**Purpose:** The purpose of the United Way Community Investment Grant Program is to strengthen our commitment toactivities or programs that are aligned with the United Way of West Central Minnesota Goals for the Common Good and are directed at development and support for area residents

**Funding Level:** The level of funding available for Special Community Projects Grants shall be determined annually by the Board of Directors of the United Way of West Central Minnesota.

Eligibility Requirements: All organizations applying for Special Community Project Grant funds must meet the following minimum requirements:

* Operate as non-profit charitable, educational, civic, scientific, social welfare, religious, hospital, health care or health service organization, or as a governmental or quasi-governmental unit.
* Operate under written Articles of Incorporations and By-laws or other written documents or statutes that define the applicant’s purposes, membership, management and operation.
* Operate on a non-discriminatory basis in employment, recruitment of volunteers and delivery of services.
* Demonstrate effective program performance and financial responsibility and accountability.
* Operate or provide service within United Way of West Central Minnesota Territory: All of Kandiyohi County; Litchfield, Cosmos and Grove City in Meeker County; Bird Island, Olivia, Renville, Danube, Sacred Heart and Renville in Renville County; Clara City and Maynard in Chippewa County; and Clontorf, Benson, Danvers, Kerkohven, DeGraff and Murdock in Swift County in Minnesota. Grant funding will be for programs within that area.
* The funded program/activity must align with the United Way of West Central Minnesota goals for Education and Health.

**Operating Guidelines: The following basic operating guidelines shall apply:**

* Funds shall be used solely for the granted purpose.
* Funded activities shall commence in a timely manner and expenditures shall cease within one year after receipt of the grant unless an extension is granted by the Board of Directors of the United Way of West Central Minnesota. Grant funds not expended shall be returned to United Way.
* All Community Investment Project Grants shall be reviewed by the Community Investment Council and approved by the Board of Directors of the United Way of West Central Minnesota. The amount of any grant will depend upon individual program requests and the need as determined by the Community Investment Council of the United Way of West Central Minnesota.
* No Special Community Project Grant will be given for any purpose that would jeopardize the tax-exempt status of the United Way of West Central Minnesota or the applicant organization.
* Grant recipients shall conspicuously acknowledge United Way of West Central Minnesota in all promotional materials, activities and programs funded with United Way monies. Granted agency will be provided with window cling to promenently display in office location of the agency indicated United Way of West Central MN funded agency.
* Grant recipients shall submit a project performance report and financial statement indicating actual use and the results of Community Investment Project grant funds within 30 days of completion of project/program end date. Failure to do so may result in removal from consideration of future grant opportunities. Projects are to be completed six months from receipt of grant dollars. ***End project report attached to this Community Investments Grant Form.***

Application and Funding Procedure: The following general procedure shall apply.

* Organizations may submit applications for funding to the United Way of West Central Minnesota office. Applications must be submitted by the first day of the month to be considered at the next Community Investment meeting.
* The Community Investment Council meets on the third Thursday of each month provided there is business to discuss. There is no meeting in July or December. The Community Investment Council will submit a recommendation for funding recipients and amounts to the Board of Directors of the United Way of West Central Minnesota at the next regular meeting. Organizations will receive written notification of the Board’s decision following this meeting.

**General Information:**

Name of Agency: Click here to enter text.

Name of Program: Click here to enter text.

Mailing Address: Click here to enter text.

Contact Person: Click here to enter text. Title: Click here to enter text. Phone: Click here to enter text.

Email Address: Click here to enter text.

Federal Tax Identification Number: Click here to enter text.

Mission Statement of organization: Click here to enter text.

**Please select the area your grant request addresses:**

**Education** – Prepare children of West Central Minnesota for kindergarten and support learning opportunities 0-6.

**Education** – Every Youth (Pre K to 12th grade) engaged in ongoing experiences that build positive life skills and receive the support they need to be successful.

**Education** – Promote education to address adult needs to enhance financial stability and independence.

**Health** – Promote access to affordable and quality physical, mental and dental health care.

**Health** – Promote independent living and quality of life by investing in programs that help older adults and those living with disabilities.

**Health-** – Promote access to programs that teach healthy behaviors and promote wellness to prevent future problems.

**Basic Needs-** – Supporting agencies that provide building blocks for a good life for individuals and families in west central Minnesota.

## Amount Requested from United Way of West Central Minnesota $Click here to enter text.

List other co-sponsors of this proposal: (organization, contact person and telephone)

Click here to enter text.

**Proposal:**

On a maximum of two additional pages, describe the proposed project using the following format. Please number each section.

1. Identify what the request is for:

Click here to enter text.

1. Identify why you need funds:

Click here to enter text.

1. Identify target population:

Click here to enter text.

1. State your program’s goals and objectives:

Click here to enter text.

1. Describe how this funding will help you achieve your goals and objects:

Click here to enter text.

1. How do you plan to measure the success and results of your program?

Click here to enter text.

1. Please describe your long term plans. How will you continue to implement and fund this program for the next 2 to 3 years?

Click here to enter text.

1. Describe any program or agencies that currently exist which provide similar services to residents in this area.

Click here to enter text.

1. List collaborative efforts with other community organizations (public, private, non-profit.

Click here to enter text.

1. Budget (form attached)

### Submit 1 copy of completed application and 1 copy of the following:

(Note: Organizations that are currently member agencies of United Way of West Central Minnesota do not need to resubmit the following materials. If the organization is not a member agency, but has submitted this information in the past, please only submit information where there are changes, i.e. governing board).

* Total Budget for Project (form attached)
* Latest Financial Statement
* 501(C) 3 or Government Organization Certificate
* List of Board of Directors
* Copy of By-laws

Applications should be mailed to:

**United Way of West Central Minnesota**

PO Box 895

Willmar, MN 56201

Questions Call the United Way of West Central Minnesota office at (320) 235-1050

Describe budget for this proposal, not sponsoring organization(s)

Revenue:

|  |  |
| --- | --- |
| 1. United Way of West Central Minnesota | **$** Click here to enter text. |
| 1. Click here to enter text. | **$** Click here to enter text. |
| 1. Click here to enter text. | **$** Click here to enter text. |
| 1. Click here to enter text. | **$** Click here to enter text. |
| 1. Click here to enter text. | **$** Click here to enter text. |
| 1. Click here to enter text. | **$** Click here to enter text. |

**Total**  $ Click here to enter text.

**Expenses:**

|  |  |
| --- | --- |
| 1. Personnel | $ Click here to enter text. |
| 2. Office supplies | $ Click here to enter text. |
| 3. Advertising and printing | $ Click here to enter text. |
| 4. Travel | $ Click here to enter text. |
| 5. Dues and subscriptions | $ Click here to enter text. |
| 6. Rent and equipment | $ Click here to enter text. |
| 7. Professional fees | $ Click here to enter text. |
| 8. Click here to enter text. | $ Click here to enter text. |
| 9. Click here to enter text. | $ Click here to enter text. |

**Total**  $ Click here to enter text.

Is there a charge for service provided by this project or activity? Click here to enter text.

Please explain: Click here to enter text.

Prepared by: Click here to enter text. Title: Click here to enter text. Date: Click here to enter text.

Please submit at least three photographs with signed release forms from your project with this report for use by United Way of West Central Minnesota.

**Return completed report to**:

UnitedWay of West Central Minnesota, PO Box 895, Willmar, MN 56201 or [renee@liveunitedwcm.org](mailto:renee@liveunitedwcm.org)

**Project Title:** Click here to enter text.

1. Number of people involved in the planning of this project:

Click here to enter text.

2. Number of people who attended/benefited from this project:

Click here to enter text.

3. Describe the project.

Click here to enter text.

4. Did you accomplish what you set out to accomplish? Do you consider this project a success?

Click here to enter text.

Example: Click here to enter text.

5. What would you have done differently?

Click here to enter text.

6. What changes happened as a result of this project?

Click here to enter text.

7. Did this project provide parent education? If so what?

Click here to enter text.

8. How do you intend to continue this project, or similar projects, in the future?

Click here to enter text.

9. How did you give recognition to United Way of West Central Minnesota for funding your project?

Click here to enter text.

10. Name and Number of Contact Person.

Click here to enter text.

\****United Way of West Central Minnesota requests an end project report from agencies within six months of receiving grant funding.***

**Thank You!**