**United Way of Aroostook 2022-2023**

**Community Impact Investment Application**

**\*You MUST be a registered 501 (c)(3) organization in order to apply.**

**Please complete the following questions as completely as possible. Your application will be reviewed by a volunteer task force and funding decisions will be announced no later than June 30, 2022. Applications are due no later than 3pm on Friday, March 18th.**

**Please submit two copies of your application and financial statements unless you are submitting electronically.**

**Applications may be mailed, or hand delivered to:**

**United Way of Aroostook**

**830 Main Street, Presque Isle, Maine 04769**

**or electronically emailed as a pdf to** [**sarah@unitedwayaroostook.org**](mailto:sarah@unitedwayaroostook.org)

**Each agency seeking funding must attend the Community Impact Investment Meeting on April 14th from 8am until noon to present to the task force. This meeting will be held tentatively at the United Way of Aroostook (UWA) office and each agency representative will have five (5) minutes to present followed by a five (5) minute question and answer period.**

**Each agency must be in attendance to be considered for funding. A member of the task force may be in touch with you before the meeting to review your application.**

**Please initial \_\_\_\_\_\_\_\_**

**AGENCY/ORGANIZATION INFORMATION**

**Agency/Organization Name:**

**Contact Person:**

**Mailing Address:**

**Phone:**

**Email:**

**Website:**

**Mission statement:**

**Diversity, equity & inclusion statement:**

**Description of your agency/organization in 100 words or less that can be used on UWA printed materials:**

**Total operating budget in Aroostook County for 2022:**

**FUNDING REQUEST**

**Funding Request for 2022-2023 from United Way of Aroostook:**

**Name of Program for which you are seeking funding:**

**PROGRAM NARRATIVE**

**Please Note: Word counts provided indicate a maximum. We do not expect applicants to use every available word. We strongly encourage succinct responses and ask that applicants avoid repetition when possible. Remember, volunteers review all applications; try to keep responses clear and to the point as much as possible.**

**Program Description:**

**(Max # of words, 500)**

**Describe how your program aligns with United Way of Aroostook’s goals around the health, financial stability and education of Aroostook County and how your work will help contribute to meeting these goals. (Max # of words, 250).**

**Describe the target population served by your program. (Max # of words, 250).**

**Describe how your organization strives to promote diversity, equity and inclusion through your programs, staff, board and volunteers. How will this program help further UWA’s commitment to diversity and inclusion? If your work targets underserved and/or marginalized populations, please explain. (Max # of words, 250).**

**Does your program address systemic issues, work on preventative strategies, or lead to sustainable change? Using this big picture lens, provide an overview of if/how your program is designed to generate impact. (Max # of words, 500).**

**Describe your program activities and how client’s access and utilize your services. In your description, it should be clear how the activities contribute to your success and the UWA goal under which you are applying. (Max # of words, 250).**

**List any current or anticipated challenges for your program and what steps are you taking to address them. (Max # of words, 250).**

**Tell us a story! Please share with us a story about one of your clients and how their success aligns with the goal under which you are applying. (Max # of words, 500).**

**Please share any additional details about your program that you feel are important. This space is intended to be an opportunity for you to provide further insight, details, or clarification about your program, program delivery, activities, performance measurement, etc. Do not duplicate any information that is included in your responses above.**

**PROGRAM FINANCES**

**Funding Request from UWA to support program:**

**Program Total Income:**

**Program Total Expenses:**

**UWA percentage of your overall program budget:**

**Please describe how UWA funds will be utilized by your program? (Max # of words, 250).**

**Describe how you are generating additional support for your program, both financial and non-financial, that will help fund your program beyond the life of this grant request. (Max # of words, 100).**

**Please describe your plans for operating your program if UWA is unable to grant your full request. (Max # of words, 100).**

**Is there any additional information you would like to provide about your budget? (Max # of words, 100).**

**Overhead Ratio:**

**Overhead Ratio (if using the 990)**

**Part IX, Line 25, Column C (M&G Expense) + Column D (Fundraising Expense)**

**-------------------------------------------------------------------------------------------------------------------------------**

**Part VIII, Line 12, Column A (Total Revenue)**

**Overhead Ratio (if using the 990-EZ)**

**Part 1, Line 17 (Total Expenses) – Part 1, Line 10 (Grants Paid) – Part 1, Line 11 (Benefits to or for Members) Part 1, Line 9 (Total Revenue)**

**COLLABORATION**

**Please list any collaborations or collective impact initiatives related to your program that you and your staff are currently involved with. (Max # of words, 250).**

**Give an example of a collaboration related to this program that has been successful. How did this help avoid duplication of services, achieve stronger program outcomes, and/or decrease costs? Who were the partners, and what made the experience a success? (Max # of words, 500).**

**SIGNATURE**

**In submitting this application to the United Way of Aroostook (UWA), I certify that all of the information provided is complete and accurate to the best of my knowledge and that I am authorized to submit an application on behalf of my agency/organization. If awarded as a funded partner, my agency/organization will acknowledge UWA’s partner status in communications relevant to this project. This may be accomplished via displaying the UWA logo on printed materials, websites, newsletters, social media, offices, etc., as well as in press releases, public service announcements, and other contacts with the media.**

**I am authorized to submit the 2022-2023 United Way of Aroostook funding application:**

**Signature**

**Name & Title**

**OTHER INFORMATION**

**The following attachments must be included with your application for it to be considered complete.**

1. **Annual report(s) issued during the past 18 months.**
2. **A copy of agency/organization’s most recent IRS determination letter demonstrating that the agency/organization is recognized as a 501 (c)(3) entity by the IRS.**
3. **2 copies of the agency/organization’s Audited Financial Statements for the past year from an independent Certified Public Accountant.**
4. **A copy of IRS Form 990 or 990EZ. (and all attachments)**
5. **A list of the agency/organization’s current Board members’ names.**
6. **A list of current paid staff members, including titles.**
7. **A copy of agency/organization’s insurance certificate including director and officer coverage.**