

This is viewing-only copy of the grant application, so you can prepare your content.

When you have your content and forms ready to submit, return to [Grant Application](#) on the menu of the United Way's website and scroll down to the **Go to Grant Application** button. This button takes you to a Google Docs application form. Please fill out the Google Docs application form.

IMPORTANT: To fill out this grant application and upload files, you will need an existing gmail account or will need to create a throwaway gmail account.

United Way Grant Application: 2023-2024

This grant is for nonprofit services in Missouri's Howell and Oregon Counties and also Fulton County, Arkansas. Services outside these counties cannot be funded.

Applications are due once for a two-year period. Funded agencies will receive funds for 2023 and 2024. Your annual allocation will vary from one year to the next based on the United Way's available funds.

Completed applications forms are due on October 31, 2022. Grants will be announced in January 2023. Allocation amounts will be announced in February 2023.

If you have questions or require assistance, contact 417-257-7184 or uwayhoo@gmail.com.

Email *:

Agency Name *:

Agency Address *:

Agency Phone *:

Agency Contact Person for this Grant *:

EIN NUMBER

*

Please provide your organization's Employee Identification Number. Note: this is not the same as the State of Missouri tax exempt number. All grant applicants should have an EIN, including 501(c)3 organizations, school districts, churches, and government entities.

Organization Purpose or Mission Statement *

Please provide a general description of your organization and its purpose.

Individuals Served *

Please describe who benefits from your services/programs.

Funding Request

Requests for funding can be for up to five services or programs that total less than \$10,000. Itemize each service or program below.

Item #1 *

Describe the PROGRAM/SERVICE, the NEED it serves, the NUMBER of individuals served, and the AMOUNT being requested for the program/service. Format your response as follows: PROGRAM: Snacks for kids after school. NEED: Kids arrive in our after school program hungry and small snacks are served to keep them satiated. NUMBER: 30 children. AMOUNT: \$300

Item #2 *

Describe the PROGRAM/SERVICE, the NEED it serves, the NUMBER of individuals served, and the AMOUNT being requested for the program/service. Format your response as follows: PROGRAM: Snacks for kids after school. NEED: Kids arrive in our after school program hungry and small snacks are served to keep them satiated. NUMBER: 30 children. AMOUNT: \$300

Item #3 *

Describe the PROGRAM/SERVICE, the NEED it serves, the NUMBER of individuals served, and the AMOUNT being requested for the program/service. Format your response as follows: PROGRAM: Snacks for kids after school. NEED: Kids arrive in our after school program hungry and small snacks are served to keep them satiated. NUMBER: 30 children. AMOUNT: \$300

Item #4 *

Describe the PROGRAM/SERVICE, the NEED it serves, the NUMBER of individuals served, and the AMOUNT being requested for the program/service. Format your response as follows: PROGRAM: Snacks for kids after school. NEED: Kids arrive in our after school program hungry and small snacks are served to keep them satiated. NUMBER: 30 children. AMOUNT: \$300

Item #5 *

Describe the PROGRAM/SERVICE, the NEED it serves, the NUMBER of individuals served, and the AMOUNT being requested for the program/service. Format your response as follows: PROGRAM: Snacks for kids after school. NEED: Kids arrive in our after school program hungry and small snacks are served to keep them satiated. NUMBER: 30 children. AMOUNT: \$300

Total of All Items *

Your total should be \$10,000 or less.

Areas Served

Contribution to Focus Area(s) *

Income, Education, and Health are the United Way Worldwide's focus areas for community impact. Please explain how you support community needs in one or more of these focus areas.

Service Area *

Define your geographic service area and specific services provided in Howell County, Oregon County, or Fulton County.

Total Served *

Define the total number of individuals in Howell, Oregon, or Fulton Counties who will be served by the itemized programs/services in this grant application.

Financial Questions

Fee for services *

Will individuals participating in your grant-sponsored programs/services pay a fee for services or membership dues? If yes, briefly describe fee or sliding scale used.

Did you receive a grant from another United Way this year? If yes, how much and what program/service did it cover? *

Unspent funds *

If you received a Heart of the Ozarks United Way grant this year, do you anticipate that all funds will be spent? If some funds will remain unspent, explain why and define the amount that you anticipate will remain unspent.

Misc. Questions

MSECC listing description *

State in 25 words or less a description of the program for listing in the MSECC (MO State Employee Charitable Campaign) brochure. Please do not include the name of the organization as part of the description.

Non-discrimination policy *

Does the agency operate according to a written non-discrimination policy that complies with local, state, and federal non-discrimination laws with regard to hiring and employment practices and provision of services? If not, please explain.

Items to Upload

Please upload all of the items requested in this section.

Operating Budget *

Please upload this year's annual operating budget approved by your board.

Most Recent 990 *

Certificate of Good Standing *

IRS Tax Letter 501(c) (3) *

Anti-Terrorism Compliance Measures *

Fiduciary Agreement *

Annual Report for United Way: Year 2021 *

This form is required for all agencies that received grants in 2021. If you did not receive a grant, upload a blank page.

Annual Report for United Way: Year 2020 *

This form is required for all agencies that received grants in 2020. If you did not receive a grant, upload a blank page.

Application Signature Sheet *