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**Williston Basin United Way**

***2024 Grant Request***

*The mission of the Williston Basin United Way is to enhance the quality and dignity of life for individuals and families by raising and distributing funds to area non-profit organizations.*

**Williston Basin United Way Minimum Eligibility Requirements**

Williston Basin United Way uses the following criteria to determine eligibility of an organization for funding. These criteria must be continually met and evidence to that effect furnished to Williston Basin United Way. Funds granted in 2024 will be distributed starting the first quarter of 2025.

1. The agency program must provide services in the counties of Williams, McKenzie and/or Divide.
2. The agency must render a service which meets a demonstrated human need; its programs must be of quality and quantity which will justify present and proposed expenditures. The agency program must provide a health, welfare, or social service.
3. The agency must provide services/programs that do not unnecessarily duplicate existing services..
4. The agency must operate as a not-for-profit organization which may legally conduct business in ND.
5. The agency must be able to provide updated financial information and program outcome data as requested.
6. Have operational expenses in proportion to direct services (suggested maximum management/fundraising costs not to exceed 25%).
7. The agency program must not discriminate on the basis of race, religion, sex, age, or national origin in its staffing policies, use of volunteers, or provision of services.
8. The agency program must demonstrate a clear ability to manage both its programs and its finances in accordance with generally accepted procedures.
9. The agency must agree to abide by the terms set forth in the Agency Agreement.
10. The agency must be willing and able to donate at least 10 hours of volunteer time to a 2024 United Way event or other campaign effort. We always suggest fulfilling these hours at the annual Community Sale.

**Basin United Way will not fund:**

1. Direct funds to individuals
2. Capital construction costs
3. Deficit funding

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| **Basic Information** | **Name of United Way** | Basin United Way of Williston |
| **Mailing address** | PO Box 176, Williston, ND 58802-0176 |
| **Contact person** | Sabrina Ramey, Interim Executive Director |
| **Phone number** | 701-609-6259 |
| **Email address** | basinunitedway@hotmail.com |
| **Hearing dates/time** | **April 29, 30 or May 2 after 6p.**  |
| **Additional Information** | Presentations are limited to 15 minutes (8 minute presentation with an additional 7 minutes for questions). Example: 6:15, 6:30, 6:45 |

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| **Contact Information** | **Name of agency** |       |
| **Name of program** |       |
| **Primary Contact** |       |
| **Address** |       |
| **Phone number** |       |
| **Email address** |       |
| **Secondary Contact** |       |
| **Address** |       |
| **Phone number** |       |
| **Email address** |       |
| **IRS Status** | Non-Profit Status as determined by the IRS (Yes) or (No)       |

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| **Proposal Information** | **Amount Requested** | **$** |
| **Types of services provided by your organization** |       |
| **List any new or dropped services within the past year** |       |
| **List major accomplishments this past year** |       |
| **What are your goals for the near future** |       |
| **What are some of the current challenges your agency is facing** |       |
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| **Number of** **unduplicated individuals served this past year** | (     ) Williston(     ) Williams County (exclude Williston)(     ) McKenzie County(     ) Divide County |
| **Estimated value** **of services provided** | ($     ) Williston($     ) Williams County (exclude Williston)($     ) McKenzie County($     ) Divide County |
| **Please describe the specific use of** **United Way funds,** **if awarded** |       |

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| **Submit** | **Application** | **18 copies (Do not staple. Copies must be three hole punched)** |
| **Budget for 2024** | 18 copies |
| **Financial statement or audit for the past year** | 1 copy |

\*\*\*Information in these grant applications will be read by the Basin United Way Board of Directors to determine distribution of United Way funds raised during the 2024 campaign. Your agency is asked to give a personal presentation but we understand distance and time does not always allow; therefore, we also allow a Zoom meeting. Please select a date that will work best for you and whether you will be making your presentation in person or by Zoom. Preference will be given to those attending in person. \*\*\*

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| **Presentation** | **Application Due Date** | **Monday, April 22, 2024** |
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| **Time/Date requested:** |  |
| **How will you make your presentation** | [ ]  In Person[ ]  Via Zoom |

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| **Description for Fundraising** | **Please write two sentences that best describes your agency for our campaign brochure** |       |
| **Please relate a story or testimonial about how United Way has helped your organization. This information may be used in fundraising efforts. Please choose a narrative you can give permission to use in the annual campaign.**  |       |
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**PATRIOT ACT COMPLIANCE FORM**

**In compliance with the USA PATRIOT ACT and other counterterrorism laws, each organization receiving funds from United Way of Williston aka Williston Basin United Way must complete and return this compliance form to ensure continued funding.**

Organization Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Federal Tax ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby certify on behalf of the above named that this organization does not knowingly provide financial, technical, in-kind or material support to any entity that supports or engages in terrorist activity. Furthermore, this organization takes responsible steps to ensure that its funds and resources are not used by this organization, or any organization to which these funds are distributed or re-granted, to support terrorists or terrorist activity. All United Way funds and donations will be used in compliance with all applicable anti-terrorist financing and asset control laws, statutes and executive orders.

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Return 18 copies of your grant application and financial statement hole punched, NO staples by mail:

Basin United Way

PO Box 176

Williston, ND 58802-0176

For questions - Phone: (701)334-1101 or e-mail: basinunitedway@hotmail.com