



2023 United Way St. Croix Valley Community Impact Fund Application

General Agency Information

Agency Name: _____

Chief Executive or Volunteer Officer: _____

Chief Executive or Volunteer Office Email: _____

Contact Person Regarding Application: _____

Contact Person Email: _____

Contact Person Phone: _____

Client / Public Telephone Number: _____

Mailing Address: _____

Agency Website: _____

Agency EIN: _____

Agency Narratives

What is your organization's mission?

Identify its primary goals and services.

What community or geographic area within United Way St. Croix Valley's Service Area (St. Croix, Pierce, Polk and Burnett counties) does your organization serve?

Staffing

Describe the role that staff, board and volunteers have in the delivery of services.

Number of full-time employees: _____

Number of active volunteers: _____

Number of board members: _____

Number of board meetings annually: _____

Media

Did your agency submit a press release to local media or tag United Way in a local media post regarding the services provided as a result of any prior United Way funding?

Yes

No

Agency Agreement

United Way St Croix Valley support will be recognized in press releases and/or social media posts and brochures about the funded program.

Agree

Disagree

Our agency agrees to notify United Way St. Croix Valley of any changes to the information provided in the application – especially contact person, address and public / client telephone number.

Agree

Disagree

Our organization agrees to grant United Way St. Croix Valley permission to release information included in the application and to use any photographs submitted including the high resolution photograph for UW use.

Agree

Disagree

Agency Financial Information

Beginning and Ending Dates of Fiscal Year: _____

Last Year (Actual)

Total Income: _____

Total Expense: _____

Excess or Deficit: _____

In your last fiscal year, what percentage of your budget was spent on:

Program Delivery: _____

Administration: _____

Fundraising: _____

Current Year (Budget)

Total Income: _____

Total Expense: _____

Excess or Deficit: _____

Program Information

Program Name: _____

Primary Impact Area (mark one)

Health

Education

Financial Stability

Secondary Impact Area (if applicable)

Health

Education

Financial Stability

What percent of funding received will be spend in this secondary impact area? _____

Program Request

Brief description of request

Amount requested: _____

Total Cost of providing the program in St. Croix, Polk, Pierce and Burnett counties: _____

Last Year Grant from United Way St. Croix Valley: _____

Last Year Total Donor Designations from United Way St. Croix Valley: _____

Community Need

Description of the community needs / condition the program strives to resolve:

How does the program address the situation and the anticipated positive changes in community conditions:

Target Population

Describe the target population served:

Number of unduplicated clients you expect to serve during the funding period: _____

Collaboration

Identify your organization's relationship with other similar organizations and any effort to collaborate with other organizations:

Provide any additional information that will clarify your request:

Diversity, Equity and Inclusion (DEI)

United Way St. Croix Valley Anti-Racism / Ethnic Discrimination Statement: We stand against racism and inequity in our institutions and systems and seek to dismantle disparities to ensure that everyone has the resources and opportunities needed to thrive. We commit to uplifting people by listening to all voices, seeking equity in funding community programs, and creating strong and inclusive partnerships with the goal of creating equitable communities in the St. Croix Valley.

Please explain the work you are doing to advance equity in our community. If no activity, what support do you need to increase your capacity and/or awareness around DEI?