism Form

Certification for Organization Seeking Funding

In compliance with the spirit and intent of the USA Patriot Act and other counterterrorism laws, the United Way of Jefferson County requests that each funded agency certify that it is in compliance with the United Way of Jefferson County's and the United Way Worldwide's compliance program prior to be a Funded Partner.

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.	<input type="radio"/>	<input type="radio"/>
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.	<input type="radio"/>	<input type="radio"/>
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.	<input type="radio"/>	<input type="radio"/>
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.	<input type="radio"/>	<input type="radio"/>
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.	<input type="radio"/>	<input type="radio"/>
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.	<input type="radio"/>	<input type="radio"/>
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.	<input type="radio"/>	<input type="radio"/>

*In this form, "material support and resources" means currency or monetary instruments or financial securities, financial services, lodging, training, expert advice or assistance, safehouses, 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: First Name Last Name Title: blank Date:

Signature



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Does the agency keep records of the clients/participants it serves?	<input type="radio"/>	<input type="radio"/>
Does the Agency have appropriate licenses for the operation of programs requiring such? If so who licenses your agency? (If N/A select yes)	<input type="radio"/>	<input type="radio"/>
Is the Agency and program handicap accessible?	<input type="radio"/>	<input type="radio"/>
Does the Agency charge fees? If yes, fill out a fee schedule later in this application.	<input type="radio"/>	<input type="radio"/>
Does the agency have specific requirements for an individual to receive services? If yes, please list requirements later in this application.	<input type="radio"/>	<input type="radio"/>
Does the Agency have a membership fee?	<input type="radio"/>	<input type="radio"/>
Does the Agency conduct a membership drive/campaign?	<input type="radio"/>	<input type="radio"/>
Is the Agency affiliated with a regional or national organization?	<input type="radio"/>	<input type="radio"/>
Does the Agency conduct background checks on staff?	<input type="radio"/>	<input type="radio"/>
Does the Agency conduct background checks on volunteers?	<input type="radio"/>	<input type="radio"/>
Is the Agency registered with the Ohio Attorney General's office as a charitable organization?	<input type="radio"/>	<input type="radio"/>
Did the Agency update the annual registration with the Ohio Attorney General office by the November 15, 2020 deadline?	<input type="radio"/>	<input type="radio"/>
Is the Agency registered and current with the State of Ohio office of the Secretary of State?	<input type="radio"/>	<input type="radio"/>
Does the Agency have a physical address in Jefferson County in the State of Ohio?	<input type="radio"/>	<input type="radio"/>

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Agency Certification Letter

I certify that the as a representative of Type agency name duly noted the above Funding Request is presented to the United Way of Jefferson County for confidential use in its Funding process.

I agree and understand that any falsification of information herein, regardless of the time of discovery, may cause forfeiture on our part of any funding by United Way of Jefferson County.

I certify that, to the best of my knowledge, the agency has the financial capacity to deliver the programs for the period of time covered by this application.

In addition, I certify that to the best of my knowledge, we are in compliance with any legislation, ordinance, codes, taxation laws, rules and regulation applicable to not-for-profit organizations.

Name of person completing this section: First Name Last Name

Title: Type a label

Date


Signature

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File Upload: Agency Brochure/Flyer *


Browse Files
Drag and drop files here


File Upload: Program Brochure/Flyer 1


Browse Files
Drag and drop files here


File Upload: Program Brochure/Flyer 2 (If you have an additional flyer you wish to share, upload here).


Browse Files
Drag and drop files here


File Upload: Agency Budget *


Browse Files
Drag and drop files here


File Upload: Agency Program Budget *


Browse Files
Drag and drop files here


File Upload: Budget Form Program Staff Salaries *


Browse Files
Drag and drop files here


File Upload: 990 (Most recent or must include January 2020) *


Browse Files
Drag and drop files here


File Upload: Audit (If required)


Browse Files
Drag and drop files here


File Upload: IRS 501 (c) 3 Verification Letter *


Browse Files
Drag and drop files here


File Upload: Secretary of State of Ohio Certification *


Browse Files
Drag and drop files here


File Upload: Verification of Registration with the Ohio Attorney General's Office *


Browse Files
Drag and drop files here


Agency Board Member List. The list should include board member name, position if an officer, email, phone number & mailing address. *


Browse Files
Drag and drop files here


File Upload: Agency Local Jefferson County Advisory Council, if applicable. The list should include member name, position, if an officer, email, phone number & mailing address.


Browse Files
Drag and drop files here


File Upload: Agency Fundraising Mailer/Collateral piece used in 2021 *


Browse Files
Drag and drop files here

File Upload: Agency Fundraising Mailer/Collateral piece used in 2020 *



Browse Files
Drag and drop files here

File Upload: Agency Fee Schedule (If Applicable)




Browse Files
Drag and drop files here

File Upload: Explanation of Plan to Reduce Administrative Costs. Upload only if your costs are above 28%.




Browse Files
Drag and drop files here

File Upload: Specific requirements for an individual to receive services if you answered yes to this question in the Agency Eligibilities and Assurances Section.




Browse Files
Drag and drop files here

File Upload: Letters of commitment of collaborating organization. Optional.




Browse Files
Drag and drop files here

File Upload: Additional piece 1: Optional, if there is an additional document you wish to share.




Browse Files
Drag and drop files here

File Upload: Additional piece 2: Optional, if there is an additional document you wish to share.



Browse Files
Drag and drop files here

Review Before Submit Widget

 The review button will appear at the end of your form.

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Submit

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