Financial Funding Allocation Application

Our Mission: To enrich lives in Winneshiek County by providing leadership, advocacy, and resources that strengthen our community, reduce inequalities, and help those in need achieve their fullest potential.

ELIGIBILITY REQUIREMENTS (BY-LAWS ARTICLE VIII, SECTION 1)

All applicants must meet each of the following criteria before applying. Failure to qualify on any point disqualifies an organization from the current funding cycle.

- The organization is a 501(c)(3) tax-exempt organization, or a qualifying local, state, or federal government agency.
- Funding must be used to provide or promote health or human services. Funds may NOT be used to sustain or promote political, religious, scientific, animal welfare, or cultural goals.
- The organization must serve people within Winneshiek County, Iowa.
- The organization must have been in existence for a minimum of three (3) years.
- A completed application must be received by the stated deadline.

APPLICATION REVIEW CRITERIA

Applications are scored by the Allocations Committee based on the following factors:

Criteria	Description
Mission Alignment	How does your mission align with United Way of Winneshiek County's focus on improving health, education, and financial stability?
Sustainability	Is your agency financially stable with multiple revenue sources?
Local Focus	Do your programs directly benefit residents of Winneshiek County?
Funding Details	Is your budget clear and transparent? Are measurable outcomes included?
Technical Compliance	Is the application complete, submitted on time, and does it include 501(c)(3) documentation?
Community Need	Does the program address an undocumented need in Winneshiek County?
Organizational Effectiveness	Does the agency demonstrate capable management and program delivery?

AGENCY INFORMATION

Agency Name:

_____

Agency Address:

_____

City / State / Zip:

_____

Phone Number:

_____

Executive Director:

_____

Agency Representative:

_____

Representative Email:

_____

Representative Phone:

_____

FY27 Total Projected Budget:

$_____

FY27 Funding Request:

$_____

- ☐ The agency confirms that it has been in existence for a minimum of three (3) years as required by the By-Laws (Article VIII, Section 1f).
- ☐ The agency is a 501(c)(3) tax-exempt organization OR a qualifying local, state, or federal government agency. (A copy of the 501(c)(3) designation letter is attached, if applicable.)

ORGANIZATION BACKGROUND (BY-LAWS ARTICLE VIII, SECTION 2)

Provide a statement of the background, purpose, services provided, current accomplishments, and functions of your organization. Include the names and addresses of representatives to be contacted. This section fulfills the written application requirements outlined in the bylaws.

Organization Background & Services

Board Acknowledgment Statement
Per by-laws article VIII, Section 2A, the head of the organization must confirm that the governing board is familiar with the Articles of Incorporation and the by-laws of United Way of Winneshiek County; has voted to apply for support; and agrees to cooperate with other participating organizations in furthering the purpose of United Way of Winneshiek County.

USE OF FUNDS

Provide a narrative explaining how the requested funds will be used. Include specific program details, anticipated deliverables, and measurable outcomes. Attach supporting documentation (quotes, proposals, timelines, etc.) if applicable.

Impact of Partial or No Funding
Explain specifically how services or programs will be affected if full funding is not received. Describe any modifications that would be required.

PROGRAM DESCRIPTION & IMPACT STATEMENT

This statement may be used in the United Way of Winneshiek County campaign materials. Provide a concise summary of your services and a brief statement on how United Way of Winneshiek County funding will directly benefit Winneshiek County residents.

AGENCY BUDGET INFORMATION

This data represents

- ☐ The agency as a whole
- ☐ A specific program (name: _____

Individuals Served

Location	FY25 (Actual)	FY26 (Expected)	FY27 (Proposed)
In Winneshiek County			
Outside of Winneshiek County			
Total Individuals Served	0	0	0

Agency Staffing

Staff Type	FY25 (Actual)	FY26 (Expected)	FY27 (Proposed)
Professional/Management			
Support/Clerical			
Volunteer Staff			
Total Agency Staffing	0	0	0

Staff Turnover Ratio (Staff Lege/Total Staff): _____ / _____

Revenue

Revenue Source	FY25 (Actual)	FY26 (Expected)	FY27 (Proposed)
United Way of Winneshiek County			
Other United Ways			
Foundation/Private Grants			
General Contributions			
Government			
Fundraising/Special Events			
Program Service Fees			
Investment Income			
Miscellaneous Revenue			
Total Revenues	$ 0.00	$ 0.00	$ 0.00

Attach a breakdown if “Miscellaneous Revenue” is significant.

Expenses

Expense Category	FY25 (Actual)	FY26 (Expected)	FY27 (Proposed)
Salaries/Benefits/Payroll Taxes			
Program Expenses			
Supplies/Equipment			
Occupancy/Utilities			
Travel/Vehicles			
Assistance to Individuals			
Organizational Dues			
Miscellaneous Expenses			
Total Expenses	$ 0.00	$ 0.00	$ 0.00

Attach a breakdown for any significant or unusual expenses.

CURRENT OFFICERS & DIRECTORS (BY-LAWS ARTICLE VII, SECTION 3)

List all current officers and directors of the organization. Attach additional pages if needed.

Name	Title/Role	Email	Term Expires

ATTESTATION

Initial each statement below to acknowledge understanding and agreement. All items must be initialed for the application to be considered complete.

#	Statement	Initial
1.	Funds will be used exclusively for health and human services as described in this application	Initials: _____
2.	Funds will NOT be used for political, religious, scientific, animal welfare, or cultural purposes (By-Laws Art, VII, Sec. 1c).	Initials: _____
3.	This application has been reviewed and approved by agency leadership and the governing body.	Initials: _____
4.	The governing board is familiar with and has voted to accept the Articles of Incorporation and By-Laws of the United Way of Winneshiek County (By-Laws Article VII, SECT. 2A)	Initials: _____
5.	The agency and/or program serves residents of Winneshiek County, Iowa (By-Laws Art. VIII, Sec. 1D).	Initials: _____
6.	Allocated funds will be used solely within Winneshiek County.	Initials: _____
7.	The agency has been in operation for a minimum of three (3) years (By-Laws Art. VIII, Sec. 1F).	Initials: _____
8.	A copy of the agency's 501(c)(3) designation letter is attached (or the agency is a qualifying government agency).	Initials: _____
9.	The agency agrees to accept the apportionment of funds determined by the Allocations committee and approved by the Board of Directors (By-Laws Art. VIII, Sec 5B).	Initials: _____
10.	The agency will maintain responsible management with a qualified board of unpaid directors and will keep complete books of account open to inspection by UWWC representatives (By-Laws Art VII, Sec. 5C-5D).	Initials: _____
11.	A designated agency representative will attend, at a minimum, the annual meeting of UWWC. Failure to meet the requirement may result in a penalty of up to 25% of allocated funds (By-Laws Art, Sec. 5F).	Initials: _____
12.	The agency understands that funding may be awarded in full, in part, or not at all, depending on annual campaign outcomes.	Initials: _____
13.	The agency will maintain accurate and up-to-date financial records and make them available to UWWC upon request.	Initials: _____
16.	The agency will submit an organizational logo for potential inclusion in UWWC marketing and campaign materials.	Initials: _____

SIGNATURE & CERTIFICATION

By signing below, I certify that the information provided in this application is accurate and complete, and I agree to the expectations and responsibilities outlined herein and in the United Way of Winneshiek County By-Laws.

_____ _____

Signature of Executive Director or Authorized Leader | Date

_____ _____

Printed Name | Title

SUBMISSION INSTRUCTIONS

Submit your completed application and all required attachments by June 30 via one of the following methods:

Email (preferred)	info@unitedwaywinnco.org (by 4:00 PM on June 30)
Mail	United Way of Winneshiek County, Attn: Allocations Committee, PO Box 165, Decorah, IA 52101 (must be postmarked by June 30)

Late applications may be considered at the discretion of the Allocations Committee, but are subject to funding penalties.

Required Attachments Checklist

- ☐ Copy of 501(c)(3) designation letter (if applicable)
- ☐ Current financial statements:
  - ☐ If requesting funds for a specific program, a financial statement for that program
  - ☐ If requesting operational funds for the entire organization, financial statements for the entire organization, including a current Statement of Financial Position
- ☐ List of current officers and directors (if not completed in the applicable application section)
- ☐ Organizational logo (high-resolution for potential campaign materials)
- ☐ Any supporting documentation referenced in the application (quotes, proposals, etc.) to support your funding request.