

White County United Way Community Relief Fund Application Guidelines

The purpose of the Community Relief Fund collected in response to the COVID-19 Pandemic is to distribute dollars as quickly as practicable to address the short term and long-term needs of local communities suffering the physical, social, and economic effects of the coronavirus pandemic by supporting service agencies and programs in their quest to continue assistance during the pandemic.

In addition to funds raised by White County United Way (WCUW) and the Community Foundation of White County, the Community Relief Fund is a sponsored project of Indiana United Ways, with funding provided by Lilly Endowment Inc. WCUW will manage the fund and distribute awards in partnership with the Community Foundation of White County, the Community Foundation of Pulaski County, and the Jasper Newton Foundation to serve the communities in all three counties. The fund will operate as long as revenue is available and will distribute funds to the community until they are depleted.

Eligibility

Any not-for-profit social service organization impacted by Covid-19 and serving White, Jasper, or Pulaski Counties may apply. Please review the "Funding Priorities" to determine whether your organization meets the qualifications for this grant. Additional documentation may be required from non-501(c)3 organizations.

Funding Process

Only electronic applications are accepted and are due before the tenth day of each month. The joint Fund Advisory Board will review complete application packets monthly, and WCUW will notify you of the committee decision before the first day of the month following your application. Your fund award and distribution schedule may be modified based on available funding. The payment of any funds awarded will be made via ACH to your organization upon the decision of the Board. Please provide a signed copy of the attached ACH Credit Authorization with your application and submit application electronically to whitecountyunitedway@gmail.com.

Timeline	
10 th of each month	Electronic applications due
On or about the 3 rd Wednesday of each month	Committee reviews applications
Within 24 hours of decision	Informal notification of funding decision
Last day of month (or before)	Official funding letters distributed; funds released by ACH

Funding Priorities

Applications will be evaluated by the committee, with special attention to agencies that:

- Ensure sustainability of our regional social service network
- Reduce gaps in services, particularly for healthcare and mental health access
- Increase services offered via alternative or virtual delivery
- Increase the # of individuals who access services for basic needs
- Increase the # of individuals participating in healthy food access/nutrition programs
- Increase the # of children enrolled in childcare or education/engagement programs
- Increase the # of volunteers engaged in addressing community needs
- Increase the # of social sector jobs retained through organizational financial supports

Necessary Documentation

White County United Way must have the following documents on file. Please provide a copy of these documents if you have never received funding from WCUW in the past, or if there are any material changes. Some documents are not relevant or available to all applicants, so please call the WCUW if you need guidance or have extenuating circumstances. Please note: grantees will be required to retain copies of receipts, budgets, correspondence, and all documentation related to this grant for three years from the date of funds disbursement.

- Statement of Need Narrative
- Documentation of need (budget, receipts, invoices, service numbers, etc.)
- IRS Form W9
- Roster of Organizational Leaders
- 501 (c) 3 Determination Letter
- Please provide name, address, phone, and email contact of two community members who are neither on your board nor paid staff.
- ACH Credit Authorization Form (attached)
- Partnership Agreement Form (attached)

Statement of Need Narrative Comments

Please indicate and explain your funding request and how the pandemic has increased your need for financial support. Explain whether your funds are needed for immediate relief, intermediate sustainability, or long-term growth and recovery. If applicable, please provide a detailed description of the specific program use for these funds. Please attach an explanation that spans less than one printed page to explain background, need, and urgency of this funding. Provide additional documentation as appropriate. This application is intended to be brief, as time is of the essence.

Partnership Agreement

The White County United Way, Inc. (WCUW), its fund partners, and the partner agency listed below agree to cooperate with each other to increase participation in human services programs and serve the best interests of the community. Both WCUW and the partner agency agree to abide by the principles and cooperative spirit of this agreement.

Partner Agency Commitments

The partner agency will maintain strong board governance, acceptable accounting procedures, 501 (c) 3 status (if applicable), and compliance with all applicable state, federal, and local regulations and ordinances, and provide documentation of such adherence to the WCUW upon request. The agency will identify its affiliation with WCUW and the local Community Foundation whenever possible in print and electronic communication, using approved WCUW and your local Community Foundation logos. Grant recipients will credit the White County United Way and Indiana United Ways with funding provided by Lilly Endowment Inc. in all project-related publicity. Partners will be sure to electronically tag any social media posts to promote the overall Community Relief Fund Program in addition to the specific funded agency program. The agency will submit requested documents and reports in a timely manner and retain them for a period of at least three years from the date of funds disbursement.

White County United Way Commitments

WCUW will maintain strong stewardship of its agency, network affiliations, local relationships, and community donor funds. We will champion local agencies, work to expand non-profit networks, and nurture and enhance our collective impact in our community while working to fill gaps in funding and services for our clients. As an advocate for the work of our community nonprofits, we will seek outside support as needed and celebrate and support our local NPOs with our partners and community. We will make timely payments and promote and maintain transparency within and among our local non-profit organizations.

Agency: _____

Federal Tax ID#: _____

Board President: _____

Signature: _____

Director: _____

Signature: _____

Date: _____

for White County United Way

Board President: _____

Signature: _____

Director: _____

Signature: _____

Date: _____

Authorization Agreement For Automated Clearing House Transactions (ACH Credits)

ACH Authorization	
Organization Name:	

I (we) hereby authorize **White County United Way, Inc.**, hereinafter called COMPANY, to initiate credit entries to our:

Checking account Savings account

indicated below; and authorize the depository named below, hereinafter called DEPOSITORY, to credit to such account.

In the event of COMPANY error in credit, the COMPANY MUST seek additional and separate authorization to charge, reverse, or debit the account. We will make all reasonable efforts to comply with these requests with good faith, in a timely manner.

Bank Information			
DEPOSITORY NAME:		Branch: (if applicable)	
City, State, ZIP:			
Transit/ ABA No: ("Routing #")		Account #:	

This authority is to remain in full force and effect until COMPANY/INDIVIDUAL has received written notification from us of its termination in such time and in such manner as to afford COMPANY/INDIVIDUAL and DEPOSITORY a reasonable opportunity to act on it.

Name: _____ EIN: _____

Signature(s)

Date