**Agency Information**

\*Agency Name:

\*Year Agency Incorporated:

\*What is your organization's mission?

\*Executive Director:

\*Agency Executive Director E-mail Address:

\*Street Address:

\*City:

\*State:

\*Zip Code:

\*Agency Phone Number:

\*Agency Fiscal Year:

\*Is your organization accredited and/or regulated by any

organization? Yes  No

\*Please List: (300 words max):

     

\*Select Line of Effort (LOE):

\*Program Name:

\*Amount Requested (funding request):

\*Contact Person:

\*Contact Person's Phone Number:

\*Email Address:

**Required Documentation**

**Agency Director Certification**

**Please download Agency Director Certification Form.**

**\*Please email (**[**jkeith@uwdecatur.org**](mailto:jkeith@uwdecatur.org)**) your Agency Director Certification Form (download from website):**

**Standard 1:**

**Agencies must email a copy of required tax documentation regardless of status.**

\*What is the status of your organization?

\*If Other, please specify:

**\*Please email (jkeith@uwdecatur.org) official documentation of your selection above. For example, if you are a nonprofit, please email your tax-exempt determination letter from the IRS.**

**Standard 2:**

**Your organization must file required federal tax documents in a timely manner.**

\*Which type of tax return is your organization required to file?

\*What was the filing date of your most recent filing? 11/11/2025

**\*Please email (jkeith@uwdecatur.org) a copy of your latest filing. For example, if you are a nonprofit, please email your most recent IRS Form 990.**

**Standard 3:**

**Your organization must file required state tax documents in a timely manner.**

\*Which type of tax return is your organization required to file?

\*What was the filing date of your most recent filing? 11/11/2025

**\*Please email (jkeith@uwdecatur.org) a copy of your latest filing. For example, if you are a nonprofit, please attach your most recent Form AG990-IL.**

**Standard 4:**

**Annual Financial Audit or Review:**

Effective January 1, 2024, charitable organizations, whose fund-raising functions are carried on solely by staff and volunteers, and who receive contributions in excess of $500,000 will be required to file an Audit with the Annual Report. (225 ILCS 460/4(a)).

Effective January 1, 2024, charitable organizations whose fund-raising functions are carried on solely by staff and volunteers and who receive contributions in excess of $300,000 but not in excess of $500,000 shall file Reviewed Financial Statements with the Annual Report in lieu of an Audit. (225 ILCS 460/4(b)(3)) For a definition of “Reviewed Financial Statement” please see 225 ILCS 460/1(o). The new $500,000 audit and $300,000 Reviewed Financial Statement threshold requirements apply to annual reports that have an initial due date (without considering any extension) after the January 1, 2024 effective date of the amendment.

The audit threshold of $25,000 for charitable organizations who use the services of a paid professional fundraiser has not changed. (225 ILCS 460/4)

**\*Please email (jkeith@uwdecatur.org) a copy of your latest audited financial statements or review.**

**Standard 5:**

**Viability of Organization:** Organization must advise United Way of any event, including current or

threatened litigation, which may threaten the viability of and/or have significant negative financial

impact on agency operations or service delivery. Organizations must also inform United Way of any

agreements that might impair the organization’s financial position. Examples of incidents include

internal fraud or embezzlement, or discontinuation of funding or service.

\*Are there any known threats to your organization’s viability? Yes  No

**Standard 6:**

**Organization must provide names of all Board Members, including the titles of positions held**

**on the board.**

**\*Please email (jkeith@uwdecatur.org) a list of all Board Members and any applicable titles.**

**Standard 7:**

**Insurance:** The organization needs to maintain adequate levels of liability insurance to protect itself

against claims of others and property insurance to protect its assets.

\*Does your organization currently maintain adequate levels of liability insurance to protect itself? Yes  No

**Standard 8:**

**Your organization must comply with all applicable legal requirements, including local, state,**

**and federal operating and reporting requirements.**

\*Does your organization comply with all applicable legal requirements? Yes  No

**Standard 9:**

**Personnel Policy:** your organization will have a policy available to all employees which includes

practices and procedures for hiring, supervision, evaluation and compensation of organization staff

including employment rights, benefits, and appeal procedures. These policies may also include a

systematic approach to training and orienting new staff to their duties and reporting requirements.

\*Does your organization agree to comply with these personnel policy guidelines? Yes  No

**Organization Leadership, Staff, Board of Directors, Volunteers, and others acting on behalf of**

**our organization also agree to the following:**

\*The organization agrees to identify United Way partnership through the display or mention of United Way logo and/or name on the program activities, transportation vehicles (if applicable), official letterhead, newsletters, brochures, advertising and other printed program materials. The organization also agrees to identify itself as a United Way Partner Agency in news releases, public service announcements, community presentations, and other means, if possible. Yes  No

\*The organization agrees to cooperate as a Partner Agency with the United Way of Decatur & Mid-Illinois by conducting a United Way campaign among employees and Board members. The organization’s staff agrees to serve as campaign volunteers, if asked, and the facilities are available for campaign meetings, and tours. The organization also agrees to regularly supply agency success stories to United Way for use throughout the year to promote the benefit of United Way funded programs. Yes  No

\*Organization agrees to not undergo activities that will purposefully or accidentally negatively impact the United Way of Decatur & Mid-Illinois and/or its employees. Yes  No

\*Organization agrees to not undergo activities that will purposefully or accidentally negatively impact the United Way campaign. Organizations will not actively solicit designated gifts to their organization through the United Way campaign. Yes  No

\*Organization agrees to consult and work together on matters of common interest to achieve the best interests of the community. Yes  No

\*Organization agrees to participate in 211 and ensure organizational services and contact information are current. Yes  No

\*Organization agrees to annually execute a W-9 and Patriot Act Compliance Certification. Yes  No

\*The organization covenants and agrees to defend, indemnify and hold harmless the United Way, together with all directors, officers, employees, agents, attorneys, insurers, subsidiaries, affiliates, successors and assigns thereof from and against any and all claims, demands, actions, assertions, averments or causes of action arising from, associated with, or in any manner connected to the provision, delivery or tender to the organization of funds, assets, support, advice, counsel, education or any other thing of value by the United Way. Yes  No

\*The organization irrevocably warrants and covenants that the matters as certified by the organization are true, correct and accurate, and that the organization understands and accepts that the United Way may accept all matters set forth by certification of the organization as being true, accurate and complete in all such matters. Yes  No

**Program Narrative**

\*Describe the program’s purpose and the community need(s) it addresses. Please be specific regarding exactly what your program does. (500 Words Max)

\*Describe the target population of the program. (300 Words Max)

\*Who will manage the program? Describe the experience and qualifications of this person(s). (300 Words Max)

\*Is your organization integrated into a client-focused automated network to carry out the proposed program (for example - participating in IRIS or OASIS)? Yes  No

\*Please name the automated network(s) and describe its role(s). (500 Words Max)

\*Does your organization integrate into client-focused collaborations to carry out the proposed program (for example - partnering/collaborating with other agencies)? Yes  No

\*Please name the collaboration(s) and describe its role(s). (500 Words Max)

**Program Details**

**Impact Area #1 - Youth Opportunity**: Helping young people realize their full potential

**Impact Area #2 – Financial Security**: Creating a stronger financial future for every generation

**Impact Area #3 – Healthy Community**: Improving health and well-being for all

**Impact Area #4 – Community Resiliency:** Addressing urgent needs today for a better tomorrow

**Last Year’s Results**

\*Was this program operated last year (regardless of whether you received United Way investment)? Yes  No

\*Please select the Impact Area from your previous years’ application (if you received United Way investment):

**Measurable Outcomes (what did you plan to achieve and what did you achieve) - List proposed**

**and actual outcomes**

\*Proposed Outcome(s) (from your organization's last United Way application):

\*Actual Outcome(s) Achieved (from your organization's previous fiscal year):

**Please detail the numbers you served last year by city (estimate if unknown).**

\*City/Cities (list city/cities and the numbers your served per city):

\*Total Number You Served:

**Measurable Outcomes (what do you plan to achieve) - List proposed outcomes (proposed outcomes must come from the approved outcomes listed by Impact Area in the United Way of Decatur & Mid-Illinois’ Common Community Approach (located on our webpage). Any other outcome listed will not be accepted and your application will be returned)**

\*Explain how you will achieve the outcomes selected (maximum 500 words):

**Next Year’s Anticipated Results**

**Please detail the numbers you anticipate serving by city.**

\*City/Cities (list city/cities and the numbers your served per city):

\*Total Number You Served:

**Budget Information**

**Use the proposed budget for your current fiscal year.**

\*Total proposed budget for this program:

\*What is your program cost per client:

\*Explain how you arrive at your program cost per client amount (500 words maximum):

\*What are your contingency plans if this program request amount is not fully funded?

\*Will UW funding be used to supply matching funds for any source? Yes  No

\*Please Explain?

**Please download the organization budget template *(revenues and expenditures)* for**

**next fiscal year from (add webpage link). Please email to** [**jkeith@uwdecatur.org**](mailto:jkeith@uwdecatur.org)**.**

**Demographics**

**Numbers listed should be UNDUPLICATED numbers.**

**Age**

**Age (actual number served from previous year):**

**\*Infant/Toddler (0-3Yr.):**

**\*Pre-Schooler (4-5 Yr.):**

**\*Child (6-12 Yr.):**

**\*Teen (13-17 Yr.):**

**\*Adult (18 -59 Yr.):**

**\*Senior (60+ Yr.):**

**\*Unknown:**

**\*Total:**

**Age (estimated number you will serve this year):**

**\*Infant/Toddler (0-3Yr.):**

**\*Pre-Schooler (4-5 Yr.):**

**\*Child (6-12 Yr.):**

**\*Teen (13-17 Yr.):**

**\*Adult (18 -59 Yr.):**

**\*Senior (60+ Yr.):**

**\*Unknown:**

**\*Total:**

**Gender**

**Gender (actual number served from previous year):**

**\*Female:**

**\*Male:**

**\*Unknown:**

**\*Total:**

**Gender (estimated number you will serve this year):**

**\*Female:**

**\*Male:**

**\*Unknown:**

**\*Total:**

**Ethnicity**

**Ethnicity (actual number served from previous year):**

**\*African American:**

**\*Asian/Pacific Islander:**

**\*Caucasian:**

**\*Hispanic:**

**\*Native American:**

**\*Other:**

**\*Unknown:**

**\*Total:**

**Ethnicity (estimated number you will serve this year):**

**\*African American:**

**\*Asian/Pacific Islander:**

**\*Caucasian:**

**\*Hispanic:**

**\*Native American:**

**\*Other:**

**\*Unknown:**

**\*Total:**

**Income Level *(use the HUD FY 2025 Median Family Income (MFI) Adjusted***

***According to Family Size provided by the United Way)***

**Income Level (actual number served from previous year):**

**\*Extremely Low Income:**

**\*Very Low Income:**

**\*Low Income:**

**\*Total:**

**Income Level (estimated number you will serve this year):**

**\*Extremely Low Income:**

**\*Very Low Income:**

**\*Low Income:**

**\*Total:**