

2026 APPLICATION FOR FUNDS



Interlakes Area United Way

PO Box 132
Madison, SD 57042
interlakesunitedway.org
director@interlakesunitedway.org

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 economic mobility** 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. Please contact IAUW with questions or concerns regarding application or eligibility requirements.

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 September 30, 2025.** Printed applications may be mailed to Interlakes Area United Way, PO Box 132, Madison, SD 57042. Electronic versions can be emailed to director@interlakesunitedway.org or completed online.
3. **Submit an annual financial report or recent income/expense statement** with your completed application. 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.
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.

PROGRAM 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. Program Name

2. 2026 Funding Request

3. Administrator/Director (or Organization's Primary Contact)

4. Email Address

5. Phone Number

6. Mailing Address

7. Which of these categories **best** describes your program? **Please choose only one.**

- ☐ Health & Wellness
☐ Senior Outreach
☐ Basic Needs & Support

- ☐ Education & Development
☐ Children & Youth Enrichment

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8. Briefly describe the program. For example, does it serve a specific age group, gender or special interest?
9. Please explain how the IAUW funds received in 2026 will be used. Please remember that United Way's focus is health, education and economic mobility. Facility improvements, staff wages/salary or similar projects are not eligible for funding.
10. United Way Worldwide asks us to explain how funded programs relate to the impact areas of Health, Education or Economic Mobility. Please explain to which area your program relates and how.
11. Provide examples of how a specific donation amount makes a difference for this program (for use in IAUW marketing). For example, a \$90 donation to IAUW will provide 3 children free books for a year using the Dolly Parton Imagination Library program.
12. For existing programs, provide the number of persons/units served in previous years.
- 2025 Actual Persons/Units _____
- 2026 Projected Persons/Units _____
- Please describe a unit of service, if applicable _____

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13. 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.

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

AGENCY INFORMATION

1. Agency Name _____ EIN _____

2. Mailing Address _____

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

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

5. 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.sarbanes-oxley-act.com) provisions applicable to non-pro its? ☐ Yes ☐ No

b. Conduct anti-terrorism measures? ☐ Yes ☐ No

6. What is your agency's mission statement?

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

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8. If the agency received funding from IAUW last year, give specifics as to how it was used. Please include a general timeline for implementation.
9. How does your agency coordinate/collaborate with other programs and/or services in the community? Please explain.

IAUW requires three (3) volunteer hours per partner agency to assist with United Way efforts any time March through December. Volunteer opportunities may include but are not limited to: helping deliver campaign packets, selling WIN BIG Raffle tickets, working at DownTown in MadTown events, or representing IAUW in a community event.

10. Please provide names, phone numbers and email addresses for potential volunteers from your agency.

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	2025 Request	Received
County or counties		
City or cities		
Grants		
Fees		
Other		
TOTAL		

3. Percentage of the program budget provided by IAUIW _____
4. Do you use IAUIW funds to provide scholarships? If yes, explain the application process.
5. What fundraising events do you have planned this year, and when? (Keep us informed and we can help promote on our social media feeds!)

**IAUIW 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