**113 2nd St E, #102**

**PO Box 353**

**Hastings, MN 55033**

**(651) 438-3337**

**www.unitedwayofhastings.org**

2024 Allocation Application: Part 1

Application Deadline: February 9, 2024

Required: 1 electronic copy of this completed form, with exhibits and budget

Email to marissa@unitedwayofhastings.org

*Application Details*

**Agency & Contact Info**

Name of Agency/Organization:

Name of Program:

Executive Director:

Phone: Email:   
Contact Person:

Phone: Email:   
Headquarters Address:

Mailing Address (if different than headquarters):

### Funding Request

2023 Request (last year): $

Actual Allocation for 2023: $

2024 Request: $

***Does your agency:***

1. **Reflect the diversity of the community you serve? \_\_\_\_Yes \_\_\_ No If Yes, please explain:**
2. **Invest in initiatives that address structural and systemic inequities? \_\_\_\_Yes \_\_\_ No**

**If Yes, please explain:**

* 1. **Disaggregate program data? \_\_\_\_Yes \_\_\_ No**
  2. **Complete equity audits? \_\_\_\_Yes \_\_\_ No**
  3. **Provide equity training for staff? \_\_\_\_Yes \_\_\_ No**

**If Yes to any of the questions above, please explain:**

1. **Does your agency perform policy/advocacy, have partnerships, initiatives, or other strategies that**

**focus on closing racial disparities? \_\_\_\_Yes \_\_\_ No If Yes, please explain:**

1. **Regularly engage marginalized residents and other community residents to ensure they understand barriers, meet the current needs, and craft solutions informed by the experiences of marginalized community members? \_\_\_\_Yes \_\_\_ No If Yes, please explain:**

***You may place more than one exhibit on a page but******clearly mark each exhibit with the corresponding***

***letter and the question. Please use at least 12-point type.***

**Exhibit A** - Please describe your agency’s primary function, goal or mission.

**Exhibit B** - What is the intended use of the funds requested? If you don’t receive funds, what will happen to this program?

**Exhibit C** - What is the geographic area of your agency’s service or program?

**Exhibit D** - What is the target population serviced (age, gender, special interest, etc.)?

### Exhibit E - Describe or list the program/services provided by your agency during the past year in the Hastings area.

### Exhibit F - What number of unduplicated individuals did you serve in the Hastings area during the past year (2023)? Specifically define the services that were provided to these individuals. What numbers were served in 2022?

Exhibit G - Is your agency contemplating new or different programs or expanded services in the upcoming year? If yes, please explain.

### Exhibit H - If your agency is requesting an allocation increase, please explain the reason for the increase.

Exhibit I - Do you receive funds from any sources other than United Way of Hastings? If yes, please specify sources and include percent of income from these sources (including other United Ways). Make sure to include funds received through December 31, 2022.

Exhibit J - To be used in UWH promotional materials: give a brief description of your agency (approx. 15 – 25 words), a description of your program (approx. 15 – 25 words), five photos of your agency work in Hastings on a DVD/Disc format or flash drive to be used in promotional materials, and let us know how the various dollar amounts would impact your agency. What could people expect their annual gift to buy if they donated $25, $50, $100, $150, or $500?

**Exhibit K -** List your current Board of Directors, noting Officers, and list your current FT & PT staff.

Exhibit L - Program Budget

PROGAM BUDGET (round to nearest $100)

|  |  |  |  |
| --- | --- | --- | --- |
| ***Sources of Support/Revenue*  Current Operations** | **2023 Budget** | **2023 Actual Statement** | **2024 Budget**  **(basis for request)** |
| Contributions/Program Fees |  |  |  |
| **Special Events/Fundraisers** |  |  |  |
| **Legacies and Bequests** |  |  |  |
| **Investment Income** |  |  |  |
| **Foundation Grants** |  |  |  |
| **Allocations from other United Ways** |  |  |  |
| **Fees, Grants from Govt Agencies** |  |  |  |
| **Membership Dues (Individual)** |  |  |  |
| **Program Service Fees** |  |  |  |
| **Sales to Public or Local Members** |  |  |  |
| **Miscellaneous Revenue** |  |  |  |
| ***Total Support/Revenue*** |  |  |  |
|  |  |  |  |
| *Expenditures* |  |  |  |
| Salaries and Benefits |  |  |  |
| **Administrative Expenses** |  |  |  |
| **Professional Fees** |  |  |  |
| **Programming** |  |  |  |
| **Specific Assistance/Individuals** |  |  |  |
| **Fundraising** |  |  |  |
| **All Other Expenses** |  |  |  |
| *Total Expenditures* |  |  |  |
| NET BALANCE |  |  |  |