

# 2024



**Interlakes Area United Way**  
PO Box 132  
Madison, SD 57042  
[interlakesunitedway.org](http://interlakesunitedway.org)  
[director@interlakesunitedway.org](mailto:director@interlakesunitedway.org)

## APPLICATION FOR FUNDS

Interlakes Area United Way (IAUW) provides grant funding to non-profit agencies, organizations and programs which provide services in the areas of health, education and welfare to residents in Lake, Miner or Moody counties in South Dakota. Priority is given to funding requests for specific projects or programs. In most cases, funding will not be awarded for operational expenses and capital expense items.

### Eligibility Requirements

In order to qualify for funding, you or your agency must:

- 1. Be located in or serve residents of Lake, Miner or Moody county in South Dakota.**
- 2. Complete the Application for Funds and return to Interlakes Area United Way by August 31, 2023.** You must provide one electronic and one hard copy. Completed applications may be emailed to [director@interlakesunitedway.org](mailto:director@interlakesunitedway.org) and printed versions may be mailed to Interlakes Area United Way, PO Box 132, Madison, SD 57042.
- 3. Submit an annual financial report or recent income/expense statement** with your completed application. This is required for both electronic and hard copy submissions. IAUW reserves the right to request more fiscal information if needed.
- 4. Attend a brief interview with the IAUW board**, if requested.
- 5. Promote Interlakes Area United Way** in all capacities as much as possible. Promotional materials and social media content may be provided by IAUW upon request.
- 6. Agree to provide volunteers for help with various IAUW fundraising events or promotions, if possible**, including but not limited to our annual WIN BIG Raffle and annual campaign drive. Lack of assistance may affect funding.
- 7. Refrain from hosting or promoting fundraising events other than those for IAUW during September 15 through November 15.** This time is reserved for IAUW's annual campaign drive. Special permission may be given upon request.

Please contact IAUW with questions or concerns regarding the application or eligibility requirements.

## Program Information

1. Program Name \_\_\_\_\_
2. 2024 Funding Request \_\_\_\_\_
3. Administrator/Director \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Email Address \_\_\_\_\_  
Phone Number \_\_\_\_\_
4. Briefly describe the program. For example, does it serve a specific age group, gender or special interest?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. Please explain how the IAUW funds received in 2024 will be used.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. Provide examples of how a specific donation amount makes a difference for this program (for use in IAUW marketing). For example, a \$90 donation will provide 3 children free books for a year using the Dolly Parton Imagination Library program.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. United Way Worldwide asks us to explain how funded programs relate to the impact areas of Health, Education or Welfare. Please explain to which area your program relates and how.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. Which of these categories **best** describes your program? **Please choose only one.**  
 Health and Wellness     Education and Development     Senior Outreach  
 Children and Youth Enrichment     Basic Needs and Support
9. For existing programs, provide the number of persons/units served in previous years.  
2023 Actual Persons/Units \_\_\_\_\_  
2024 Projected Persons/Units \_\_\_\_\_  
Please describe a unit of service, if applicable.  
\_\_\_\_\_

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10. For existing programs, provide at least one testimonial that shares how this program is making a difference in our area. Please include name and/or contact information if possible.

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11. For existing programs, list 2 references who can substantiate the effectiveness of this program. Please include contact information.

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## Agency Information

**Please type or print clearly. Be sure to fill in each blank and answer each question. If not applicable, mark N/A and explain. Attach additional sheets if necessary.**

1. Agency Name \_\_\_\_\_ EIN \_\_\_\_\_

2. Address \_\_\_\_\_

3. City, State, Zip \_\_\_\_\_

4. Is the agency incorporated and 501C3 status?      Yes      No

5. Please list below or attach a list of current board members.

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6. Primary Contact (for questions and/or interview request)

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

Email Address \_\_\_\_\_

Phone Number \_\_\_\_\_

7. United Way Worldwide requires programs receiving funds to comply by local, state and federal reporting requirements. Does your agency:

a. Comply with Sarbanes-Oxley ([www.soxlaw.com](http://www.soxlaw.com)) provisions applicable to non-profits?      Yes      No

b. Conduct anti-terrorism measures?      Yes      No

8. What is your agency's mission statement?

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9. What community or communities do you serve in Lake, Miner and/or Moody counties? Please list.

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10. If the agency received funding from IAUW last year, give specifics as how the funding was used.

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11. How does your agency coordinate/collaborate with other programs and/or services in the community? Please explain.

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12. Please provide names, phone numbers and email addresses for volunteers from your agency who can help contact employers and solicit pledges or donations for IAUW's annual campaign drive.

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13. Please provide names, phone numbers and email addresses for volunteers from your agency who can help with community relations and other promotional needs, i.e. promotions relating to the WIN BIG Raffle, 211 Helpline, Delta Dental Mobile Dental Program, etc.

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## Fiscal Information

### Reserve/Trust Funds

1. Aside from immediate, daily operating funds, what other funds or resources does your agency hold in reserve or trust FOR THIS PROGRAM ONLY?

Description and Amount \_\_\_\_\_

Description and Amount \_\_\_\_\_

2. When and how would these reserve funds be spent? Please explain.

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## Other Sources of Revenue

Source	2023 Request	Received
County or counties		
City or cities		
Grants		
Fees		
Other		
<b>TOTAL</b>		

3. Percentage of the program budget provided by IA UW \_\_\_\_\_

4. Do you use IA UW funds to provide scholarships? If yes, explain the application process.

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

5. What fundraising events do you have planned this year, and when?

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

\*IA UW reserves the right to request more fiscal information if needed.

## Signature

*By signing and submitting this application, and providing required additional materials, I attest that to the best of my knowledge all of the information contained herein is correct.*

\_\_\_\_\_  
Name (Please print or type)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date