

# United Way of the Great River Region

Serving Clark County, Missouri, Hancock County, Illinois, and Lee County, Iowa

PO Box 251

515 Main Street

Keokuk, Iowa 52632

Phone: 319.524.4504

Email: [director@unitedwaygrr.org](mailto:director@unitedwaygrr.org)

## **2025 Grant Application Information and Instructions**

All applications are due, in the hands of UWGRR staff,  
by June 6, 2025

OR

Postmarked no later than May 31, 2025

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### **Information to consider when applying for funding from United Way of the Great River Region:**

The United Way of the Great River Region welcomes grant requests from non-profit organizations for the calendar (fiscal) year 2024. All applications must be complete and signed. Applications must be **in the hands of UWGRR no later than June 6, 2025**. Applications may be delivered personally to UWGRR office located at 515 Main Street, Keokuk, Iowa. If you have **any questions** contact UWGRR Executive Director at 319-524-4504 or [director@unitedwaygrr.org](mailto:director@unitedwaygrr.org)

- Projects/programs that occur outside of our service area of Clark County, Missouri; Hancock County, Illinois or Lee County, Iowa are not considered.
- Preference is given to new projects/programs and those that directly serve/benefit individuals in our service area.
- Funding for Bricks and Mortar type projects will not be considered. This includes but is not limited to floor, wall and window coverings or treatments, HVAC type systems, facility design, construction, or remodeling or indoor or outdoor paving or resurfacing.
- End of year (final) reports are required.
- Funding decisions will be made or around July 31, 2025.
- You will be notified via mail on or around August 8, 2025.

## Instructions for the 2025 Grant Application

1. Application is limited to pages 1-7 below. This does not include the additional required information listed in item 4 of these instructions.
2. Submit email the **original application**. [director@unitedwaygrr.org](mailto:director@unitedwaygrr.org)
3. **Include one copy** of each of the following:
  - Agency's annual financial report or most recent audit
  - 990 or 990 EZ or 990N
  - Most current Balance Sheet, annual budget and budget comparison for the past 2 years and your next fiscal year's projected budget. For budget items, if your agency doesn't have a formal budget set up, please use the template provided.
  - IRS Tax Determination letter
  - A current Board of Directors list including mailing address and phone numbers
  - Dates, times, and locations of your board meetings for the next 12 months
4. Use and include the check list on page 7 to ensure that you are submitting a complete application.
5. **Applications must be postmarked by May 31, 2025 or received by June 6, 2025**

**2025 United Way of the Great River Region**  
**Grant Funding Application**

Agency Name: \_\_\_\_\_

Name of Program/Project: \_\_\_\_\_

Agency Mission Statement: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Diversity, Equity, and Inclusion Statement: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Dollar Amount requested for upcoming year: \_\_\_\_\_

Dollar Amount received for current year if any: \_\_\_\_\_

What is the total cost per year to administer this project/programs in our service area?

\_\_\_\_\_

What is the cost ratio of United Way funding and the projected people that will be served?

\_\_\_\_\_

**Agency Information:** *(contact information for the public and brochures)*

Agency Director: \_\_\_\_\_

Agency Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Street Address, City, State, Zip: \_\_\_\_\_

Mailing Address, City State, Zip: \_\_\_\_\_

**Person to be contacted regarding application**

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

Position: \_\_\_\_\_

Staff or Volunteer: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Local agency contact for program/project**

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

Position: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**A. General Information**

1. Is this request for funding for a continuation of a previous project/program? Yes      No

2. If you received UWGRR funding in the past 5 years, please explain the project/program.

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**B. General Financial Information**

1. What is your agency’s fiscal year period? \_\_\_\_\_

2. Does United Way funding split over 2 fiscal years? Yes      No

**C. General Partnership Information**

1. How many employees in your agency participated in UWGRR’s employee giving campaign in 2024? \_\_\_\_\_

2. If this agency is volunteer based, how many agency volunteers participate in the UWGRR’s individual giving campaign in 2024? \_\_\_\_\_

**D. Grant Narrative & Funding Request Information**

1. Provide a summary of the program/project that will be funded by this request. (3-5 sentences)

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2. How will this funding benefit those living in our service area?

**Education** – Helping children and youth achieve their potential through education.

**Health** – Improving people’s health and wellbeing.

**Income/Financial Stability** – Helping families become financially stable and independent.

**Other** – Please describe: \_\_\_\_\_

3. How will the funds from this grant be utilized to support your specific program/project in our service area? In your response, please include how this will support the areas checked above. (5-7 sentences)

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4. How else do you plan to fund the program/project? (5-7 sentences) \_\_\_\_\_

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4. Would your agency be able to provide this program or service without this grant? A simple YES or NO is all that is needed. Yes No

5. If you are requesting more funding than you received last year, please describe why an increase in funding is needed. \_\_\_\_\_

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6. Complete the table below to report the number of unduplicated program/project participants.

Calendar Year	Lee County, Iowa	Hancock County, Illinois	Clark County, Missouri
2022			
2023			
2024			
2025 (projected)			

7. Do clients who participate in this program pay any fees? Yes                      No  
 If so, are they on a sliding scale? Yes                      No

8. Define the target population that you serve (be specific – youth, families, adults, seniors, low-income, minority populations, etc.) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

9. What fundraising activities do you engage in during the year? Please list activity and time frame, keep. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**F. Program Outcomes and Achievements**

The United Way of the Great River Region is looking for outcome information that will help us define the use of funding we provide with measurable changes in the lives of those served. Outcome is a specific, measurable change or benefit that the program or service is intended to accomplish or influence. There are three parts to an Outcome.

- *Outcome Statement* = specific benefit or change that occurs or is expected from program implementation (i.e. reduction of tobacco use).
- *Criteria for Success* – Expression of measured success or measurement of anticipated achievement (i.e. 80% of participants reported reduced use of tobacco).
- *Indicator of Success* = Measurement tool used to determine outcomes (i.e. survey, pre-tests and post-tests, etc.)

1. Define success for this program/project funding (5-7 sentences). \_\_\_\_\_

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2. What are the main goals or outcomes that you hope to achieve in Clark County, Missouri, Hancock County, Illinois and/or Lee County, Iowa with the project/program? (5-7 sentences) \_\_\_\_\_

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3. How will you ensure and measure achievement of these goals? Please indicate how funding from this grant will be applied to achieve these results. (5-7 sentences)

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4. How do you measure or gage clients or participants satisfaction with your service? \_\_\_\_\_

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5. How do you inform your participants and beneficiaries that your program or project was supported by UWGRR? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**G. Staff and Volunteer Capacity**

1. Describe the number and qualifications of paid staff delivering the services. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

2. How do you engage and leverage volunteers? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

3. Complete the table below to report the number of unduplicated volunteers your agency utilizes.

	# of Volunteers	Total Volunteer Hours
2022		
2023		
2024		



**Anti-Terrorism Compliance Measures** – Must be completed to be considered for funding.

In compliance with the USA PATRIOT Act and other counterterrorism laws, the United Way of the Great River Region requires that each agency certify the following:

“I hereby certify on behalf of \_\_\_\_\_(name of organization) that all United Way of the Great River Region funds and donations will be used in compliance with all applicable anti-terrorist financing and asset control laws, statues, and executive orders.”

**Print Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**UWGRR Grant Checklist** – Please use this check list to insure you have included all the necessary documentation and signatures. And emailed to [director@unitedwaygrr.org](mailto:director@unitedwaygrr.org)

\_\_\_\_\_ Original application

\_\_\_\_\_ 1 copy of the agency’s annual financial report or most recent audit

\_\_\_\_\_ 1 copy of the agency’s 990 or 990 EZ or 990N

\_\_\_\_\_ 1 copy of each the agency’s most current Balance Sheet, annual budget and budget comparison for past 2 years and the agencies next fiscal year’s projected budget.

\_\_\_\_\_ 1 copy of the agency’s IRS Tax Determination letter

\_\_\_\_\_ 1 copy of the agency’s Board of Directors list including mailing addresses, phone numbers

\_\_\_\_\_ 1 copy of the agency’s Board meetings for the next 12 months (dates, times, locations)

\_\_\_\_\_ 1 copy of the Completed Anti-Terrorism Compliance (top of page 7) and this completed checklist.

\_\_\_\_\_ **Application received at UWGRR offices by June 6, 2025**

**United Way of the Great River Region Project/Program Budget  
2025 Funding Application  
(add expense and revenue lines to fit your agency/program)**

**If your agency doesn't have a formal budget sheet, please  
use this template.**

	Agency Budget Calendar Year 2024 Budget	Agency Proposed 2025 Calendar Year Budget	UWGRR Funded Program Budget 2025
<b>Public Support/Revenue</b>			
United Way Great River Region Funding			
Allocation from other United Ways			
Private Donations			
Fundraisers			
Legacies and Bequests			
Private and Government Grants			
Membership Dues			
Program Service Fees			
Sales of Materials			
Investment Income			
Miscellaneous Income			
<b>TOTAL PUBLIC SUPPORT/REVENUE</b>			
<b>Expenses</b>			
Staff expense (salaries, hourly wages)			
Staff benefits (payroll tax, health, or retirement benefits)			
Professional Fees			
Supplies			
Telecommunications			
Postage and Office Supplies			
Rent/Utilities			
Repairs and Maintenance			
Insurance			
Printing, Publications, Advertising			
Travel and Training			
Specific Assistance to Individuals			
Program or Activity Expenses			
Membership Dues			
Insurance			
Miscellaneous			
<b>TOTAL EXPENSES</b>			
<b>Year End Balance (Excess/deficit)</b>			

<b>Reserve Funds/Capital Campaigns</b>			
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