**2024 Community Investment Timeline**

**Task** **Timetable**

Allocation application available online Tuesday, 11/14/23

Application due at the UW office Monday, 12/18/23 (12pm)

Application processing & review (UW office) 12/19/23-1/11/24

Allocation committee meeting (virtual) Tuesday, 1/23/24 (12pm)

Agencies present to Allocation Committee (virtual) Monday, 1/29/24 (4:00pm-7pm)

United Way Board action Tuesday, 1/30/24 (12-1pm)

Funding cycle begins Friday, 3/29/24

**2024 Impact Agenda**

EDUCATION: Helping children and youth achieve their potential through education

1. Children enter school developmentally on track and ready to succeed.
2. Elementary students are prepared to succeed in later grades.
3. Increase high school graduation rates.
4. Young adults make a successful transition from high school to advance education.

FINANCIAL STABILITY: Helping families become financially stable and independent

1. Families move toward financial independence.
2. Increase income levels.
3. Working families have savings or checking accounts and money saved for emergencies.
4. Working families build appreciating assets.
5. Resource access through 2-1-1 service and FamilyWize.

HEALTH: Reducing child abuse, domestic violence, and increasing health education & preventive care

1. Maternal health and infant well-being.
2. Reduce and prevent child abuse and neglect.
3. Access to basic health care and prevention programs.
4. Reduction of risky behaviors for both youth and adults.

**2024 Program Funding Checklist**

|  |
| --- |
| **Please return completed signed application packets by 12pm on Monday, December 18, 2023.**  **No grant applications will be considered if submitted after deadline. *If all fields/questions are not completed, the application is considered incomplete and will not be considered for funding. Applications will be accepted digitally and must be less than 15MB or can be dropped off at the MCUW office located at 116 8th Ave SE, Ste 158, Little Falls, MN.***  Email to: [mcuw68@gmail.com](mailto:mcuw68@gmail.com) Contact with questions: 320-632-5102 |

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

Submitted by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please submit one copy of the following:**

1. Agency Information form with signatures \_\_\_\_\_\_
2. 501(c) 3 Letter with Federal ID number (or Tax Exempt letter) \_\_\_\_\_\_
3. Current Board Roster \_\_\_\_\_\_
4. Formal policy of non-discrimination \_\_\_\_\_\_
5. Copy of By-laws and/or Constitution \_\_\_\_\_\_
6. Copy of Audit or financial review \_\_\_\_\_\_
7. Copy of most current IRS 990\* \_\_\_\_\_\_
8. Agency Budget (list totals) \_\_\_\_\_\_
9. 2024 Agency Agreement \_\_\_\_\_\_
10. Annual Program Allocation Application \_\_\_\_\_\_
11. Information for each program applying for funding \_\_\_\_\_\_
12. Program Budget (use attached Actual 2024 Organizational Budget) \_\_\_\_\_\_
13. Equity Information (optional) \_\_\_\_\_\_

In addition to turning in your application, up to two representatives from your organization will be called upon to virtually present the details of your organization and the program(s) to our Allocation Committee. We ask that you prepare to present for approximately 10 minutes. This will take place virtually on Monday, January 29th, 2024 from 4pm-7pm. Exact time will be determined at a later date.

\*If you are not required to file a 990, you are still required to fill out the front page of the form and submit it with your application packet in order to be considered for funding by Morrison County United Way.

**2024 Agency Information**

*Morrison County United Way’s mission is to increase the organized capacity of people to care for one another.*

Agency Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Federal Tax ID#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

City/State/Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Director’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Director’s Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

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| --- |
| Agency Summary Application Form |

1. Agency mission statement (found in your bylaws, articles of incorporation or subsequent board adopted mission statements):
2. Funding application summary information

Program Title Funding Request

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. General description agency services (be brief and include geographic area served):

**2024 Agency Information (continued)**

1. Administration and overhead expenses (expressed as percent of total budget – also known as management and general, that portion of your expenses not dedicated solely to program or services. If asked, be able to explain it. If applying for United Way funding, you must figure the administrative expenses directly from your 990. **If you are not required by law to submit a 990, you must still prepare the first page of the form 990 and submit it to United Way. This is a requirement for receiving funds from the State and Federal employees’ campaign as well.)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ %\* (required)

1. Describe interagency collaboration (briefly describe other agencies which you share or co-sponsor services or programs. May include sharing of staff, facilities, equipment or program materials):
2. Authorization (executive director and board president signatures are both required, authorized by the agency’s board of directors):

The undersigned certify that authority to submit this application was properly provided by the agency’s board of directors.

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

Executive Director Board President

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

Date Date

1. ANTI-TERRORISM COMPLIANCE MEASURES

In compliance with the USA PATRIOT Act and other county terrorism laws, Morrison County United Way requires that each agency certify the following:

“I hereby certify on behalf of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of grantee) that 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

**Annual Program Allocation Application**

|  |
| --- |
| Complete this portion for the program for which you seeking funding. |

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

*Morrison County United Way will be assessing programs with regard to their unique value in addressing one of the identified priorities in the Community Impact Agenda. (See attached)*

**What is the objective?**

**What is the plan to reach this objective?**

**How will this program be affected if United Way funds cannot be provided as requested?**

**Do you receive funds from any sources other than Morrison County United Way? If yes, please specify sources and amounts.**

**Annual Program Allocation Application (continued)**

**Service Statistics for United Way funded program(s):**

Total Organizational Budget: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Program Cost: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Requested Funds : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of Units Served: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cost Per Unit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of Clients Served: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Staffing:**

Full Time Equivalent (FTE): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Part Time Equivalent (PTE): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of Board Members: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Volunteer Hours: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What difference did this program make**: To Society? To families? To individual clients? Choose one of the program’s outcomes that you want to illustrate in a success story. State this outcome below as you would want it communicated to the public. Please include actual data. Provide a success story to be used in public media messages.

|  |
| --- |
| Example: An addiction recovery center where 50 clients were assisted in leading a drug or alcohol-free life. They received an understanding of their addiction, increased self-esteem, a philosophy to live by and a support group. Families experienced less economic deprivation, increased safety when with clients, and reduced domestic violence. Employers received less drug-related illness, more accuracy and better attitude. Society as a whole benefited from all of the above. Be as clear and concise as possible. Services and programs are not fundable unless there are identifiable benefits. |

**2024 Agency Agreement**

**THE AGENCY AGREES TO:**

* Promote and assist in the United Way annual fundraising campaign.
* Make use of the United Way logo on all written forms of communication, social media, websites, print advertising letterheads, and in all of its public functions whenever feasible. Our logo will be forwarded to you upon request.
* Cooperate with other agencies and coordinate services to best meet the needs of the community.
* Show support for and partnership with United Way by participating in community events.
* Welcome United Way staff, Board Members, Community Investment Committee Members, and other United Way volunteers if they request to tour the agency.
* Collaborate and share needs assessment results with United Way.
* Grant United Way permission to use the information contained in the agency allocation application materials for media releases, promotional materials, campaign brochures, electronic communications, and United Way website.
* Conduct an annual United Way campaign each fall among its employees and Board members, encourage the participation of its constituency and members in such activities, with a focus on meeting overall community needs.
* Refrain from initiating or participating in any non-United Way organized solicitation of employees at the workplace at any time in the service area. An organized solicitation is a federated campaign in the workplace, organized with the support of the employer, through which monetary contributions are solicited from employees.
* Use funds as explicitly described in the Allocation Application and inform United Way of any changes in program criteria or operations that would influence how United Way funds are used. Any funds allocated to the agency that may no longer be used for their program intended purposes will be returned to United Way.
* Not conduct any direct fundraising during the period of **September 11th – October 15th**. Fundraising limitations include, but are not limited to, large fundraising campaigns and large promotional events. Fundraising limitations do not include small events such as bake sales, food drives, wreath sales, etc. This time frame is the busiest time for the United Way annual pledge drive and United Way appreciates your ongoing cooperation and assistance during this time to help us ensure a successful pledge drive. (If you already have an established event during this timeframe, please notify Morrison County United Way. You may still have your event, but your sponsorship and donation requests must be completed and secured by September 11th.)
* Be familiar with this agreement and communicate the agreement to its Board of Directors, employees, volunteers, and community supporters. By abiding by this agreement, United Way believes that together we can most effectively meet community needs and strengthen the community we serve.
* Provide 5 hours of volunteer time to Morrison County United Way for events and fundraising efforts if total allocations awarded is $1,000 or greater.
* Accept a decrease in fourth quarter payments if all pledges are not fulfilled.
* Accept a 10% decrease in allocation payments if agency is found in violation of this agreement.

**2024 Agency Agreement (continued)**

**MORRISON COUNTY UNITED WAY AGREES TO:**

* Develop objectives for the annual fundraising campaign with regard to the requirements of participating agencies, fundraising realities and other pertinent considerations.
* Use its best efforts to achieve the campaign objectives.
* Act as a responsible steward of funds contributed to the United Way by fully informing contributors of the allocations and use of such funds.
* Submit financial records for review by an independent accountant.
* Raise awareness of Morrison County United Way Partner Agencies and build the public’s understanding of the valuable services and results achieved.
* Maintain ongoing communication with Partner Agencies and inform them of significant changes.

**2024 Agency Agreement (continued)**

**Partner Agency certifies that:**

1. This agency prepares and makes available to the public an annual report that includes a full description of the organization’s activities and supporting services and identifies its directors/governing body and chief administrative personnel.
2. This agency is directed by an active and responsible governing body whose members have no material conflict of interest and a majority of which serve without compensation.
3. This agency accounts for its funds in accordance with generally accepted accounting principles, submits IRS 990 form and/or was audited in accordance with generally accepted auditing principles by an independent certified public accountant in the past year.
4. The fundraising and administrative expenses are \_\_\_\_\_\_\_\_\_\_\_\_% of the total support and revenue. I further certify that these expenses are reasonable under all circumstances.
5. This agency is organized under the laws of the State of Minnesota.
6. This agency is a governmental agency or an agency which is recognized by the Internal Revenue Service as tax exempt under 26 U.S.C.501 ( c) (3) and to which contributions are tax deductible pursuant to 16 U.S.C. 170.
7. Any lobbying activities of the agency to influence voting or legislation at the local, state or federal level would classify it as a tax-exempt agency under 26 U.S.C.501 (h).
8. This agency’s fundraising practices protect against unauthorized use of its CFC contributor listing: permit no general telephone solicitations of the public, permit no payment of commissions, finder’s fees, percentages, bonuses or similar practices in connection with its fundraising.
9. The publicity and promotional activities of the agency are based upon its actual program and operations. I further certify that they are truthful and non-deceptive, include all material facts and make no exaggerated or misleading claims.
10. Funds contributed by Federal personnel are effectively used for the announced purpose of the agency.
11. This agency received at least 50 percent of its total support and revenues from sources other than the Federal government or at least 20 percent of its total support and revenue from voluntary contributions from the general public.

Agency Executive: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (Print) Title

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This Agreement is in effect until December 31, 2024.

**2024 Program Budget**

**(Only this budget form will be accepted)**

### INCOME

|  |  |  |
| --- | --- | --- |
| **Source** |  | **Amount** |
| **Support** |  |  |
| **Government grants** |  | **$** |
| **Foundations** |  | **$** |
| **Corporations** |  | **$** |
| **United Way or other federated campaigns** |  | **$** |
| **Individual contributions** |  | **$** |
| **Fundraising events and products** |  | **$** |
| **Membership income** |  | **$** |
| **In-kind support** |  | **$** |
| **Investment income** |  | **$** |
|  |  |  |
| **Revenue** |  |  |
| **Government contracts** |  | **$** |
| **Earned income** |  | **$** |
| **Other (specify)** |  | **$** |
|  |  | **$** |
|  |  | **$** |
|  |  | **$** |
|  |  |  |
| **Total Income** |  | **$** |
|  |  |  |

### EXPENSES

|  |  |  |
| --- | --- | --- |
| **Item** |  | **Amount** |
|  |  |  |
| **Salaries and wages** |  | **$** |
| **Insurance, benefits and other related taxes** |  | **$** |
| **Consultants and professional fees** |  | **$** |
| **Travel** |  | **$** |
| **Equipment** |  | **$** |
| **Supplies** |  | **$** |
| **Printing and copying** |  | **$** |
| **Telephone and fax** |  | **$** |
| **Postage and delivery** |  | **$** |
| **Rent and utilities** |  | **$** |
| **In-kind expenses** |  | **$** |
| **Depreciation** |  | **$** |
| **Other (specify)** |  | **$** |
|  |  | **$** |
|  |  | **$** |
|  |  |  |
| **Total Expense** |  | **$** |
| **Difference (Income less Expense)** |  | **$** |

**Race, Equity, and Inclusion (Answer to your best ability)**

MCUW strives to be an equity-minded organization and leader in our service area. United Ways in the United States are taking progressive steps toward equity and inclusion. If available, please share your agency's board-adopted anti-racism statement that explicitly condemns racism in all forms and fill out the below information. **This is optional and is not a requirement for allocations in 2024 but we are moving toward these steps for the future.**

Do you collect demographic data for the people that you serve? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If “No”:**

Do you have measures in place to begin collecting this data or is this possible for your organization? (Explain) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If “Yes”:**

How many persons of color did your agency serve in 2023? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What percentage is this to your total persons served? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If “Yes” or “No” continue to below questions:**

How many employees are persons of color? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many of your board members are persons of color? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What intentional steps are you taking to include different racial and/or ethnic groups in your agency's paid and volunteer leadership? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In the last 12 months, have you provided any training on race, equity, and inclusion to your staff and/or volunteers?

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

Does the program for which you are requesting funding decrease disparities and/or advance equitable outcomes for a historically marginalized racial or ethnic group? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What steps (if any) are your organization taking in regards to Race, Equity and Inclusion? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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