

ORGANIZATION INFORMATION

Organization Information		
Agency Name	EIN (Employer Identification) Number	
<input type="text"/>	<input type="text"/>	
Years UWSC Member Agency	Website URL	Facebook URL (@)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	City, State, Zip Code	
<input type="text"/>	<input type="text"/>	
Phone Number	Fax Number	
<input type="text"/>	<input type="text"/>	
Name of Executive Director	Executive Director Phone	Executive Director Email
<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of Board Chair	Board Chair Phone	Board Chair Email
<input type="text"/>	<input type="text"/>	<input type="text"/>

Organization Budget Summary	
Program 1 Request Name	Program 1 Request Amount
<input type="text"/>	<input type="text"/>
Program 2 Request Name	Program 2 Request Amount
<input type="text"/>	<input type="text"/>
Program 3 Request Name	Program 3 Request Amount
<input type="text"/>	<input type="text"/>

Attach your current Board of Directors

 No file chosen

[Upload requirements](#)

Attach 2025 Program Testimonials

 No file chosen

[Upload requirements](#)

SECTION 1: AGENCY INFORMATION

(1) Provide a brief summary of your agency's history in Steele County, including the date your organization was established, your agency's mission, and its purpose. (250 Words or Less)

(2) Provide a brief description of your agency's current programming. (250 Words or Less)

(3) Beyond referrals, how does your agency collaborate with other organizations to provide services to Steele County residents and what are those organizations? Collaboration means describing the formal working relationship between agencies and organizations to serve shared clients or clients needing the combined services of partnering agencies. Examples: Program Development, Joint Grant Writing, Shared Resources, etc. (300 Words or Less)

(4) Diversity, equity, and inclusion work is important to United Way of Steele County. Describe the specific ways, other than a non-discrimination policy, that this program is accessible to residents of diverse ages, abilities (physical/mental), races, national heritages, etc. How do you work with clients who do not speak English? How do you reach clients from diverse cultures and with diverse abilities? Examples: Wheelchair accessible, applications/literature available in multiple languages, etc.

(5) What challenges are you facing in diversity, equity, and inclusion work? What would be beneficial for you to do this work?

(6) Partnerships are important to United Way. How have you actively partnered with United Way, outside of putting our logo on literature/website, in 2023? Examples: Program development, Data collection and analysis, Action Team, etc.

SECTION 2: PROGRAM INFORMATION NARRATIVE

Program Name

Select the primary Funding Area that your program falls under (select only one):

Attach your 2025 "Work Plan & Evaluation" sheet for this program (Form 1)

 No file chosen

[Upload requirements](#)

Attach your ALREADY SUBMITTED 2024 "Work Plan & Evaluation" (Form 1) sheet for this program

 No file chosen

[Upload requirements](#)

(3) Describe the program for which you are requesting funding. (500 Words or Less)

(4) What formally defines the need for your program in Steele County? Describe how your services have been determined. When was the last date you conducted a formal needs assessment? Please add any data to support this need. (500 Words or Less)

(5) Describe the measurable impact this program will have on your clients (provide data). What knowledge, skills, behavior, beliefs, attitudes, or conditions are being changed? How do you know change has happened?

(6) Please attach your evaluation tools.

 No file chosen

[Upload requirements](#)

(7) What will you do with your evaluation results?

SECTION 3: 2024 BUDGET NARRATIVE

Attach "Agency Budget and Reserves" Form 2

No file chosen

Upload requirements

(2) Please share how volunteers were utilized in your programs in 2023. Include how many volunteers you utilized and how many hours they provided for each of your funded programs.

(3) Describe how you plan to financially sustain this program in the future, including what new grants you have written in 2023. Be specific.

(4) If you are asking for an increase in funding, what adjustments to your program/services will you make or if increased need, what data can you provide to support increased need, to justify the additional request.

SECTION 4: 2023 FINAL REPORT NARRATIVE

Complete the Actual Outcome Section of the previously submitted 2023 Form 1: Work Plan and Evaluation that you submitted with your original request for funding. **IMPORTANT:** resubmit the actual form you submitted in 2022. This is your program evaluation!

No file chosen

[Upload requirements](#)

Attach 2023 "Geographic and Demographic Final Report" Form 3

No file chosen

[Upload requirements](#)

(3) Report client and service number variances from your original 2023 Work Plan & Evaluation, e.g. more or fewer services delivered, new client needs, etc. (250 Words or Less)

(4) How do you plan to modify your programs or services to overcome these variances, if applicable? (300 Words or Less)

Do you have a 2nd Program to request funding for?

Yes

No

Program 2 Information

2 - Program Name

2 - Select the primary Funding Area that your program falls under:

- None -

2 - Attach your 2025 "Work Plan & Evaluation sheet for this program (Form 1)

No file chosen

[Upload requirements](#)

2 - Attach your ALREADY SUBMITTED 2024 "Work Plan & Evaluation" (Form 1) sheet for this program

No file chosen

[Upload requirements](#)

2 - (3) Describe the program for which you are requesting funding. (500 Words or Less)

2 - (4) What formally defines the need for your program in Steele County? Describe how your services have been determined? When was the last date you conducted a formal needs assessment? Please add any data to support this need. (500 Words or Less)

2 - (5) Describe the measurable impact this program will have on your clients (provide data). What knowledge, skills, behavior, beliefs, attitudes, or conditions are being changed? How do you know change has happened?

2 - (6) Please attach your evaluation tools.

Choose File No file chosen

[Upload requirements](#)

2 - (7) What will you do with your evaluation results?

2 - (8) Describe how you plan to financially sustain this program in the future, including what new grants you have written in 2023. Be specific.

2 - (9) If you are asking for an increase in funding, what adjustments to your program/services will you make or if increased need, what data can you provide to support increased need, to justify the additional request.

2 - Complete the Actual Outcome Section of the previously submitted 2023 Form 1: Work Plan and Evaluation that you submitted with your original request for funding. IMPORTANT: resubmit the actual form you submitted in 2022. This is your program evaluation!

Choose File No file chosen

[Upload requirements](#)

2 - Attach 2023 "Geographic and Demographic Final Report" Form 3

No file chosen

[Upload requirements](#)

2 - (12) Report client and service number variances from your original 2023 Work Plan & Evaluation, e.g. more or fewer services delivered, new client needs, etc. (250 Words or Less)

2 - (13) How do you plan to modify your programs or services to overcome these variances, if applicable? (300 Words or Less)

Do you have a 3rd Program to request funding for?

Yes

No

Program 3 Information

3 - Program Name

3 - Select the primary Funding Area that your program falls under:

- None -

3 - Attach your 2025 "Work Plan & Evaluation sheet for this program (Form 1)

No file chosen

[Upload requirements](#)

3 - Attach your ALREADY SUBMITTED 2024 "Work Plan & Evaluation" (Form 1) sheet for this program

No file chosen

[Upload requirements](#)

3 - (3) Describe the program for which you are requesting funding. (500 Words or Less)

3 - (4) What formally defines the need for your program in Steele County? Describe how your services have been determined? When was the last date you conducted a formal needs assessment? Please add any data to support this need. (500 Words or Less)

3 - (5) Describe the measurable impact this program will have on your clients (provide data). What knowledge, skills, behavior, beliefs, attitudes, or conditions are being changed? How do you know change has happened?

3 - (6) Please attach your evaluation tools.

Choose File No file chosen

[Upload requirements](#)

3 - (7) What will you do with your evaluation results?

3 - (8) Describe how you plan to financially sustain this program in the future, including what new grants you have written in 2023. Be specific.

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Choose File No file chosen

[Upload requirements](#)

3 - Attach 2023 "Geographic and Demographic Final Report" Form 3

Choose File No file chosen

[Upload requirements](#)

3 - (12) Report client and service number variances from your original 2023 Work Plan & Evaluation, e.g. more or fewer services delivered, new client needs, etc. (250 Words or Less)

3 - (13) How do you plan to modify your programs or services to overcome these variances, if applicable? (300 Words or Less)

REQUIRED DOCUMENTS B:

PLEASE REMEMBER THAT ALL ADDITIONAL DOCUMENTATION IS REQUIRED!

UPLOAD A COPY OF YOUR AGENCY BROCHURE

No file chosen

[Upload requirements](#)

UPLOAD DOCUMENTATION SHOWING EVIDENCE OF YOUR MOST RECENT 990 SUBMISSION (EXAMPLE: COVER SHEET/ELECTRONIC CONFIRMATION) WE DO NOT NEED A FULL COPY OF YOUR 990

No file chosen

[Upload requirements](#)

UPLOAD A COPY OF YOUR 2023 STATE ATTORNEY GENERAL'S OFFICE CHARITIES DIVISION ANNUAL REPORT

No file chosen

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UPLOAD A COPY OF YOUR AGENCY BY-LAWS

No file chosen

[Upload requirements](#)

UPLOAD A COPY OF YOUR 2023 YEAR-END FINANCIAL STATEMENTS INCLUDING BALANCE SHEET, BUDGET TO ACTUAL, PROFIT & LOSS SHEETS

No file chosen

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UPLOAD A COPY OF YOUR MOST RECENTLY COMPLETED AUDIT OR COMPILATION

No file chosen

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UPLOAD A SIGNED COPY OF THE AGENCY CORRESPONDENCE POLICY

No file chosen

[Upload requirements](#)

UPLOAD A SIGNED COPY OF THE COUNTERTERRORISM COMPLIANCE FORM

No file chosen

[Upload requirements](#)

UPLOAD A COPY OF YOUR PROOF OF INSURANCE

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[Upload requirements](#)