

108 S. Broadway, Suite 1

Greensburg, IN 47240

812-663-3342

dcuf.com

**2026 Funding -- Community Investment Grant Application**

Our goal is to build resources that positively impact the lives of Decatur County residents by investing in programs with

proven quality outcomes in the areas of education, healthy living and financial stability.

**Impact Priorities**

**Applications for funding must address one or more of the following impact priorities described below.**

* **EDUCATION** Community Focus on Childhood & Youth Success
  + Children enter primary school prepared for success.
  + Youth and adults gain the knowledge, skills, and credentials needed to obtain family sustaining employment.
* **HEALTH** Community Focus on Improved Health
  + Individuals and families have access to quality healthcare.
  + Individuals and families continue to improve their health.
* **FINANCIAL STABILITY** Community Focus on Economic Success
  + Individuals or families are economically stable and resilient.
  + Individuals are meeting basic needs.

The Decatur County United Fund Community Investment Grant is made possible through the generous donations of individuals, businesses and corporations in our community. Therefore, it is our responsibility to ensure good stewardship of those entrusted donations by carefully reviewing all applications. Feel free to contact the Decatur County United Fund at 812-663-3342 with any questions or concerns.

**Application Process**

The Decatur County United Fund’s Community Investment Committee will review each proposal for evidence-based and/or performance-based program effectiveness in the established impact priorities, measurable quality outcomes and appropriate community collaboration.

The Community Investment Committee will provide funding recommendations to the Decatur County United Fund Board of Directors who will make all final determinations.

Funding will be based on the merits of each proposal as well as grant funding available. Applicants apply in the Spring and funding is distributed the following year starting in February. A Letter of Intent for funding is announced mid-year. All grant funding is contingent upon the success of the Decatur County United Fund’s Annual Campaign in the Fall.

**Application Checklist (all items are required)**

**Please complete the application in full and ensure all required documents are included.**

Your application cover page starts on page 3. To submit your application, copy pages 3 -12 when completed and submit additional copies as stated on this checklist.

* **Program Overview**
* **Program Narrative and Measurable Impact**
* **Program Budget Narrative** Include budget for requested funding, as approved by your organization’s
* Board of Directors, for the specified **three-year** period.
* Unless it reflects the same numbers, submit a **second** **total three-year budget** for your organization.
* **Assets and Liabilities Worksheet** and **Units of Service**
* Complete all applicable budget questions 1-7
* Submit **Grant History Form**
* Provide a listing of your organization’s **Current Board Members and Officers,** including position held. List all scheduled meetings including dates and times.
* If your organization has experienced any changes in the following since last year’s application, or if you are applying to the Decatur County United Fund for funding for the first time, please include **one** copy of each of the following documents:
* 501(c)3 tax exemption ruling from the Internal Revenue Service
* A copy of an independent (external) accountant’s report and accompanying management letter for the most recent fiscal year. If the first time applying, submit two previous years of operating financials.
* Organization By-laws, including any updates as applicable.
* Affirmative Action Policy, including updates as applicable.
* Conflict of Interest Policy, including updates as applicable.
* Include one copy of your most recent 990, 990-EZ or 990-N. All agencies applying for funding for the **first time must include one copy of each of the two previous year’s tax returns.**
* In addition to your original, please submit 12 copies of your application. A copy will be provided to each Community Investment member for review.
* Completed applications and all required supplemental documents **must be received by** **4:00 pm on Friday, March 7, 2025.** Please submit all materials to:

Decatur County United Fund

108 S Broadway, Suite 1

Greensburg, IN 47240

812-663-3342

**All applicants must meet the following BASIC CONDITIONS to be eligible for Decatur County United Fund funding.**

1. **Mission**

* Applicants must have a clear purpose and function to provide a health or human service in Decatur County and contribute to the health and welfare of individuals and families residing therein.
* Projects must provide services with a non-religious purpose. For this reason, faith-based organizations submitting requests for religious purposes will not be considered.

**2. Corporate Structure**

* Applicants must be a 501(c) 3, non-profit corporation, exempt from federal income tax as determined under the 501(c) 3 provision of the Internal Revenue Service Code.
* Applications must demonstrate a need for Decatur County United Fund financial support and be willing to submit financial and program data as requested.
* All requests must be essential to the organization’s ability to provide human services. Local funding sources for capital requests are available in Decatur County. Therefore, capital requests are discouraged and will be considered only when the request is essential for the organization to provide human services.

**3. Governance**

* Organization must have an established, rotating, voluntary Board of Directors which meets regularly and serves without compensation.
* Organizations must be willing to seek funding from other sources, such as the government, third party entities, other nonprofits, individuals, and families based on their ability to pay for services rendered.
* All applying organizations must operate and provide services without regard to race, ethnicity, color, sex, religion, national

origin, age, or physical handicap.

* Applicants must comply with all federal, state, and local laws pertaining to employer relationship, services rendered, and other applicable concerns.

**4. Personnel**

Organizations receiving grant funding agree to comply with the following:

* Identify their affiliation with the Decatur County United Fundin their communications, by use of the Decatur County United Fund logo or other written recognition.
* Avoid supplementary fund raising or capital campaign efforts during the Decatur County United Fund’s **Blackout Period, September 1 through November 1**; unless the Decatur County United Fund determines that it will not conflict with the annual campaign.
* Provide progress reports and data as requested.
* Consideration of Decatur County United Fund requests, including, but not limited to, participation in campaign presentations.

**5. Programming**

To assure equity and fairness in the decision making process, proposals will be evaluated in light of the following criteria*:*

* Ability of the program to **impact the Decatur County United Fund’s impact priorities**, including education, health and financial stability with **measurable outcomes**.
* Implementation of unique programs and services currently unavailable in Decatur County. Avoidance of duplicate community services is encouraged.
* **Evidenced based/performance based programs with a history of success** and strong capabilities of the requesting nonprofit/organization.
* Potential to **reach multiple individuals**, across Decatur County.
* Ability to **develop funds to sustain** the project, if needed, after funding through the Decatur County United Fund is expended.
* The extent and completeness to which the **need** for the program is substantiated.
* The extent of **collaboration** with other agencies and use of volunteers, where appropriate.

**Application Cover**

**Section 1: Program Overview**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Organization Name:** |  | | | | |
| **Organization Address:** |  | | | | |
| **Phone Number:** |  | | | | |
| **Website:** |  | | | | |
| **Year the Organization began Operations** |  | **EIN Number** | | |  |
| **Organization is certified as a 501(c)(3) and in good standing** | **( ) Yes ( ) No** | | | | |
| **Organization CEO or Executive Director:** |  | | **Email:** |  | |
| **Proposal Contact:** |  | | **Email:** |  | |
| **Program Contact:** |  | | **Email:** |  | |
| **Agency Mission Statement** |  | | | | |

**Reference to Your Request:**

|  |  |
| --- | --- |
| **Name of Program you are requesting funding for:** |  |
| **Brief Program Description: (please limit to 30 words or less)** |  |
| **Which United Fund Impact Priority(s): please limit to 30 words or less)** |  |
| **2026 Dollar Amount being Requested** | **$** |
| **Per the dollar amount requested above, prepare an itemized list of how these funds will be used? Be specific. (Ex. salaries, program materials, dollar breakdown, etc.…)** |  |

**Section 2: Program Narrative**

**Page Limit: 5 pages; *Please answer the question in the area below (it will expand).***

|  |
| --- |
| **1. PROGRAM DESCRIPTION AND PURPOSE**  a. Briefly describe your Agency Purpose --  b. Organizational Accomplishments --    Provide a brief description of your program and how it relates to the Decatur County United Fund impact priorities of education, health, and financial stability shared in application intro.  c. Current Program description -  d. Impact Priorities (note all that apply)   * + Education --   + Health --   + Financial Stability –   e. Briefly describe how important this funding is to address programs/services |
| **2. PROGRAM STAFF and VOLUNTEERS**  a. Number of full-time staff who are fully dedicated to the program. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  b. Number of full-time staff who have some portion of their time dedicated to the program. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  c. Number of part-time staff that work in the program. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  d. Number of volunteers helping deliver this program. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  e.Describe the staff’s role in delivering the program and their qualifications (i.e.: education, training, experience, etc.). |
| **3. CLIENT IDENTIFICATION AND ENGAGEMENT**   * 1. Client demographics  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Demographics of Clients** | | | | | | | | | | Estimated Ethnic  Breakdown | | | Age Breakdown | | | Gender Breakdown | | | |  | # | % |  | # | % |  | # | % | | White |  |  | Children age 0-5 |  |  | Male |  |  | | Black |  |  | Children 6-12 |  |  | Female |  |  | | Hispanic |  |  | Youth 13-16 |  |  | Other/Unspecified |  |  | | Multi-Racial |  |  | Young Adults17-26 |  |  | Not Collected |  |  | | Other |  |  | Adults 27-64 |  |  | Total |  |  | | Not Collected |  |  | Seniors 65+ |  |  |  |  |  | | Total |  |  | Not Collected |  |  |  |  |  | |  | | | Total |  |  |  |  |  | |  | | |  |  |  |  |  |  | |  | | | | | | | | | | Other Information:  \_\_\_\_\_ # People with disabilities \_\_\_\_\_% People with disabilities  \_\_\_\_\_ % Below 100% poverty  \_\_\_\_\_ % Between 100-150% poverty  \_\_\_\_\_ # of Veterans Served \_\_\_\_\_% Veterans | | | | | | | | |  * 1. Describe your referral networks and client engagement      * Referral Networks – * Client Engagement –(frequency of contacts and/or intensity of services). * Eligibility requirements: Identify types of or specific requirements, if any, that could restrict families/individuals from accessing your services. Share how you work to minimize the challenges of the requirement on individuals or families.   **4. PROGRAM EXCELLENCE AND CONTINUOUS IMPROVEMENT**   * 1. What are the core strengths of the program/agency?   2. What are the challenges to the program/agency?   3. To assess the quality of your program, please list the accreditations and licensing of your agency, assessments requires, and other credentials. * Accreditations – * Licensing of your agency (if required) – * Assessments -- * Other Credentials -- |

**Section 3: Reporting Measures & Communicating Impact**

***Please select a goal, note the number served, confirm the outputs being measured, and the outcomes from your agency. You may add more specific detail in each area (if necessary). Provide all information that applies to your agency.***

|  |  |  |
| --- | --- | --- |
| GOALS | **STRENGTHEN COMMUNITIES** | **CHANGE LIVES** |
| **Education:**  **Childhood Success**  Goal: Children enter  school ready and are successful in primary school. | ***Direct Support and Services: Outputs***  \_\_\_\_\_\_\_\_\_\_# of children (0-5) enrolled in high-quality early childhood programs supported by United Fund  **\_\_\_\_\_\_\_\_\_\_**# of children receiving literacy supports in grades K-3  **\_\_\_\_\_\_\_\_\_\_**# of families, caregivers served that are provided with information, resources, tools, trainings and/or teaching skills | ***Outcomes***  **\_\_\_\_\_\_**% of children (0-5) served who achieve developmental milestones  **\_\_\_\_\_\_**% of children served who are proficient on school readiness assessments by the end of their kindergarten year  **\_\_\_\_\_\_\_**% of children (K-3) served reading at grade level  **\_\_\_\_\_\_\_**% of children (K-3) served who maintainsatisfactory or improve school attendance |
| Education:  Youth Success  Goal: Youth gain the knowledge, skills, and credentials to obtain family-sustaining employment. | ***Direct Support and Services: Outputs***  **\_\_\_\_\_\_\_\_\_\_**# of elementary/middle/high school youth served  who participate in school and/or community-based out of  school time programs and/or receive individualized  supports  \_\_\_\_\_\_\_\_\_\_# of youth served who receive job skills training | ***Outcomes***  **\_\_\_\_\_\_\_**% of youth served who graduate high school on  time  **\_\_\_\_\_\_\_**% of youth served who gain post-secondary employment, further education or credentials  **\_\_\_\_\_\_\_**# of youth (ages 15-24) served who gain employment  **\_\_\_\_\_\_\_**% of middle/high school youth served who earn passing grades in core subject areas  **\_\_\_\_\_\_\_**% of elementary/middle/high school youth served who maintain satisfactory or improve school attendance |
| Economic Mobility  Goal:  Individuals/families improve their socioeconomic status. | *Direct Support and Services: Outputs*  \_\_\_\_\_\_\_\_\_\_# individuals served who receive job skills training  \_\_\_\_\_\_\_\_\_\_# of individuals served who access affordable housing, financial products, and services  \_\_\_\_\_\_\_\_\_\_ # of individuals served whom are receiving emergency assistance | *Outcomes*  \_\_\_\_\_\_\_% of individuals served who gain employment  \_\_\_\_\_\_\_# of individuals who gained access to affordable housing  \_\_\_\_\_\_\_% of individuals served who earn job-relevant licenses, certificates, and/or credentials  \_\_\_\_\_\_\_ % of individuals served that had their emergency situation resolved  \_\_\_\_\_\_\_ # of referrals made to other organizations for self-sufficiency services  \_\_\_\_\_\_\_ # of individuals served who access financial education services |
| **Health**  Goal:  Individuals/families  have access to  healthcare and improve their health. | ***Direct Support and Services***  **\_\_\_\_\_\_\_\_\_\_**# of individuals served participating in physical  activity and/or healthy food access/nutrition programs  **\_\_\_\_\_\_\_\_\_\_**# of individuals served with access to healthcare services and supports  **\_\_\_\_\_\_\_\_\_\_**# of individuals served with access to healthcare insurance | ***Outcomes***  **\_\_\_\_\_\_\_**% of children/adults served who eat healthier, increase their physical activity, and/or move towards a healthy weight  **\_\_\_\_\_\_\_**% of youth/adults who avoid or reduce risky behavior  \_\_\_\_\_\_\_ # of individuals participating in health food access/nutrition programs |

**Section 4: Program Budget Narrative**

**Page Limit: 3 pages**

Complete a 3-year **PROGRAM** budget (2024 actual, 2025 budget and 2026 projected) and respond to the following question related to the program budget.

* Complete one budget form for EACH PROGRAM OR PROJECT for which you are requesting support.
* Unless it reflects the same numbers, submit a second TOTAL budget reflecting figures for the entire organization.
* Itemize your special events.

|  |  |  |  |
| --- | --- | --- | --- |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Project Budget** | **2024**  **Actual** | **2025**  **Budget** | **2026**  **Projected** |
| **Support /Revenue**  Contributions—General |  |  |  |
| Special Event #1(net income) |  |  |  |
| Special Event #2 (net income) |  |  |  |
| Special Event #3 (net income) |  |  |  |
| Grants |  |  |  |
| Membership Dues-Individuals |  |  |  |
| Program Service Fees |  |  |  |
| Sales to Public (net) |  |  |  |
| Investment Income |  |  |  |
| Miscellaneous/Revenue (please explain) |  |  |  |
| Amount requested from United Fund |  |  |  |
| **Grand Total Revenue** |  |  |  |
|  |  |  |  |
| **Expenses**  *Please add expenses not listed below* |  |  |  |
| Salaries |  |  |  |
| Payroll Taxes |  |  |  |
| Benefits |  |  |  |
| Professional Fees |  |  |  |
| Rent |  |  |  |
| Supplies |  |  |  |
| Utilities |  |  |  |
| Telephone |  |  |  |
| Equipment |  |  |  |
| Postage |  |  |  |
| Travel |  |  |  |
| Insurance |  |  |  |
| Printing |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Total Expenses** |  |  |  |

**Assets & Liabilities Worksheet**

|  |  |
| --- | --- |
| **Assets** | |
| **CASH** |  |
| **CHECKING** |  |
| **SAVINGS** |  |
| **INVESTMENTS** |  |
| **PROPERTY AND EQUIPMENT** |  |
| **ENDOWMENTS** |  |
| **OTHER (Explain)** |  |
| **TOTAL** |  |

|  |  |
| --- | --- |
| **Liabilities** | |
| **PROPERTY** |  |
| **EQUIPMENT** |  |
| **OTHER DEBTS (Explain)** |  |
| **TOTAL** |  |

**Units of Service and Numbers Served:** for more detail, review example given

|  |  |  |
| --- | --- | --- |
|  | **2023 Actual** | **2024 Actual** |
| **Cost of one Unit of Service**  (Example: *Total Expense =$40,000 ÷ Number of Unit Services Offered Per Year 852 = $46.94 per unit of service*) |  |  |
| **Number of unique, unduplicated individuals served per year.** *(Each individual served counts only one-time Example: Of the 852 units of service shown above, 178 unique individuals are impacted.* |  |  |
| **Define Unit of Service**  *(Example: 1 visit, 15 encounters, 1 class, 15 minutes of service, etc.--- be specific for your agency)* |  |  |

1. Generally, describe significant changes in revenue reported in the 2025 budget.
2. Generally, describe significant changes in expenses reported in the 2025 budget.

1. Explain any significant surplus or deficit (if applicable).
2. Report the % of total revenues represented by Decatur County United Fund funding in your 2023 and 2024 budget. Provide an explanation of why and diversification plans if the percent is over 50%.

|  |  |  |
| --- | --- | --- |
|  | **Total Program Revenues** | **% of Total provided by DCUF** |
| **2023** |  |  |
| **2024** |  |  |

1. Program Revenues as a Percent of Total Agency Revenues: Report the total program revenue as a percent of total organization revenue.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Total Program Revenues** | **Total Organizational Revenues** | **Total Program Revenues as a % of Total Organizational Revenues** |
| **2023** |  |  |  |
| **2024** |  |  |  |

1. Fees for service:
   1. Does the program charge participants any fees for service?

❑ Yes ❑ No

* 1. If yes, does the program have accommodations in place for participants unable to afford the fees? If so, please explain.
  2. What percentage of participants in 2023: d. What percentage of participants in 2024:

\_\_\_\_\_Received a reduction in fees? \_\_\_\_\_Received a reduction in fees?

\_\_\_\_\_Had their fees fully waived? \_\_\_\_\_Had their fees fully waived?

\_\_\_\_\_Were charged the full rate of program fees? \_\_\_\_\_Were charged the full rate of program fees?

\_\_\_\_\_**TOTAL (should equal 100%)** \_\_\_\_\_**TOTAL (should equal 100%)**

1. If requesting first-time or a funding increase of 10% or more, explain your rationale. For example, if the funding will increase the capacity of the program or replace a lost source of funding, please describe.

**Section 5: grant history**

**Organization:**

List below all grants sought by your organization from any source in the past 24 months for any purpose(s), whether or not funding was received. Include Decatur County United Fund request. *Include only grants that affect your Decatur County operations.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date of Grant  Request | Name of Grant-Making  Organization or Agency | Purpose(s) of  Grant Requested | Amount Requested | Amount Received |
|  |  |  |  |  |
|  |  |  |  |  |
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**Section 6: current agency board membership**

**Agency Name:**

|  |  |  |
| --- | --- | --- |
| **POSTION HELD** | **NAME** | **TERM – SERVING UNTIL** |
| **President** |  |  |
| **Vice President (or 1st Vice)** |  |  |
| **2nd Vice President** |  |  |
| **Secretary** |  |  |
| **Treasurer** |  |  |
| * Board Member |  |  |
| * Board Member |  |  |
| * Board Member |  |  |
| * Board Member |  |  |
| * Board Member |  |  |
| * Board Member |  |  |
| * Board Member |  |  |
| * Board Member |  |  |
| * Board Member |  |  |
|  |  |  |

|  |  |
| --- | --- |
| **2025 MEETING DATE** | **TIME** |
|  |  |

**Signature and Submission:**

I hereby certify that I am the duly authorized officer or representative of the requesting organization and to the best of my knowledge, the information provided in this application is accurate. I understand and agree to provide additional documentation in support of the information provided if requested by Decatur County United Fund.

The agency Executive Director and Board of Directors have read and agree with the criteria for Decatur County United Fund funded agencies. By submitting this funding application, I confirm my organization's understanding and acceptance of the rules and conditions for application. The information in this funding application is true to the best of my knowledge.

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

Signature of Executive Director Date Signature of Board President Date

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

Printed Name of Executive Director Printed Name of Board President