

Delano Loretto Area United Way

PO Box 578
Delano MN 55328
763-972-4429

www.delanolorettouw.org

FIND US ON FACEBOOK!



REQUEST FOR FUNDS 2021-2022

The information provided in this application will be shared with those participating in our grant review process.

Organization & Contact Information

Name of Organization: _____

Physical Address: _____

Mailing Address: _____

Phone: _____ Website: _____

Executive Director: _____

Contact Person: _____

Phone: _____

Phone: _____

Email: _____

Email: _____

Is your organization an IRS 501c3 not-for-profit? Yes (provide copy) No

If no, is your organization a public agency / unit of government? Yes No

If no, is your organization registered with the State of Minnesota as a non-profit?
 Yes (provide copy) No

Funding Request

2020 Request (last year): _____

Actual Allocation for 2020: _____

2021 Request: _____

If you did not receive funding in 2020, have you received funding in a previous year?

Yes No

Delano Loretto Area United Way Funding Priorities
Please select the area your grant request addresses:

_____ Basic Needs – Providing basic needs / crisis emergency services

_____ Education – Helping children, youth, and adults achieve their full potential

_____ Health – Improving people’s health and social well-being

Please describe your organization's primary function or goal:

Please provide a description of the project or program for which you are requesting funding. What identified community need(s) will your project address?

What are the goals of your project or program?

What is the target population that you will serve? Please include approximate number of people who will be served, age range, gender, race, and income level. (Please note: If you receive funding, you will need to provide specific demographic information for those actually served in your final report.)

What is the geographic area served by your organization or program?

What is the timeframe for your service or program?

_____ Ongoing, year-round

_____ Seasonal

If seasonal: Start Date: _____

End Date: _____

How will you make the target population aware of this service or program?

How will people access this program?

Describe the outcome or impact that this service or program will have in the community. How does this impact meet the Delano Loretto Area United Way funding priorities (Basic Needs, Education, Health)?

How will you evaluate your project / program to determine success?

Describe your organization's relationship with other organizations with similar missions working in our service area. Do you collaborate with them? If so, how?

List your Board of Directors members and indicate officers:

How often does your Board of Directors meet?

Please provide the budget **for this program or project**:

Revenue:

Revenue Source	Proposed Amount	Percent of Total Revenue
1. Delano Loretto Area United Way	\$	
2.	\$	
3.	\$	
4.	\$	
5.	\$	
6.	\$	

Total: \$ _____

Expenses:

Expense	Proposed Amount	Percent of Total Expense
1. Personnel	\$	
2. Supplies	\$	

3. Advertising and Printing	\$	
4. Travel	\$	
5. Rent and equipment	\$	
6. Professional fees	\$	
7. Fee reductions / waivers	\$	
8.	\$	
9.	\$	
10.	\$	

Total: \$ _____

What is the total annual budget for the organization? \$ _____

If there are fees required for participation, will reduced fees or fee waivers be made available to those with demonstrated financial need?

If yes, how will you determine financial need?

If you are requesting an increase over last year, what is the reason for the increase?

Does your organization publish an annual report or make an annual financial statement available to contributors? Yes No

Anti-Terrorism Compliance Measures

In compliance with the USA Patriot Act and other counterterrorism laws, the Delano Loretto Area United Way requires that each organization certify the following:

"I hereby certify on behalf of _____ (insert organization name) that all Delano Loretto Area United Way funds and donations will be used in compliance with all applicable anti-terrorist financing and asset control laws, statutes and executive orders."

Name of certifying individual: _____

Title _____ Date _____

Anti-Discrimination Statement

In compliance with anti-discrimination laws, Delano Loretto Area United Way requires that each organization certify the following:

“I hereby certify on behalf of _____ (insert organization name) that the opportunity for participation in all our programs and services supported by Delano Loretto Area United Way funds and donations granted to our organization will be offered without discrimination on the basis of race, color, creed, religion, national origin, sex, marital status, familial status, public assistance status, age, sexual orientation, or local Human Rights Commission activity. Our organization also makes reasonable accommodations for individuals with disabilities.”

Name of certifying individual: _____
Title _____ Date _____

Electronic Signature:

Enter your full name, title, and date of birth

Clicking “I Agree” confirms your signature:

Entering your signature information and clicking “I Agree” certifies that your Board of Directors / Advisory Committee supports this application, that it is accurate, and that the project will be carried out as described if funded.

- I Agree
- I Do Not Agree

All applications must be submitted on-line at www.delanolorettouw.org

If you have questions, contact Courtney Olson, Coordinator, at 763-972-4429 or email delanolorettouw@gmail.com

All applications must be received no later than **April 30, 2021** for consideration for the 2021 - 2022 funding year. You will be contacted if more information is required.