

Public Statement of Strategic Community Investment

Because White County United Way advocates and fights 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. However, after the pandemic of 2020/21, every member of our community is in a recovery cycle to rebuild things that have been lost or changed. Even with the best supports available, some people need additional options to thrive.

Many of the obstacles that our neighbors experience are related to lack of supports at crucial times in their lives. What if White County had stronger social determinants of health? According to SAMHSA, social determinants of health are those community supports that help individuals to thrive physically, mentally, and socially. They include: 1) Economic Stability; 2) Education Access and Quality; 3) Healthcare Access and Quality; 4) Neighborhood and Built Environment; and 5) Social and Community Context.

Together with our partners in community, industry, health care, local government, education, and nonprofit, we can improve the social determinants of health for our neighbors. Together, we win! WCUW's strategic community investment plan will fund programs that best support these partnerships.

Using the social determinants of health and United Way Worldwide's Global Results Framework, WCUW will fight alongside community partners to increase wellness 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



DUE: May 31, 2024

Sponsorship Grant Application

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 jenkinson@whitecountyunitedway.org by 11:59 PM on May 15, 2024. All applicants will receive a funding decision before August 31, 2024.

Funding Formula

White County United Way will evaluate agency applications based on the attached rubric. If an agency is selected for funding, it will be assigned a number of points. All of the points earned by every eligible agency will be added together, and the funds available from our annual fundraiser will be divided by the number of points. That per-point "multiplier" will then be equitably distributed to each eligible agency, based on the strength of that agency's submission. The rubric shows a higher preference for agencies committing to WCUW's three mission pillars (health, education, and financial stability) and current community impact strategy (improving social determinants of health in White County). The total amount of available funding is determined by funds raised at the kickoff fundraiser in late summer.

Necessary Documentation

White County United Way must have the following documents on file. Please provide a copy of the following documents, even if you have provided them in the past. Provide the most current financial documents, as well as an explanation if the reports are older than 24 months.

2023 impact report (page 3) & artifacts	Bylaws (with Organizational Purpose)
3-year budget (2023, 2024, 2025)	IRS Form 990
Roster of Officers and Board	Financial and Management Audit
501 (c) 3 Determination Letter	Non-discrimination policy
Partnership Agreement (page 4)	Non-terrorism assurance
Marketing and Program Materials	Declaration Sheet of Directors and
Conflict of Interest Policy	Operators Insurance
Affiliation Agreements (if applicable)	ACH Authorization (page 5)

Narrative Comments

Please type your agency name at the top of your narrative page. Your funding level will be determined through committee, based on the strength of your application. Explain the mission, programming, and initiatives of your agency in less than one page (11 point font minimum). Please note in particular how your agency is addressing social determinants of health, working in multi-agency coalitions, working toward community goals, or changing scope in any of your traditional services and offerings.



Impact Report: Social Determinants of Health

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

Indicator	Prior count	2023 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 2023.

Category	Count or Ratio					
# living in poverty of						
# of children (0-18))					
# of seniors (age 6	3					
# of people of colo						
# of people with m						
Total # served. (Ple						
Location:	Count:	Location:	Cou	Count:		
Location:	Count:	Location:	Cou	Count:		
Location:	Count:	Location:	Cou	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. The strength of this section will increase the value of your funding award. 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:	
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2025 Partnership Agreement

Due May 31, 2024

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 solicit manufacturers for direct employee payroll deductions, and will not engage in fundraisers, events, or public programs on the dates of major WCUW events. 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		
	2025			
Federal Tax ID#:	for White County Unite	ed Way		
Board President:	Board President:			
Signature:	Signature:			
Director:	Director:			
Signature:	Signature:			
Date:	Date:			



Authorization Agreement for Automated Clearing House Transactions (ACH Credits)

ACH A	Authori	izatior				
Organiz Name:	zation					
I (we) h entries	-	thorize	White County United Way,	Inc., herei	nafter call	ed COMPANY, to initiate credit
			Checking accou	ınt 🔃	Savings	account
such ac separa	ccount. In te author with the	n the ever rization t ese requ	ent of COMPANY error in c to charge, reverse, or debit ests with good faith, in a ti	redit, the (the accou	OMPANY nt. We wil	er called DEPOSITORY, to credit to MUST seek additional and I make all reasonable efforts to
	Bank I	Inform	ation			
	DEPOSI NAME:	TORY		Bran (if appl	ich: icable)	
	City, Sta ZIP:	ite,				
	Transit/ ABA No ("Routin	:		Acco	ount #:	
notifica	ation fron	n us of i		and in su		IVIDUAL has received written r as to afford COMPANY/ INDIVIDUA
Organiz	zational (Contact			EIN	
Signatu	ıre				Date	
Accour	nt Numbe	er Verifie	ed by (Second Name)		(Title wit	hin organization)
Signature				Date		

Partner Funding Rubric

Agency: 2025 Fund

The criteria on the left are those deemed by the White County United Way board of trustees to be most important in our funding decisions. Within each category, guidelines for total points awarded are listed. Funds for 2025 will be awarded by dividing the total available dollars by the total points earned by applicants. Each sponsored partner will be awarded a proportionate amount of funding based on their score.

CATEGORY	4	3	2	1
HIGH-NEEDS CLIENTS	Highest percentage of clients at risk among applicants	Second-ranked in service to high-needs populations	Third-ranked in service to high- needs populations	Fourth-ranked in service to high- needs populations
SOCIAL DETERMINANTS OF HEALTH ADDRESSED	Improving health outcomes is a primary focus; initiatives show results	S.D.H. programs have been added to services.	Services acknowledge S.D.H. needs of clients.	Agency meets only basic needs
IMPROVING THE NETWORK	Engages significantly with partners, volunteers, and programs	Actively engages in several coalitions	Involvement outside of agency scope is limited	Agency works independently of partners
IMPACT LOCALLY	Of all applicants, this agency serves the greatest number of White County residents.	Second-ranked server of residents	Third-ranked server of residents	Serves few clients, or most clients reside outside of White County

OVERALL SCORE