

UNITED WAY OF NORTHEAST MICHIGAN
2022 COMMUNITY PARTNER INVESTMENT APPLICATION FORM

Please complete the following questions as completely as possible, and make sure to include the budget pages. If your application is accepted you may be asked to elaborate on your request before the Board of Directors during review Process. Applications are due by 4 p.m. on Friday, April 30, 2021.

APPLICATION COVER SHEET

SECTION A – AGENCY/ORGANIZATION INFORMATION

Date of Application:

Agency/Organization Name:

Contact/Program Person:

Signature: _____

Mailing Address:

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Fax:** _____

Email:

Website:

Your agency's/organization's mission statement:

- | | |
|--|----|
| 1. Total agency/organization operating budget in 2020: | \$ |
| 2. Total agency/organization operating budget for 2021: | \$ |
| 3. Total proposed agency/organization operating budget for 2022: | \$ |
| 4. Total proposed program budget for 2022: | \$ |

I am authorized to submit the 2022 United Way of Northeast Michigan funding application:

Signature – Executive Director

Name & Title (please print/type)

SECTION B - FUNDING REQUEST

1. Funding Request for 2022 from United Way of Northeast Michigan (\$5,000 maximum): \$
2. Name of Program for which you are seeking funding:
(You can apply for only one (1) program.)
3. **Brief** Summary of Program and its intended impact.

SECTION C – COMMUNITY IMPACT

Primary United Way funding impact area your program meets: (choose one only)

- _____ **Income/Financial Stability** – Dedicated to providing a secure existence to all individuals.
- Assisting individuals and families with the basic needs in life; food, clothing, shelter, utility services, etc.
 - Family-sustaining employment
 - Income supports
 - Savings and assets
 - Manageable expenses
 - Affordable housing
- _____ **Education** – Preparing children to enter school and graduate from school.
- School Readiness
 - Early Grade Reading Proficiency
 - Middle Grade Success
 - High School Graduation
 - Post-Secondary Success
- _____ **Health** – Increasing access to health care, nutrition, and health environments.
- Health is a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity. Good health is fundamental to people’s capacity to enjoy their lives, to provide for their families, to realize their dreams and to contribute to society.

NEED

Why do you think this program is needed in our community? Examples – cite existing agency data, waiting lists, census or other dependable research, etc.

SECTION D – PROGRAM IMPACT

This is **NOT A REPORT** on prior activity, this is a **PROPOSAL** of the impact you hope to make with the funds you are requesting.

Please note: All information should be limited to program activities in Alcona, Alpena & Montmorency counties. You may use additional space if additional narrative is needed.

INPUTS

Describe the resources which will be dedicated to the program Please specifically describe your use, recruitment and retention of volunteers in this program. *Examples: money, staff, staff-time, volunteers, facilities, equipment, etc.*

ACTIVITIES & SERVICES

What strategies, techniques, and types of treatment will you use to deliver the proposed services? *Examples: shelter, feeding, training, counseling, etc.*

OUTPUTS

What volume of work do you propose to accomplish? (Unduplicated clients) *Examples: number of clients served, classes taught, counseling sessions conducted, educational materials distributed, etc.*

PROGRAM OUTCOMES

What benefits or changes for individuals or populations will occur during or after participating in program activities? *Examples: Short-term objectives should reflect new knowledge, attitudes or skills. Long-term objectives should produce meaningful changes in their lives.*

INDICATORS

What specific data will you use to track and measure progress in achieving your outcomes? *Examples: Data on improvement in housing stability, nutritional status, school performance, job retention, physical or mental health, behavior, etc.*

SECTION F – BUDGET INFORMATION

Included in this packet you will find one (1) budget form for the program you are seeking financial support for. It is most helpful that you add a short narrative explaining the line items on your budget.

A new agency/organization need only complete the 2022 program column. Returning agencies applying for the same program must complete all columns on the program budget. Returning agencies applying for a new program need only complete the 2022 program column.

SECTION G – FINANCIAL INFORMATION

UWNM wishes to encourage financial stability in our community supported agencies. We encourage you to develop operating reserves and endowment funds, as they indicate diversified and stable funding.

1. Does your agency/organization have an operating reserve? Yes No

If yes, what was the balance at the end of the most recently completed fiscal/calendar year? \$

How many months does the reserve cover? Month(s)

2. Does your agency/organization have an endowment fund? Yes No

If yes, what was the balance at the end of the most recently completed fiscal/calendar year? \$

Do you reinvest the interest earned on the endowment fund or use the interest? (Explain)

Revised & Approved: January 2016

Revised & Approved: January 2018

Revised & Approved: January 2020

UNITED WAY OF NORTHEAST MICHIGAN

GRANT BUDGET FORMAT

Time period of this budget . From _____ To: _____

Indicate only the EXPENSES that apply to your project.

Project Expenses	Total Requested from United Way - \$5000 Max.	Total Expense for this Project	
Salaries-Taxes & Benefits			
Consultants & Professional Fees			
Insurance			
Travel			
Equipment			
Supplies			
Printing & Copies			
Telephone & Fax			
Postage & Delivery			
Rent			
Utilities			
Maintenance			
Evaluation			
Marketing			
Other (specify)			TOTAL EXPENSES
TOTALS	\$	\$	\$

Indicate the REVENUE that applies to your project.

REVENUE	Committed (Project revenue that	Pending (Project revenue that has not been	

	has been promised)	confirmed)	
Grants/Contracts/Contributions			
Local Government			
State Government			
Federal Government			
Foundations			
Corporations			
Individuals			
Other (specify)			
Earned Income			
Events/Publications & Products			
Membership Income			
In-kind support			TOTAL REVENUE
Other (specify)			Committed + Pending
TOTALS	\$	\$	\$

The **TOTAL PROJECT EXPENSES** should **EQUAL** the **TOTAL COMBINED REVENUE**

The Total Project Expense is what percentage of your organizations Total Budget Expense? _____%

BUDGET NARRATIVE

Please include any additional information regarding your budget and expense you feel may need further explanation, or will help the Citizen Review Committee in determining grant allocations.

Be sure to include all of the following in your completed grant application packet:

- Grant application with appropriate signatures
- Budget
- Budget Narrative
- Most recent IRS Form 990; if necessary additional documentation may be requested

***Note: You will need to have both the Executive Director and the Project Coordinator sign the application. Please print it, have it signed, and mailed to: United Way of Northeast Michigan, 108 Water Street, Alpena, MI 49707. You may scan and email your application to jgentry@unitedwaynemi.org. Your application must be postmarked or received via email no later than the grant deadline.**

If submitting your application online, you will receive an email notification that your application has been received.