**MARSHFIELD AREA UNITED WAY**

**2025 COMMUNITY INVESTMENT ALLOCATION APPLICATION**

*Please complete the following questions as completely as possible. You will have the opportunity to elaborate on your request during your presentation with the Review Panel.*

*Applications are due by* ***Friday, December 6, 2024 at Noon***

***Please submit electronically to ashley@marshfieldareaunitedway.org.***

**APPLICATION COVER SHEET**

**Section A. Agency Information**

**Date of Application:**

**Agency/Program Name:**

**United Way Program Contact Person:**

**(Person who will be responsible for United Way correspondence)**

**Email of Contact Person:**

**Executive Director (if other than United Way contact person):**

**Mailing Address:**

**City: State: Zip:**

**Phone: Email:**

**Website:**

**Your agency’s mission statement:**

**Total agency operating budget last fiscal year: $**

**Total agency operating budget current fiscal year: $**

**Dollar Amount of United Way Funding Request: $**

**By signing this document you acknowledge that you are authorized to submit the 2025 Marshfield Area United Way Funding Application and that you have read and understand all the information provided in the instructions and FAQ section above:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

##### Name Title

*Between this information and the presentation, we want to get a complete picture of your program, especially its quantifiable and measurable outcomes and its impact on priority community needs appropriate for United Way funding.*

**Section B. Funding Request**

1. **Name of Program/Project for which you are seeking funding:**
2. **Brief Summary of Program and how United Way funding will help carry out its mission.**
3. **Funding Request for 2025 to Marshfield Area United Way**: **$**
4. **Please note any reason for increase/decrease in funding request.**

# Section C. United Way Funding Priority Outcome

1. **Primary United Way Funding Priority Outcome your program addresses:**   
   (Please choose only one.)

**EDUCATION** – Cradle to Career Support for Academic Success

**Priority Outcomes:**

* Improve school readiness and provide parental support
* Improve school performance & support career preparedness
* Increase access to mentors and tutors

**FINANCIAL STABILITY** – Financial Education, Stability, and Independence for Individuals & Families

**Priority Outcomes:**

* Increase food and basic needs security
* Reduce homelessness and improve access to affordable and transitional housing
* Provide education in financial literacy

**HEALTH** – Promote Safe and Healthy Communities

**Priority Outcomes:**

* Improve health & well-being of senior citizens and disabled community members
* Improve access to physical and mental health and wellness services
* Provide a safe place and assist with a path forward for victims of abuse and/or sexual assault

1. **Explain how your program is consistent with the priority area you selected. What data do you have that proves that this program is needed in our community?**
2. **How will this program impact United Way’s goals and funding priority areas?**

# Section D: Program Impact

**This is NOT A REPORT on prior activity; this is a PROPOSAL of THE IMPACT YOU EXPECT TO MAKE with the funds you are requesting.** Please note: All information should be limited to program activities in the Marshfield Area United Way service area.

**PROGRAM OUTCOMES AND INDICATORS**

**Measures: Programs are required to report on a minimum of two Outputs AND a minimum two Indicators from the list provided, but are encouraged to report all measures applicable to program. Please select your Outputs & Indicators from the Funding Focus Areas and Priority Outcomes Reference Guide**

**Output Note: Select your Output(s) and enter target numbers. You will also describe your measurement tool/method for each Output.**

**Indicator Note: Select your Indicators and enter target numbers for number of clients to be served and number of clients to achieve outcome. You will also describe your measurement tool/method for each Indicator.**

Please enter your Output and Indicator including target numbers below from list provided with instructions.

**Output #1**: Target Numbers:

Measurement tool/method:

**Output #2**: Target Numbers:

Measurement tool/method:

Additional outputs (optional): Target Numbers:

Measurement tool/method:

**Indicator #1**: Target Numbers:

Measurement tool/method:

**Indicator #2:** Target Numbers:

Measurement tool/method:

Additional Indicators (optional): Target Numbers:

Measurement tool/method:

Program Overview

1. Please provide a definition of a “unduplicated client” as it relates to the numbers below:
2. Please breakdown the ***total unduplicated*** number of individuals by residency that were directly served in the table below.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Funding Year** | **2023**  **(**April 1, 2023-March 31, 2024) | | **2024**  (April 1, 2024- September 30, 2024) | | **2025 funding year projection** | |
| Location of Residence | # | % | # | % | # | % |
| **Arpin** |  |  |  |  |  |  |
| **Auburndale** |  |  |  |  |  |  |
| **Chili** |  |  |  |  |  |  |
| **Granton** |  |  |  |  |  |  |
| **Greenwood** |  |  |  |  |  |  |
| **Loyal** |  |  |  |  |  |  |
| **Marshfield** |  |  |  |  |  |  |
| **Neillsville** |  |  |  |  |  |  |
| **Pittsville** |  |  |  |  |  |  |
| **Spencer** |  |  |  |  |  |  |
| **Stratford** |  |  |  |  |  |  |
| **Other (MAUW area only)** |  |  |  |  |  |  |
| **Not in MAUW service area** |  |  |  |  |  |  |
| **TOTAL UNDUPLICATED SERVED**. |  | 100% |  | 100% |  | 100% |

1. Please explain any increase/decrease in projected served for 2024.
2. Please provide the breakdown of ***total unduplicated*** served by race in the table below. This number should match the numbers in the table above.

|  |  |  |
| --- | --- | --- |
|  | **2023**  **(**April 1, 2023-March 31, 2024) | **2024**  (April 1, 2024- September 30, 2024) |
| **White** |  |  |
| **Black or African American** |  |  |
| **American Indian or Alaska Native** |  |  |
| **Asian or Pacific Islander** |  |  |
| **Hispanic or Latino** |  |  |
| **Two or more** |  |  |
| **Other** |  |  |
| **Did not disclose** |  |  |
| **TOTAL** |  |  |

**Section E. Budget and Financial Information**

*Please complete the Program Budget form. If any line items need explanation, please add a short narrative.*

1. **What other sources of funding (e.g. grants, client fees, endowment earnings, etc.) do you have to support this program? Please include type of activity, net $ result.**
2. **Does Program Budget balance?** \_\_\_\_\_ Yes \_\_\_\_\_ No If no, explain.
3. **What is your agency’s fiscal year?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_

**4. What is your agency’s overhead rate for the most recent fiscal year? \_\_\_\_\_\_\_ %**

If you file the IRS 990

Management and General (Part IX, Line 25, Col C)

+ Fundraising (Part IX, Line 25, Col D)

=

Divide by Total Revenue (Part VIII, Line 12, Col A)

**= OVERHEAD RATE** **\_\_\_\_\_\_\_\_\_\_\_%**

If you file the IRS 990EZ

Total Expenses (Part I, Line 17)

- Program Expenses (Part III, Line 32)

=

Divide by Total Revenue (Part I, Line 9)

**= OVERHEAD RATE** **\_\_\_\_\_\_\_\_\_\_\_%**

***OR***

Calculate your direct service % of time you spend planning for or providing services to participants or clients. Remainder of time is indirect % and includes things like fundraising, paying bills, fiscal…)

If you don’t file the IRS 990 you still **MUST** submit your overhead percentage calculation and a clear explanation of how you came to this percentage. Please use a local calculation, not your national organization’s number.

*Please note, United Way wishes to encourage financial stability in our partner agencies. We encourage you to develop operating reserves and endowment funds, as they indicate diversified and stable funding. You are not penalized for these funds. Reserves of 3 – 6 months of operating expenses are recommended.*

**5. Does your agency have an operating reserve?** \_\_\_\_\_ yes \_\_\_\_\_ no

If yes, balance at end of most recently completedfiscal year $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many months does the reserve cover? \_\_\_\_\_\_\_\_ months

**6. Does your agency have an endowment fund?** \_\_\_\_\_ yes \_\_\_\_\_ no

If yes, balance at the end of most recently completed fiscal year **$** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| **INCOME** | **2024 Budget** | **To Date 2024 Actual**  **(9/30/2024)** | **2025 Budget** |
|  |  |  |  |
| 1. Marshfield Area United Way Allocation | $ | $ | $ |
| 2. Contributions | $ | $ | $ |
| 3. Special Events | $ | $ | $ |
| 4. Legacies & Bequests | $ | $ | $ |
| 5. Other Public Support | $ | $ | $ |
| 6. Allocated by Other United Way(s) | $ | $ | $ |
| 7. Grants | $ | $ | $ |
| 8. Membership Dues | $ | $ | $ |
| 9. Service Fees | $ | $ | $ |
| 10. Sales to Public | $ | $ | $ |
| 11. Interest (CDs, Checking) | $ | $ | $ |
| 12. Endowment Income | $ | $ | $ |
| 13. Miscellaneous | $ | $ | $ |
| ***14. TOTAL INCOME*** | **$** | **$** | $ |
| **EXPENSES** |  |  |  |
| 15. Salaries | $ | $ | $ |
| 16. Employee Benefits | $ | $ | $ |
| 17. Payroll Taxes | $ | $ | $ |
| 18. Professional Fees | $ | $ | $ |
| 19. Supplies | $ | $ | $ |
| 20. Telephone | $ | $ | $ |
| 21. Postage & Shipping | $ | $ | $ |
| 22. Occupancy for Office Space | $ | $ | $ |
| 23. Rental/Maintenance of Equipment | $ | $ | $ |
| 24. Printing/Publications | $ | $ | $ |
| 25. Travel/Food | $ | $ | $ |
| 26. Conference/Meetings | $ | $ | $ |
| 27. Specific Assistance to Individuals | $ | $ | $ |
| 28. Membership Dues | $ | $ | $ |
| 29. Scholarships/Grants | $ | $ | $ |
| 30. Miscellaneous | $ | $ | $ |
| 31. Dues to State/National Organization | $ | $ | $ |
| 32 Activity costs | $ | $ | $ |
| 33 | $ | $ | $ |
| 34 | $ | $ | $ |
| *35. TOTAL EXPENSES* | $ | $ | $ |
| 36. Excess (Deficit) of Income Over Expense | **$** | **$** | $ |

**Please share any significant employee changes.**

**What is your cost per participant (United Way request ÷ # of participants) and why is this a good investment of donor dollars?**

Please provide a breakdown of how United Way grant dollars will be used. (ie. salaries--$xxx, rent $xxx, utilities $xxx, scholarships $xxx).

MARSHFIELD AREA UNITED WAY

# AGENCY SUPPLEMENTAL DOCUMENTATION CHECKLIST

AGENCY NAME

**Except where noted, please provide only one copy of each of the following.**

**Incomplete applications will not be accepted.**

|  |  |  |
| --- | --- | --- |
| Agency – check off each item you are providing | Documentation and Attachments Required | **United Way**  **Use Only** |
| Highlight item provided | IRS Form 990, Form 990 EZ, Form 990 PC |  |
|  | Roster of Board Members and Officers and Community they reside in. |  |
|  | Most recent Annual Report, if available. |  |
| Highlight item provided: | Annual Audit or Review of Finances:   * An annual audit by an independent certified public accountant that complies with generally accepted auditing and accounting standards. * If the agency has a total budget of less than $499,999.00, then the agency is required to submit an annual review of its financial affairs by a qualified independent source. |  |
| **THE FOLLOWING ITEMS ARE REQUIRED ONLY OF NEW APPLICANTS OR**  **IF THEY HAVE CHANGED SINCE LAST SUBMITTED.** | | |
|  | Articles of Incorporation |  |
|  | By-laws |  |
|  | Proof of Tax-Exempt Status under Section 501 (c) 3 (or other relevant section) of IRS Code\* |  |

\* Note: this is NOT your Wisconsin Sales Tax Exemption Form.

For items requiring signature, please sign, scan and email. Original signature is not necessary.