2025-26 Allocations Application for Funding - United Way of the Upper Ohio Valley

Agency Information

1. Agency Legal Name *

2. Address *

Street Address

Street Address Line 2

City   State / Province

Postal / Zip Code

3. Phone Number *

Please enter a valid phone number.

4. Fax Number *

Please enter a valid phone number.

5. EIN # *

6. Website URL *

7. Year Agency was Established *

8. Agency Executive Director/CEO *

First Name   Last Name

9. Agency Executive Director/CEO Email *

example@example.com

10. Agency's Mission Statement *

0/100

11. Brief Summary of Agency's History *

0/500

12. Does the Agency utilize and actively keep updated and current the following (Select all that apply) *

Website
X (Formerly Twitter)
Facebook
Instagram
Digital/Physical Newsletter

13. Number of Full Time Employees *

14. Number of Part Time Employees *

Name of Person Completing the Application *

First Name   Last Name

Title *

Email *

Funding Requests

United Way funds programs that comprehensively focus on solving the priority needs identified by the United Way Community Impact Initiative as identified by United Way Worldwide. These are (and can include but are not limited to): Healthy Communities, Youth Opportunity, Financial Security, and Community Resiliency. Granted funds can only be applied for the use of programs/projects that provide a direct service to an individual or family. Grants will not be considered for capital improvements.

15. 2025-2026 Amount Request *

16. Amounts of Previous Grant Awards.

	Amount
2024-2025	
2023-2024	
2022-2023	
2021-2022	
2020-2021	

Programs

17. How many programs are you applying for? *

18. Title of program this award will be used for *

Is this program: *
Ongoing
New

19. Year program was established *

20. Area(s) of Impact this program fits under *
Healthy Communities
Youth Opportunity
Financial Security
Community Resiliency

21. How does this program serve this/these area(s) of impact *

0/500

22. Population Gender and Age

	Under 18	18-24	25-34	35-44	45-54	55-64	65+	Total #
Male								
Female								
Non-Binary/Transgender/Other								

23. Populations Served - Please indicate specific populations that your agency is serving/focusing on in your program. Select ALL that apply *

Black
Indigenous
People of Color
Individuals Below the Federal Poverty Line
ALICE
Individuals with Disabilities
Individuals with Lived Experience of Trafficking
Unsheltered

24. Please describe the populations selected above and how your agency is serving them. *

0/500

25. Counties this program serves *

Hancock
Brooke
Ohio
Marshall
Wetzel
Tyler
Belmont

26. Months program services are available *

January	February
March	April
May	June
July	August
September	October
November	December

27. Days program services are available *

Sunday
Monday
Tuesday
Wednesday
Thursday
Friday
Saturday

28. Program Hours of Operation *

Please put hours for each day that the services are available ex: M-W 8 am-4 pm, Th CLOSED, F 8am-12 pm

Program 2

18.1 Title of Program this award will be used for *

Is this program: *

Ongoing
New

19.1 Year Program was established *

20.1 Area(s) of Impact this program fits under *

Healthy Communities

Youth Opportunity

Financial Security

Community Resiliency

21.1 How does this program serve this/these area(s) of impact *

0/500

22.1 Population Gender and Age

	Under 18	18-24	25-34	35-44	45-54	55-64	65+	Total #
Male								
Female								
Non-Binary/Transgender/Other								

23.1 Populations Served - Please indicate specific populations that your agency is serving/focusing on in your program. Select ALL that apply *

Black

Indigenous

People of Color

Individuals Below the Federal Poverty Line

ALICE

Individuals with Disabilities

Individuals with Lived Experience of Trafficking

Unsheltered

24.1 Please describe the populations selected above and how your agency is serving them. *

0/500

25.1 Counties this program serves *

Hancock
Brooke
Ohio
Marshall
Wetzel
Tyler
Belmont

26.1 Months program services are available *

January
March
May
July
September
November

February
April
June
August
October
December

27.1 Days program services are available *

Sunday
Monday
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Thursday
Friday
Saturday

28.1 Program Hours of Operation *

Please put hours for each day that the services are available ex: M-W 8 am-4 pm, Th CLOSED, F 8am-12 pm

Program 3

18.2 Title of Program this award will be used for *

Is this program: *

Ongoing

New

19.2 Year Program was established *

20.2 Area(s) of Impact this program fits under *

Healthy Communities

Youth Opportunity

Financial Security

Community Resiliency

21.2 How does this program serve this/these area(s) of impact *

0/500

22.2 Population Gender and Age

	Under 18	18-24	25-34	35-44	45-54	55-64	65+	Total #
Male								
Female								
Non-Binary/Transgender/Other								

23.2 Populations Served - Please indicate specific populations that your agency is

serving/focusing on in your program. Select ALL that apply *

Black

Indigenous

People of Color

Individuals Below the Federal Poverty Line

ALICE

Individuals with Disabilities

Individuals with Lived Experience of Trafficking

Unsheltered

24.2 Please describe the populations selected above and how your agency is serving them. *

0/500

25.2 Counties this program serves *

Hancock

Brooke

Ohio

Marshall

Wetzel

Tyler

Belmont

26.2 Months program services are available *

January	February
March	April
May	June
July	August
September	October
November	December

27.2 Days program services are available *

Sunday

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

28.2 Program Hours of Operation *

Please put hours for each day that the services are available ex: M-W 8 am-4 pm, Th CLOSED, F 8am-12 pm

Program 4

18.3 Title of Program this award will be used for *

Is this program: *
Ongoing
New

19.3 Year Program was established *

20.3 Area(s) of Impact this program fits under *
Healthy Communities
Youth Opportunity
Financial Security
Community Resiliency

21.3 How does this program serve this/these area(s) of impact *

0/500

22.3 Population Gender and Age

	Under 18	18-24	25-34	35-44	45-54	55-64	65+	Total #

Male

Female

**Non-
Binary/Transgender/Other**

23.3 Populations Served - Please indicate specific populations that your agency is serving/focusing on in your program. Select ALL that apply *

Black
Indigenous
People of Color
Individuals Below the Federal Poverty Line
ALICE
Individuals with Disabilities
Individuals with Lived Experience of Trafficking
Unsheltered

24.3 Please describe the populations selected above and how your agency is serving them. *

0/500

25.3 Counties this program serves *

Hancock
Brooke
Ohio
Marshall
Wetzel
Tyler
Belmont

26.3 Months program services are available *

January	February
March	April

May	June
July	August
September	October
November	December

27.3 Days program services are available *

Sunday

Monday

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Thursday

Friday

Saturday

28.3 Program Hours of Operation *

Please put hours for each day that the services are available ex: M-W 8 am-4 pm, Th CLOSED, F 8am-12 pm

Program(s) Details

30. Summary description of overall program(s) to be funded under this grant *

32. What is the problem/challenge or need that is unaddressed or unmet? OR What is the community benefit that this program or programs will impart? *

33. Timetable for implementation and duration of program(s) *

34. How and with whom will the Agency collaborate on this/these particular program(s)? *

35. How is your program(s) different from similar existing projects at other agencies? *

36. Provide specific short-term, intermediate and/or long-term outcomes and goals of this program/project and the time frame within which they will occur. *

Please provide measurable and trackable goals and outcomes. For example, Our goal is to BLANK (grow membership, host new event, hire new employees, etc) by TRACKABLE METRIC by DATE, we plan to do this by ACTION, ACTION, and ACTION.

37. How will outcomes be measured/tracked and who (e.g. staff, consultant, etc.) will measure them? *

38. How will the results be used and disseminated by your agency and/or by others? *

39. How will the program(s) constituents and/or clients be actively involved in the evaluating the program/project? *

40. Please list prior year achievements if this is an ongoing program(s). (enter N/A if this is new program(s)) *

41. Are you expecting funding from any earned revenue? *

    Yes
    No

If yes. please explain.

0/500

42. Are you expecting funding from any in-kind support such as, volunteer's hours and financial value of those hours, in-kind services provide your agency and the value of those services, etc.? *

0/500

43. What kind of special events/mailings do you have planned for 2026. *

0/0

Request for an exemption of an event/funding campaigns during the United Way black out period of Day of Caring-End of September. (If applicable).

44. Do you have a sliding fee scale? *

Yes

No

45. Does your agency charge fees? *

Yes

No

If yes, are services at no cost to those under the Federal Poverty line?

Yes

No

Please explain your fees, ie how much a service is or what the fee includes and where that revenue is applied?

0/500

46. Does your agency make revenue from sale of goods? *

Yes

No

If Yes, how much did you make from July 1, 2023-June 30, 2024?

How was that revenue applied?

Impact Statistics

Impact Report of Service Statistics for the fiscal year July 2023-June 2024. Numbers must be based on what the United Way of the Upper Ohio Valley funded: specific services of your agency. Instructions: Each individual is to be counted one time only for the year. (Even if they receive multiple services). Note: number of families equals family units served. (Not number of adults served plus number of children served).

47. Impact Stats 2023-2024

	Number of Children Served	Number of Adults Served	Number of Families Served
Hancock County			
Brooke County			
Ohio County			
Marshall County			
Wetzel County			
Tyler County			
Belmont County			

48. Individuals Served Annually. Number of individuals your agency served for the program being funded by United Way of the Upper Ohio Valley: USE UNDUPLICATED NUMBERS. Example: If an individual visits your agency once a month for service, you count that individual one time not twelve times. Do not include individuals not served by United Way funding. Volunteers cannot be counted as individual services. Individuals must receive an actual service from the agency that can be documented by the agency.

	2024-25 (YTD)	2023-24	2022-23	2021-22
Individuals Served				

Volunteer Information

49. Total Number of Volunteers: July 2024-June 2025 (YTD) *

50. Total Number of Volunteers: July 2023-June 2024 *

51. Total Volunteer Hours

	Hours
Total Volunteer Hours July 2024- June 2025 (YTD)	
Total Volunteer Hours July 2023- June 2024	

Funding Sources

52. Program Major Sources of Funding

Percentage

% United Way of the Upper Ohio Valley

% Other United Ways

% Monetary Contributions (Individuals/Corporations)

% Grants

% Special Events/Fundraisers

% Products/Services

% Miscellaneous Revenue/Support (Investment income/contracts/endowment revenue)

53. Agency Major Sources of Funding

Percentage

% United Way of the Upper Ohio Valley

% Other United Ways

% Monetary Contributions (Individuals/Corporations)

% Grants

% Special Events/Fundraisers

% Products/Services

% Miscellaneous Revenue/Support (Investment income/contracts/endowment revenue)

54. List of other funders to whom this current proposal has been and will be submitted. Put N/A in top row if none.

	Funder Name	Date submitted/to be submitted	Amount Pending	Amount Funded	Declined
Funder 1					
Funder 2					
Funder 3					
Funder 4					

What is your agency's administrative overhead cost percentage?

Note: This cost MUST BE LESS THAN 28%. Otherwise, you must include an explanation below and the plan to reduce these costs to less than 28% at the time of application. This explanation must be more than just a plan to raise more funds. If the agency does not file a regular IRS Form 990, the agency must still complete at the minimum page 1 and sign it, and pages 9 and page 10, all from the regular IRS Form 990. This is for United Way purposes only. The correct 990 is found on the IRS website at www.irs.gov and it is easy to complete. If the IRS does not require your agency to file the Form 990 or requires you to file another form, you must still complete the regular IRS 990. IRS Forms 990 EZ, 990PF, and comparable forms are not acceptable. These IRS 990 forms are for application purposes only and will not be filed with the IRS. Please attach a copy of the most immediate year to this application, even if you have already submitted it to our office at another time.

55. Fill in the information from the most recent 990 that is uploaded with this grant application.

Amount

1.) Page 10, Line 25 Column C: Management & General Expenses

2.) Page 10, Line 25 Column D: Fundraising expenses

3.) Page 10 Total line 25 Column C+D

4.) Page 9, Line 12, Column A Total Revenues

Agency Eligibility and Assurances: Answer the following questions.

<div align="right">Yes   No</div>

Provides health or human services in Hancock, Brooke, Ohio, Marshall, Wetzel, Tyler counties in the state of West Virginia and/or Belmont County in the state of Ohio and is eligible to receive tax deductible donations within the meaning of the IRS Code Section 170 (c) (1) or (2), which includes 501 (c) 3 agencies..

Does the Agency have a current tax exempt status with the IRS as a 501 (c) (3) charitable, non-profit agency?

Does the Agency file a regular 990 with the IRS each year?

Is the Agency governed by a volunteer board of directors consisting of members from the general community?

Has board meetings at least four times per year. (In-person or online)

Has at least one, paid full time or FTE staff person(s)

Has By-Laws.

Has fiscal policies and procedures.

Has personnel policies & procedures.

Will conduct a workplace campaign to benefit the United Way of the Upper Ohio Valley.

Does the Agency agree to provide volunteers for United Way of the Upper Ohio Valley Events

Does the Agency have a United Way logo sign publicly displayed at the agency?

Does the Agency use the United Way logo and membership on their stationery, publicity, newsletters, and all appropriate correspondence and do you also mention your United Way relationship in all digital media correspondence?

Does the Agency agree to comply with the terms of the Member Agency Agreement if funded?

Does the agency keep records of the clients/participants it serves?

Agency Certification Letter

I certify that as a representative of my organization duly noted the above Funding Request is presented to the United Way of the Upper Ohio Valley for confidential use in its Funding process. I agree and understand that any falsification of information herein, regardless of the time of discovery, may cause forfeiture on our part of any funding by United Way of the Upper Ohio Valley.
I certify that, to the best of my knowledge, the agency has the financial capacity to deliver the programs for the period of time covered by this application.
In addition, I certify that to the best of my knowledge, we are in compliance with any legislation, ordinance, codes, taxation laws, rules and regulation applicable to not-for-profit organizations.

YES
NO

Document Uploads