**Fund Description**

The Community Workforce Fund supports projects/programs/events that benefit the Racine County community, align with United Way of Racine County's mission, but don’t otherwise align with the community investment process. This is a competitive fund and requests that meet requirements are not guaranteed funding. United Way of Racine County reserves the right to adjust the fund structure at any time.

**Fund Eligibility**

The fund is available to Racine County-serving nonprofits. To be eligible to apply for funds, organization must meet all of the following criteria:

* Serves residents of Racine County, WI.
* Able to provide (upon request) detailed board-approved budgets and financial reports, including an audit or audited financial statements as required by State of Wisconsin Statute 202.12 (1)(b).
* Has been legally incorporated for at least six months.
* Is tax exempt as described in section 501(c)(3) of the Internal Revenue Code.
* Is governed by a voluntary board of directors, which has reviewed and approved the application for funding through the Community Workforce Fund.
* Maintains a policy of non-discrimination and equal opportunity, and complies with the Americans with Disabilities Act.
* If currently receiving any funds from United Way, be in compliance with all funding agreements, policies and procedures.

**Application Process and Fund Timeline**

Requests submitted on or before the last day of the month will be reviewed by United Way’s community investment community (CIC). Applications must be submitted online at www.unitedwayracine.org/CWF. Notification of funding will be issued by the end of the month of review. Grantees are required to submit an end-of-funding report within 60 days of the completion of the project/program/event.

**Application Review**

The review process is conducted by United Way staff, board members and community investment committee volunteers. Incomplete applications, applications that do not meet the eligibility requirements, and applications with misalignment between the request narrative and request budget will not be considered for funding. Proposals from organizations not in compliance with requirements for other United Way funds, current funding agreements and/or the community investment policies and procedures at the time of review will not be reviewed.

The vice president-finance and administration is responsible for monitoring expenditures from the Community Workforce Fund and reporting them in the monthly financial reports to the board.

All requests are reviewed and monitored by CIC. Expenditures from the UWRC Community Workforce Fund shall be approved as follows:

* Requests up to $10,000 are approved by the president, board chair, and vice chair-community investment or CIC.

**Non-allowable Expenses**

* Funds cannot be used to cover expenses incurred prior to funding notification.
* Funds cannot be used to supplant existing budgeted items (e.g. existing organization dollars already allocated for the project/program/event cannot be displaced by United Way of Racine County Community Workforce Fund dollars and reallocated for other organizational expenses).
* Pass-through purchases.
* Requests to support fundraising events/efforts will be not considered.

**Request Guidelines**

* The minimum amount for Community Workforce Fund requests is $1,000. The maximum request amount is $10,000.
* Organizations may be granted a maximum of one Community Workforce Fund per calendar year.
* Organizations may not request Community Workforce Fund grants for the same project/program/event more than two consecutive years.
* Funding is available until the available Community Workforce Fund dollars are exhausted.
* Funds may be released in a lump sum, or on a reimbursement basis. Grants awarded on a reimbursement basis require receipts and/or paid invoices. Requests for reimbursement must be submitted within 60 days of the completion of the project/program/event or funds will be forfeited.
* UWRC reserves the right to change the focus of the fund at any time.

**Budget Requirements and Grant Payments**

Applications with misalignment between the request narrative and request budget will not be considered for funding.

All fund requests are required to submit a complete and detailed budget and budget narrative. Budget details should include product sources, quantities, unit costs and calculations.

If the total budget for the project exceeds the amount requested from UWRC, there must be clear documentation of already-secured additional funding sources to cover the difference.

Requests may include quotes/estimates and/or brochures/registration details if you feel it will strengthen your proposal. Such materials can be submitted via email attachment in response to your confirmation email after successful application form submission. Quotes/estimates must be no more than six months old.

Requests should demonstrate thorough planning that will result in successful implementation.

**Application Questions**

Following submission of the application form at [www.unitedwayracine.org/CWF](http://www.unitedwayracine.org/CWF), the individual listed as the Primary Contact on the application will receive an auto-generated confirmation email. The Primary Contact must immediately respond to that email with the following attachments:

* Proof of IRS determination of 501(c)3 status
* Completed United Way of Racine County Community Workforce Fund Budget Template
* Optional: Additional quotes/estimates and/or brochures/registration details you feel will strengthen your proposal.

**Eligibility requirements**

Organizations that cannot answer *Yes* to all of the eligibility requirements will not be considered for Community Workforce Fund grants.

* Does your organization serve residents of Racine County, WI?
* Is your organization able to provide detailed financial reports and board-approved budgets upon request?
* Has your organization been legally incorporated for at least six months?
* Is your organization tax exempt as described in section 501(c)(3) of the Internal Revenue Code?
* Are you able to provide an audit or audited financial statements as required by the State of Wisconsin Statue 202.12 (1)(b)?
* Is your organization governed by a voluntary board of directors, and has this board approved this application for funding?
* Does your organization maintain a policy of non-discrimination and equal opportunity, and comply with the Americans with Disabilities Act?

**Organization information**

* Organization legal name, organization name as you’d like it to appear in print, website address, phone, address, city, state, zip code
* Executive director/CEO name, title, email address, phone
* Board president/board chair name, company/affiliation, email address and phone
* Primary contact name, title, email address and phone
* Organization/fiscal agent EIN

**Fiscal agent information**

* Do you have a fiscal agent?
	+ If yes, the following information is required.
		- Fiscal agent legal name, executive director/CEO name, email address, phone number, website address, phone number, address, city, state, zip.
* All organizations/fiscal agents must provide proof of IRS determination of 501(c)3 status.

**All requests**

* Name of the program/project/event for which your organization is seeking funding.
* Dollar amount requested.
* Has this specific program/project/event received funding from United Way of Racine County in the past?
	+ If yes, when?
* Is United Way of Racine County the sole funder of this effort?
	+ If no, describe other funding sources and amounts.
* Provide a brief description (3-4 sentences) of the program/project/event. If you only had a minute to explain your program/project/event to someone, what would you want them to know?
* Provide a brief description (3-4 sentences) of the specific community need/problem to be addressed by this program/project/event.
* How many individual people (unduplicated) will be served by this program/project/event?
* Provide demographic information (age, gender, race and ethnicity, income level, geographic location) for those individuals.
* What is the start date of this program/project/event?
* What is the end date of this program/project/event?
* Where will the project/program/event take place?
* Describe existing and/or proposed relationships and/or collaborations with other community groups in support of this project/program/event.
* What does success look like for this project/program/event?
* How will you measure progress towards that success?
* Is there anything else you would like the review committee to consider?
* Budget: All organizations must submit a complete and detailed budget that includes quantities, unit costs and calculations.
* Agree to terms: *All applicants must read, agree to sign, and meet all provisions of the funded agreement and standards including compliance requirements. If organization is currently funded by UWRC, they must be in compliance with all policies and procedures at the time of submitting appropriate requests. An end-of-project report is required of all awarded requests.*

**Reporting requirements**

Grantees are required to submit a report at [www.unitedwayracine.org/CWF](http://www.unitedwayracine.org/CWF) within 60 days of the completion of the project/program/event. Additional reporting requirements may be stipulated in funding agreement. Late and/or incomplete reports will negatively impact the organization’s eligibility for future United Way of Racine County funding. Information included in this report will be shared with United Way staff, board and community investment volunteers, and may also be included in United Way reports, media and publications.

* Organization name
* Executive director/CEO name
* Name and email address of person completing report
* Name of the project/program/event for which your organization received funding
* Describe any deviance from proposed activities to actual activities.
* Was your grant awarded on a reimbursement basis?
	+ If yes:
		- Amount requested for reimbursement
		- Submit paid invoices/receipts that support the amount requested for reimbursement to tfeest@unitedwayracine.org
		- Organization name as it should appear on the reimbursement check.
		- Where should the check be mailed?
* How many unduplicated individuals were served by this program/project/event?
* Describe the direct impact the funding had on the individuals served by this project/program/event.
* Describe any indirect impact the funding had on your clients/participants and/or community.
* Share any specific measurable results achieved as a result of this funding.
* Provide a photo(s) (with media release) that demonstrates the impact of the grant.
* Provide a 2-3 sentence statement of impact that can be used as a stand-alone quote. Include the name and title of the person quoted.
* Provide links to any social media posts, media releases, marketing collateral, etc. related to the project/program/event/funded.
* Is there any additional information you would like to report?