

## Public Statement of Strategic Community Investment

Because White County United Way fights and advocates for the health, education, and financial stability of every person in every neighborhood we serve, we maintain strong stewardship of community donations. We know that dollars spent on emergency relief are temporary aids for short-term results. This relief is essential, but fighting the source of these obstacles demands deliberate, thoughtful, **Strategic Investment**.

### *How can we help our neighbors reduce the need for emergency relief?*

Again and again, the answer is clear: earlier support helps to prevent bigger, more expensive problems later. We have invested in early literacy, increasing access to services, and providing training, but there is still a gap. Even with the best options, some people need additional support. In rural communities like ours, there is a distinct need and, unfortunately, a large gap in accessibility for mental health services.

Many of the obstacles that our neighbors experience are related to lack of mental health care at crucial times in their lives. What if White County were an accessible community for mental health care? What if our neighbors could easily book an appointment, find transportation, and access medical professionals in their times of greatest need? What if the stigma surrounding treatment for mental health needs looked more like the positive attitude people have toward regular dental cleanings or routine blood work? Could White County be an easier place to access mental health care? If so, could we prevent some of our greatest obstacles to health, education, and financial stability by closing the gaps between people and those who can meet their mental health needs?

Together with our partners in community, industry, health care, local government, education, and nonprofit, we can fight for the ability of all of our neighbors to access mental health care! Together, we win! WCUW's new strategic community investment plan will fund programs that best support these partnerships.

Using United Way Worldwide's Global Results Framework, WCUW will fight for mental health alongside community partners over the next two years to improve mental health access and outcomes in White County in some of the following ways:

- Increase the number of partners collaborating on issues related to Mental Health Access
- Increase the number of volunteers supporting childhood success, youth success, economic mobility, and access to health, as it pertains to proven mental health outcomes
- Increase the number of early childhood, youth development, health sector, and financial sector staff trained to provide quality programs and services which will improve overall mental health
- Increase the number of community partners organized to promote early childhood success, youth success, economic mobility, and access to health
- Increase the percentage of youth/adults served who avoid or reduce risky behaviors

# 2023 Application for Unrestricted Support

## Sponsorship Grant Application

**DUE: May 15**

This funding application is for unrestricted funds. Please use this funding in accordance with your mission and internal budget policy. As a partner agency, you agree to fully disclose details of your operations, procedures, and programs for the benefit of the community and the clients we serve. Application may be made annually in the spring. Please submit one PDF via email to [whitecountyunitedway@gmail.com](mailto:whitecountyunitedway@gmail.com), or using the online form at [whitecountyunitedway.org/partner](http://whitecountyunitedway.org/partner) by 11:59 PM on May 15, 2022. All applicants will receive a funding decision before June 30, 2022.

## Funding Level

White County United Way will sponsor select agencies at the following levels in 2023, investing more in agencies which show a stronger commitment to WCUW's three mission pillars (health, education, and financial stability) and current community impact strategy (improving mental health in White County). For more information, please read our *Public Statement of Strategic Community Investment*.

- ★ Bronze Partner: \$1,000 annual sponsorship
- ★ Silver Partner: \$2,500 annual sponsorship
- ★ Gold Partner: \$5,000 annual sponsorship
- ★ Platinum Partner: \$10,000 annual sponsorship
- ★ Diamond Partner: \$20,000 annual sponsorship

## 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** to your documents we already have on file. Provide the most current financial documents, as well as an explanation if the reports are older than 24 months.

- |  |   |
|--|---|
| <input type="checkbox"/> 2021 impact report (page 3) & artifacts | <input type="checkbox"/> Bylaws (with Organizational Purpose)                   |
| <input type="checkbox"/> 3-year budget (2021, 2022, 2023)        | <input type="checkbox"/> IRS Form 990   |
| <input type="checkbox"/> Roster of Officers and Board            | <input type="checkbox"/> Financial and Management Audit                         |
| <input type="checkbox"/> 501 (c) 3 Determination Letter          | <input type="checkbox"/> Non-discrimination policy                              |
| <input type="checkbox"/> Partnership Agreement (page 4)          | <input type="checkbox"/> Non-terrorism assurance                                |
| <input type="checkbox"/> Marketing and Program Materials         | <input type="checkbox"/> Declaration Sheet of Directors and Operators Insurance |
| <input type="checkbox"/> Conflict of Interest Policy             | <input type="checkbox"/> ACH Authorization (page 5)                             |
| <input type="checkbox"/> Affiliation Agreements (if applicable)  |   |

## Narrative Comments

Please type your agency name and amount of requested funding at the top of your narrative page. Explain the mission, programming, and initiatives of your agency in less than one page. Please note in particular how your agency is addressing mental health access, working in multi-agency coalitions, working toward community goals, or changing scope in any of your traditional services and offerings.

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## Impact Report: Social Indicators of Mental Health

REQUIRED: please report in **every applicable** indicator below, as well as other data specific to your program.

Indicator	Prior count	2021 count
Increase # partners collaborating on issues related to Mental Health Access		
Increase # volunteers supporting childhood success, youth success, economic mobility, and access to health, pertaining to mental health		
Increase # early childhood, youth development, health sector, and financial sector staff trained to provide quality programs and services which will improve overall mental health		
Increase # of community partners organized to promote early childhood success, youth success, economic mobility, and access to health		
Increase % of youth/adults served who avoid or reduce risky behaviors		
Other (specify)		
Other (specify)		

## Client Demographics

REQUIRED: please report the demographic profiles of those you served in the service year 2021.

Category	Count or Ratio
# living in poverty or with financial need (ALICE population: <a href="http://iuw.org/alice">iuw.org/alice</a> )	
# 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	
Total # served. (Please split the client count below based on area of residence.)	
Location:	Count:
Location:	Count:
Location:	Count:

## Essential: Narrative Reflections and Public Relations Artifacts

Please attach written success stories and supporting audio, video, or image files that vividly illustrate the positive impact of your program, as well as multiple artifacts showing your promotion of your partnership with WCUW. Please certify that anyone in a story, picture, or work (photography, art, etc.) grants permission to the WCUW and its affiliates to share and publish any materials in any form, in perpetuity for the purpose of promoting our community impact. *I certify that the contents of this report and the accompanying documents are accurate, and we have obtained permission from any subjects featured therein to share their materials and likenesses with the WCUW and their affiliates for promotion of the WCUW grant program.*

Name/Title: \_\_\_\_\_

Signature: \_\_\_\_\_

# 2023 Application for Unrestricted Support



## 2023 Partnership Agreement

**Due May 15, 2022**

The White County United Way, Inc. (WCUW) and the partner agency listed below agree to cooperate with each other to increase access to human services and serve the best interests of the community. Both White County United Way 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, 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 not engage in direct employee payroll deduction fundraising, and will not engage in fundraisers, events, or public programs on the dates of major WCUW events announced before 12/31/2022. The agency will identify its affiliation with WCUW whenever possible in print and electronic communication, using approved WCUW logos. The agency will submit requested documents and reports (when necessary) in a timely manner. Failure to adhere to these blackout, promotion, or transparency requirements will result in cancellation of this partnership agreement and cessation of all unpaid funding disbursements.

### 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 announcements of black-out dates and available funds, and promote and maintain transparency within and among our local non-profit organizations.

Agency Name	Award Year	Amount Awarded
	2023	

Federal Tax ID#: \_\_\_\_\_

for White County United Way

Board President: \_\_\_\_\_

Board President: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Director: \_\_\_\_\_

Director: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

# 2023 Application for Unrestricted Support



## Authorization Agreement for Automated Clearing House Transactions (ACH Credits)

### ACH Authorization

Organization Name:	
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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.

\_\_\_\_\_  
Organizational Contact

\_\_\_\_\_  
EIN

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Account Number Verified by (Name)

\_\_\_\_\_  
(Title within organization)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date