|  |  |
| --- | --- |
| **Agency/Program Name** |  |
| **United Way Contact Person** |  |
| **Contact Email** |  |
| **Contact Phone Number** |  |
| **Agency Physical Address**(Street, City, State, Zip Code) |  |

**2026 MARSHFIELD AREA UNITED WAY FUNDING APPLICATION**

**Agency Mission Statement:**

**Name of Program(s):** (Please list all that United Way funding will support)

**Brief Summary of Program(s):** (250 words maximum)

**United Way Focus Area:**

[ ]  **Youth Opportunity** [ ]  **Healthy Community** [ ]  **Financial Security**

**Total Amount of United Way funding requested:**

**Please explain any reason for increase/decrease in funding request.** (250 words maximum)

**SECTION 1: Program(s) Impact Areas & Outcomes**

Please use Appendix A to select program impact areas, reach, and outcomes your agency will work to address in the next year. These are the data points you will report on throughout the grant cycle.

**SECTION 2: Program(s) Overview**

1. In reference to the impact area and outcome selected, please share local data that your agency identified indicating the community need you are addressing. (500 words maximum)
2. How will the community need/s be addressed with funding from Marshfield Area United Way? (250 words maximum)
3. List other local organizations that you regularly collaborate with. Describe how you collaborate.
4. Are there programs providing similar services in our area? If yes, briefly describe how your work differs?
5. Please tell a personal testimonial and/or individual success story that occurred in 2025 that will illustrate the impact the program is having on those served. (500 words maximum)
6. Is there something in particular offered by your agency that would not be available without United Way funds?

**SECTION 3: Who and Where You Are Helping**

Using the two tables below, please report the total unduplicated number of individuals your program(s) served that were impacted by United Way funding. The total unduplicated number on each table should match.

*Please note: “Total unduplicated individuals” refers to unique individuals served. Count each person only once per calendar year, even if you served them multiple times.*

|  |  |  |  |
| --- | --- | --- | --- |
|  | **2024 funding year**(April 1, 2024 – March 31, 2025) | **2025 To Date**(April 1, 2025 – September 30, 2025) | **2026 projection** |
| **By Community Serving** |  |  |  |
| **Arpin** |  |  |  |
| **Auburndale** |  |  |  |
| **Chili** |  |  |  |
| **Granton** |  |  |  |
| **Greenwood** |  |  |  |
| **Loyal** |  |  |  |
| **Marshfield** |  |  |  |
| **Neillsville** |  |  |  |
| **Pittsville** |  |  |  |
| **Spencer** |  |  |  |
| **Stratford** |  |  |  |
| **Other (MAUW service area)** |  |  |  |
| **Outside MAUW service area** |  |  |  |
| **TOTAL** |  |  |  |

|  |  |  |
| --- | --- | --- |
|  | **2024 funding year**(April 1, 2024 – March 31, 2025) | **2025 To Date**(April 1, 2025 – September 30, 2025) |
| **By Demographic** |  |  |
| **White** |  |  |
| **Black or African American** |  |  |
| **American Indian or Alaska Native** |  |  |
| **Asian or Pacific Islander** |  |  |
| **Hispanic or Latino** |  |  |
| **Two or more** |  |  |
| **Other** |  |  |
| **Did not disclose** |  |  |
| **TOTAL** |  |  |

1. Please explain any increase/decrease in the projected served for 2024.

**SECTION 4: Agency Budget Sheet**

Please complete the Agency Budget Sheet. When completing this sheet, report on your agency’s fiscal year. For your convenience, this is a fillable excel sheet.



**SECTION 5: Budget Narrative**

If any line items require further explanation or your budget does not balance, please include details here.

**SECTION 6: Agency Financial Information**

1. Is Marshfield Area United Way the sole funder of this program? If yes, please explain why.
2. Please provide a breakdown of how United Way grant dollars will be used (ie wages, supplies, rent, etc).
3. What is your cost per participant (UW request/# of participants)?
4. Please share any significant employee changes.
5. Does your agency have an operating reserve? (see 2025 application for format & wording)
	1. If yes, balance at end of most recently completed fiscal year $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	2. How many months does the reserve cover? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. Does your agency have an endowment fund?
	1. If yes, balance at the end of most recently completed fiscal year $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. What is your agency’s overhead rate for the most recent fiscal year? \_\_\_\_\_\_\_\_\_\_ %

*Please see Appendix B to calculate your rate.*

**As an authorized representative of this agency, I state to the best of my knowledge that:**

A. The all information in this packet is true and accurate.

B. This agency has maintained exempt status under Section 501 (c) (3).

1. The governing body of this agency has voted to request participation in United Way and if funded,

will abide by the funding/program agreement of the Marshfield Area United Way.

1. I acknowledge that any information that is found to be inaccurate or incomplete could possibly delay

or disqualify any funding that this organization may receive.

**Note United Way funding is not guaranteed from one year to the next. All programs begin with a “zero-based” funding when determining 2026 funding.**

Authorized Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Approved by Board of Directors \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_