

7. Signed-Anti Terrorism certification form

2022 Member Agency Instructions

Name of	Agency:
Date: _	DUNS#
	ed Way of Columbia County is excited to extend an invitation to become a 2022 Member based on mitment to the health, education, and financially stability of Columbia County residents.
County. United W including engagem	ng an application does not guarantee funding or in-kind support from the United Way of Columbia Please note that a few of the requirements and questions have changed from previous funding years. Yay of Columbia County is committed to supporting our member agencies in a variety of ways volunteer recruitment, grant writing support, providing staff and board trainings, community ent, and acquiring donated supplies. In addition to funding, member agencies may have the nity to utilize other United Way of Columbia County resources in 2022.
Families organizate opt-in to CCO duried opt-in are determinate terminate te	measurable progress in community systems change, every organization will have to play their part. typically require support across multiple domains, which calls for support from multiple cions. Organizations applying for funding through United Way of Columbia County are requested to using the Unite Us software. The cost of user licenses and training will be covered by Columbia Pacific and the grant period once the organization becomes a Connect Oregon partner. Organizations that the encouraged to reach out for technical assistance so that the Connect Oregon staff can help be organizational fit. You can join Connect Oregon by filling out the Partner Registration Form found (/www.cognitoforms.com/UniteUs/partnerregistrationform). If you have any questions regarding Oregon or need help with the form, please email Danny Stribling form Connect Oregon (Stribling@uniteus.com).
• •	on deadline is 5:00 PM Friday, January 28th, 2022. Please send applications and supporting materials Catt, Executive Director at clairec@unitedwayofcolumbiacounty.com .
Funding (decisions and agency notifications are made in March 2021.
 Comp Partn Your Board Most 	clude the following documents in your submission: bleted application er Registration in Connect Oregon signed Agency Non-Discrimination Policy on your letterhead d Roster- with contact information, include & list officers recent audit or financial review by independent CPA explanation if not available)
6. Signe	d-Certification sheet regarding fiscal controls within your agency



2022 Member Agency Application Form

Section 1 – Agency Information

Agency Name:			
Street Address:			
City/State/Zip:			
Phone:		FAX:	
E-mail:		Web Site:	
Federal Tax ID#			DUNS#
FISCAL YEAR:			_
A. MISSION STAT	BEGIN DATE FMFNT:	END DATE	

B. BOARD INFORMATION (provide Board Roster with list of officers and contact information.)



Complete this portion for each program for which you seek funding.

Section II – Program Information

Agency Name:	Total Estimated Program Cost: \$
Program Name: _	Requested Funds

United Way of Columbia County is committed to supporting families who are Asset Limited, Income Constrained, Employed become self-sufficient. Many households in Columbia County struggle, as wages fail to keep pace with the cost of household essentials (housing, child care, food, transportation, health care, and a basic smartphone plan). In 2022, United Way of Columbia County is looking to our Member Agencies to improve the opportunities for families to become self-sufficient in one of the following ways:

- Increasing opportunities for long-term self-sufficiency in Columbia County (work skills training, resume support, basic clothing/supplies for workforce entry)
- Increase high school graduation rate (early childhood education, reading literacy programs, homeless prevention)

Please note, that programs meeting emergency needs will not be funded in 2022. United Way of Columbia County encourages all eligible agencies to apply for Emergency Food and Shelter Program Funding. More information found here: https://www.efsp.unitedway.org/efsp/website/index.cfm

How does your agency/program meet one of the goals listed above? Please utilize data from ALICE found at https://www.unitedforalice.org/ if applicable, in addition to other existing agency data.



1.	2021 IMPACT: This IS A REQUIRED REPORT on prior activity. This is the impact you made with the UWC	CC
	funds received for 2021. If your agency was not a Member agency in 2021, please skip	

a.	GOAI	S AND	ACTI	VITIES
a. '	UUAL	J AIV	ALII	VIIILO

What strategies, techniques, and types of treatment did you use to deliver the services described in your 2021 Grant Application? Examples: shelter, feeding, training, counseling, etc.

b. OUTPUTS

What volume of work did you accomplish? (Unduplicated clients) Examples: number of clients served, classes taught, counseling sessions conducted, and educational materials distributed, etc.

c. PROGRAM OUTCOMES

What benefits or changes for individuals or populations occurred in this program?

d. METHOD OF EVALUATION or INDICATORS

What specific data did you use to track and measure your outcomes?

2.	DID YOUR AGENCY USE THEIR	ALLOC	CATION AS SPECIFICALLY PROPOSED IN YOUR LAST REQUEST?
	Yes	No	If not, what changed?

3. SHARE A STORY REGARDING HOW UNITED WAY FUNDS HAVE HELPED MAKE A DIFFERENCE. (TO BE USED IN INFORMATION MATERIALS)



SECTION III – BUDGET INFORMATION

Included in this packet you will find an optional budget template. Use this template or another form of your choice to demonstrate total agency budget, program budget, and other important details. It is most helpful that you add a short narrative explaining the line items.

SECTION IV – FINANCIAL INFORMATION

1.	Is your agency on a calenda	or fiscal year? If a fiscal ye	ear what are the	dates agency's/organizations
	fiscal year:	to		

UWCC wishes to encourage financial stability in our partner agencies. We encourage you to develop operating reserves and endowment funds, as they indicate diversified and stable funding.

2. Does your agency/organization have an operating	reserve?	yes	no
If yes, what was the balance at the end of the most re	ecently completed fis	cal/calen	dar year? \$
How many months does the reserve cover?	Month(s)		
3. Does your agency/organization have an endowme	ent fund?	yes	no
If yes, what was the balance at the end of the most recently completed fiscal/calendar year? \$			
Do you reinvest the interest earned on the endowme	nt fund or use the in	terest? (F	xnlain)



AGENCY Budget and Fiscal Control Certification Sheet United Way of Columbia County

Please check one of the fo	owing:
l ce	tify that my agency has a two signature check writing policy
OR	
1	ertify that my agency has other internal fiscal controls (such as accountants, separate financial department, or outside financial services, etc.)
	ertify that my agency has filed the appropriate 990 as required by the IRS.
	for fiscal year
DATE We agree to n	DATE otify the United Way of any changes in this information.
AGENCY NAME	DATE
EXECUTIVE DIRECTOR	
BOARD PRESIDENT	



ANTI-TERRORISM COMPLIANCE MEASURES

In compliance with the USA PATRIOT ACT and other counterterrorism laws, the United Way of Columbia County requires that each agency certify the following:

"I hereby certify on behalf of

_	
	[name of organization] that all United Way
funds and donations will be	used in compliance with all applicable anti-terrorist
financing and asset control la	aws, statutes and executive orders."
Print Name:	Title:
Signaturo	Dato