

White County United Way Community Relief Fund Wave 2 Application Guidelines

The purpose of the Community Relief Fund is to distribute dollars as quickly as practicable to address the immediate, basic and essential needs of local communities suffering the ongoing physical, social, and economic effects of the coronavirus pandemic. Funds may provide programmatic and operational support for health and human service nonprofits in good standing with the IRS. Said nonprofits should either provide basic/essential needs programming or provide direct individual funding or the supports that allow individuals to access basic/essential needs programming.

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. Funds are available through November 10, to be spent before December 31, 2021.

Eligibility

In Wave 2, CRF grants are specifically designed for 501(c)3 organizations, and other not-for-profit social service organizations meeting human needs in White, Jasper, or Pulaski Counties must have a phone interview before receiving an invitation to apply; additional documentation may be required. The updated “Funding Priorities,” below, indicate the strong priority of this grant to fund basic needs for residents and those agencies that promote social determinants of health, as determined by the Centers for Disease Control. Please contact WCUW directly with questions about the suitability of your proposal. CRF grants are awarded through a competitive process, and some grants may be denied based on funding priorities, availability of other funding sources, or the strengths and challenges of an agency proposal. The CRF process is also collaborative; you may be invited to tailor your proposal and/or reapply in the future.

Funding Process

Only electronic applications are accepted and are due before the tenth day of each month. WCUW will notify you of the committee decision before the first day of the month following your application. 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. Please be sure to read the attached CRF Report Form thoroughly and be prepared to complete all four portions (metrics, budget, narrative, and public relations) in descriptive detail to meet the expectations of our fund donors.

Timeline	
10 th of each month at 11:59 PM	Electronic applications due
Last day of month (or before)	Official funding letters distributed; funds released by ACH
Before the last day of the month following award	CRF Report Due (interim or final)
Within 90 Days of Award, or on date requested	Final CRF Report Due showing complete budget expenditure

Funding Priorities

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

- Address the immediate, basic, and essential needs of the community
- Support individuals in need
- Provide essential health and human services programming
- Reduce gaps in services, particularly for healthcare and mental health access
- Measurably improve social determinants of health as defined by the Centers for Disease Control
- 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
- Are not specifically prohibited. The website lists them all, including: arts, recreation, athletics, and planning.

One-page Narrative: Statement of Need

In less than one typed page, please clearly define your funding request amount and explain your proposal. Supplemental documentation and budgets should only corroborate what you have written and detailed in your narrative. Please indicate and explain your funding request and how the pandemic has increased your need for financial support. You are required to declare your eligibility for all government relief funds, including the value of your award or the reason you did not apply. Please indicate whether those funds have been expended before applying for CRF grants. This grant is not intended to supplant any widely-available aid. This application is intended to be brief, as time is of the essence. The burden of reporting for this grant is much larger than the burden for application. It is imperative that our donors for this fund have tangible evidence of its community impact on agencies, programs, and—most important—individuals, whenever possible.

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.

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| <input type="checkbox"/> One-page Narrative: Statement of Need | <input type="checkbox"/> Roster of Organizational Leaders |
| <input type="checkbox"/> Financial exhibits as needed | <input type="checkbox"/> 501 (c) 3 Determination Letter |
| <input type="checkbox"/> Declaration of eligibility, award, and spending of outside COVID-relief funding | <input type="checkbox"/> ACH Credit Authorization Form (attached) |
| <input type="checkbox"/> IRS Form W9 | <input type="checkbox"/> Partnership Agreement Form (attached) |

Please contact WCUW by email or phone if you need guidance or assistance through this process.

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 in all project-related publicity, in print and electronic communication, using approved WCUW and local Community Foundation logos. Grant recipients will publicly credit the CRF Grant Award using the attached press release and media guide. Public acknowledgement should be made to *White County United Way and Indiana United Ways with funding provided by Lilly Endowment Inc.* Partners will be sure to electronically tag any social media posts to promote the overall Community Relief Fund Program and provide evidence of these public relations in the required CRF Report. 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. We will use CRF reports to enhance relationships meet expectations of CRF donors.

Agency Name

Project Description and Date	Amount Requested	Amount Awarded

Federal Tax ID#: _____

for White County United Way

Board President: _____

Board President: _____

Signature: _____

Signature: _____

Director: _____

Director: _____

Signature: _____

Signature: _____

Date: _____

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 has received written notification from us of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Organizational Contact and Title

EIN

Signature

Date

(Required) Second Organizational Contact and Title

Signature

Date

Project Name or Grant Month: Organization Name, Award Month

This report is required for all grants issued through the WCUW Community Relief Fund. The committee approved your grant request and asked for rapid reporting on the status of this project, including a robust narrative and visual artifacts. Please return this report by the due date, 2021. Failure to issue prompt reports may impact future award decisions.

Reporting Metrics

REQUIRED: please report on each unique outcome or output this project has achieved in **every applicable** indicator below. You **MUST** specify two additional local indicators* that are specific to your grant proposal. Please seek guidance from WCUW if you have questions or need clarification about these metrics or local indicators.

Indicator	Count
# of individuals who access affordable housing, financial products, and/or services	
# of individuals participating in healthy food access/nutrition programs	
# of children (0-5) enrolled in childcare or early childhood programs	
# of volunteers engaged in addressing community needs	
# of social sector jobs retained through organizational financial supports	
*Mandatory Local Metric (specify)	
*Mandatory Local Metric (specify)	
Other (optional)	
Other (optional)	

Client Demographics

REQUIRED: please report the demographic profiles of those you served with this project, in the greatest possible detail. Please specify additional classifications of clients according to your programming, especially location of residence.

Category	Count or Ratio
# living in poverty or with financial need (ALICE population: iuw.org/alice)	
# of children (0-18)	
# of seniors (age 65+), or those living with disabilities/physical limitations	
# of people of color, non-English speaking, or LGBTQ+	
# of people with mental health needs or substance use disorder	
Local Classification (specify)	
Location: If possible, further specify each location served, and provide a client count based on area of residence.	
Location:	Count:
Location:	Count:
Location:	Count:
In 2-3 sentences, describe the population served by your project and unmet needs this population faces.	

