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# MEMO

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**TO: AGENCIES APPLYING TO UNITED WAY OF JACKSON COUNTY**

**SUBJECT: 2022-24 FUNDING APPLICATION**

**DATE: JANUARY 17, 2022**

**DUE DATES: MARCH 7, 2022**

**Funding Definitions and Minimum Requirements – READ CAREFULLY**

**Funding Cycle: Two-year funding cycle July 1, 2022 – June 30, 2024**

- Applications are due March 7, 2022.
- Site visits April 2022
- Funding decisions finalized on May 25, 2022
- Grant agreements/renewals issued by June 6, 2022. Due to United Way by June 24, 2022
- Anti-terrorism certification and bank account information due June 24, 2022. Allocations will not be paid without this information submitted.

**Program funding awarded only to programs (no capital grants) addressing our impact areas:**

- **Education** – increase high school completion.
- **Income** – family stabilization and independence.
- **Health** – maximize wellness.
- **Transportation** – remove barriers to getting to work, to school, and to needed appointments.

**Our Belief:** At its core, United Way of Jackson County believes people are connected and interdependent. When we reach out a hand to one, we influence the condition of all. We all win when a child forms healthy attachments through a loving family, when they succeed in school, graduate, and make a successful transition to adult responsibilities. We all win when families are financially stable, when people have good health, and when people are engaged and connected. We all win when people have transportation to pursue education, access medical services and work. Through our role as convener, facilitator and advocate, our goal is to create long lasting change by addressing the underlying causes of problems. This belief forms the foundation for our strategies for education, income, health, and transportation.

### **United Way Minimum Requirements:**

- Be a 501(c) (3) organization or other tax-exempt organization in business for two or more years.
- Be governed by a board of directors or independent governing body.
- Have a paid executive director or the demonstrated capacity for evaluation of continuity, responsibility, and accountability.
- Be primarily involved in providing programs that address education, personal financial stability, health, or transportation that serve people in Jackson County, Oregon.
- Maintain policies and practices for the protection and safety of vulnerable populations (children, people with disabilities and seniors) served by funded program.
- Maintain a nondiscrimination policy or plan that does not discriminate based on race, color, creed, religion, gender, gender identity, national origin, age, marital status, Veteran status, sexual orientation, or status as a person with disabilities.

### **Questions:**

If you have questions about income and health areas, please contact Talia Mattias, [talia@unitedwayofjacksoncounty.org](mailto:talia@unitedwayofjacksoncounty.org), or call 541.773.5339.

If you have questions about education and transportation areas, please contact Will Young, [will@unitedwayofjacksoncounty.org](mailto:will@unitedwayofjacksoncounty.org), or call 541.773.5339.

**Note:** Please note questions have character limits and your text will hit a hard stop. If you are completing this application in Adobe, hover over the text box to see the max character limits.

Organization Legal Name: \_\_\_\_\_ Date: \_\_\_\_\_

Other Names Doing Business as (DBA): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Amount Requested: \$ \_\_\_\_\_

Grant Contact (if other than CEO/ED listed below):

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_

CEO/Executive Director Contact Information:

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_

### **Certification**

The information contained in this application is true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature of Board President

\_\_\_\_\_  
Signature of CEO/Executive Director

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

### **Check List**

- \_\_\_ Certification page
- \_\_\_ Application
- \_\_\_ Organization Budget on provided form
- \_\_\_ Program Budget on provided form
- \_\_\_ Board of Directors Profile on provided form
- \_\_\_ Board of Directors Demographic Profile on provided form
- \_\_\_ Client Demographic Profile on provided form
- \_\_\_ Logic model on provided form
- \_\_\_ List of officers/board members with affiliations
- \_\_\_ Copy of 501(c) (3)
- \_\_\_ Latest audit, financial review, or IRS 990 (compilations are not acceptable)



8. Organization description, including founding date.

9. Mission statement and how this program fits into your organization's mission.

10. Who else in our community does this work? How is that work not duplicative of your program?

11. What approach does your agency take to serve clients using trauma informed care?

12. What does your agency do regarding diversity, equity, and inclusion work for your staff, volunteers, and clients/members?

13. What United Way impact area is the program intended to impact (education, income, health, or transportation)?

14. What best practice or evidence can you provide that your program will be successful (list maximum of 3)?

15. What tool(s) do you use to measure outcomes (list maximum of 3)?

16. How does our community benefit from your program's successful outcomes? Include a description of your collaborations and integration and the role your program plays in the sector.

17. Please provide any comments, explanations, and/or exceptions to questions on the application that can't be included elsewhere. You may also leave this blank.

18. What is your fiscal year (mm/yyyy to mm/yyyy)? \_\_\_\_\_

19. What is your administrative and fundraising expense? \_\_\_\_\_

How to calculate: administration and fundraising is calculated directly from your most recently completed IRS 990. Add Line 25 C (administrative cost total) and Line 25 D (fundraising cost total) from Part IX. Divide the total by Part IX, Line 25, Column A (total expenses).

20. Please explain any net loss or net gain on your financial statements or budget for the coming year.

<b>Revenue:</b>	<b>Pending</b>	<b>Secured</b>
Government grants	_____	_____
United Way	_____	_____
Foundations	_____	_____
Fees	_____	_____
Other (describe):		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
<b>Subtotals:</b>	_____	_____
<b>Total Revenue (pending and secured):</b>		_____

<b>Expenses:</b>	<b>Amount</b>
Personnel Services	_____
Total Salaries	_____
Total Benefits	_____
<b>Total Personnel:</b>	_____

<b>Other Major Budget Categories (Top 3 Off Income Statement):</b>	
_____	_____
_____	_____
_____	_____
<b>Total Other Major Categories:</b>	_____

<b>Capital Outlay:</b>	
Equipment	_____
Furnishings	_____
Other Capital Expense (describe):	
_____	_____
<b>Total Capital Outlay:</b>	_____
<b>Total Expenses:</b>	_____



<b>Revenue:</b>	<b>Pending</b>	<b>Secured</b>
Government grants	_____	_____
United Way	_____	_____
Foundations	_____	_____
Fees	_____	_____
Other (describe):		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
<b>Subtotals:</b>	_____	_____
<b>Total Revenue (pending and secured):</b>		_____

<b>Expenses:</b>	<b>Amount</b>
Personnel Services	_____
Total Salaries	_____
Total Benefits	_____
<b>Total Personnel:</b>	_____

<b>Other Major Budget Categories (Top 3 Off Income Statement):</b>	
_____	_____
_____	_____
_____	_____
<b>Total Other Major Categories:</b>	_____

<b>Capital Outlay:</b>	
Equipment	_____
Furnishings	_____
Other Capital Expense (describe):	
_____	_____
<b>Total Capital Outlay:</b>	_____
<b>Total Expenses:</b>	_____

- 21. What is the minimum number of board members required in the bylaws? \_\_\_\_\_
- 22. What is the maximum number of board members required in the bylaws? \_\_\_\_\_
- 23. How many board members does the organization have currently? \_\_\_\_\_
- 24. What is the average attendance in the past fiscal year? \_\_\_\_\_
- 25. Please mark yes, no, pending on the following potential committees for your organization:

	<b>Yes</b>	<b>No</b>	<b>Pending</b>
• Finance	_____	_____	_____
• Development/Fundraising	_____	_____	_____
• Executive	_____	_____	_____
• Governance/Nominating	_____	_____	_____
• Human Resources	_____	_____	_____
• Program Committee	_____	_____	_____
• Advisory Council/s	_____	_____	_____

26. What is most important about the make up of your board?

27. Define your board's efforts on diversity, equity, and inclusion.

28. What does representation mean on your board? This can include expertise, diversity, resources, etc.

## Board of Directors Demographic Profile

<b>Gender:</b>	<b>Number</b>
Female	_____
Male	_____
Trans Female	_____
Trans Male	_____
Non-Binary	_____
Other	_____
<b>Total:</b>	<b>_____</b>

<b>Age:</b>	<b>Number</b>
Under 5 years	_____
5 - 12 years	_____
13 - 17 years	_____
18 - 21 years	_____
22 - 44 years	_____
45 - 64 years	_____
65 years and over	_____
<b>Total:</b>	<b>_____</b>

<b>Residence:</b>	<b>Number</b>
Ashland	_____
Central Point	_____
Eagle Point	_____
Gold Hill/Rogue River	_____
Jacksonville, Ruch,	_____
Applegate	_____
Medford	_____
Phoenix/Talent	_____
Shady Cove, Butte	_____
Falls, Trail, Prospect	_____
White City	_____
Other	_____
Unknown	_____
<b>Total:</b>	<b>_____</b>

<b>Race/Ethnicity:</b>	<b>Number</b>	<b>Number Latino/a/x*</b>
White	_____	_____
Black/African American	_____	_____
American Indian/Alaskan Native	_____	_____
Asian Indian	_____	_____
Chinese	_____	_____
Filipino	_____	_____
Japanese	_____	_____
Korean	_____	_____
Vietnamese	_____	_____
Native Hawaiian	_____	_____
Samoan	_____	_____
Other Asian	_____	_____
Other Pacific Islander	_____	_____
Some other race	_____	_____
<b>Total:</b>	<b>_____</b>	<b>_____</b>

*\*Ethnicity is a portion of each Race category listed and will likely not match the total demographic served – it would only match if 100% of your clients identify as Latino/a/x.*

## Current Member/Client Demographic Profile

(use absolute numbers, not percentages for whole agency)

<b>Gender:</b>	<b>Number</b>
Female	_____
Male	_____
Trans Female	_____
Trans Male	_____
Non-Binary	_____
Other	_____
<b>Total:</b>	<b>_____</b>

<b>Age:</b>	
Under 5 years	_____
5 - 12 years	_____
13 - 17 years	_____
18 - 21 years	_____
22 - 44 years	_____
45 - 64 years	_____
65 years and over	_____
<b>Total:</b>	<b>_____</b>

<b>Residence:</b>	<b>Number</b>
Ashland	_____
Central Point	_____
Eagle Point	_____
Gold Hill/Rogue River	_____
Jacksonville, Ruch,	_____
Applegate	_____
Medford	_____
Phoenix/Talent	_____
Shady Cove, Butte	_____
Falls, Trail, Prospect	_____
White City	_____
Other	_____
Unknown	_____
<b>Total:</b>	<b>_____</b>

<b>Race/Ethnicity:</b>	<b>Number</b>	<b>Number Latino/a/x*</b>
White	_____	_____
Black/African American	_____	_____
American Indian/Alaskan Native	_____	_____
Asian Indian	_____	_____
Chinese	_____	_____
Filipino	_____	_____
Japanese	_____	_____
Korean	_____	_____
Vietnamese	_____	_____
Native Hawaiian	_____	_____
Samoan	_____	_____
Other Asian	_____	_____
Other Pacific Islander	_____	_____
Some other race	_____	_____
<b>Total:</b>	<b>_____</b>	<b>_____</b>

*\*Ethnicity is a portion of each Race category listed and will likely not match the total demographic served -- it would only match if 100% of your clients identify as Latino/a/x.*

**PROJECT PERIOD: July 1, 2022 to June 30, 2023**  
**What is the overall goal/purpose of this program?**

<b>Resources</b>	<b>Activities</b>	<b>Outputs</b>	<b>Outcomes – Max (Changes/Benefits)</b>	<b>Measurements</b>
<i>What do you need to do your program?</i>	<i>What do you do?</i>	<i>How many do you do?</i>	<i>What are you causing to change in the lives of the people you serve?</i>	<i>What tool(s) will you use to measure the success?</i>