2027 COMMUNITY IMPACT GRANTS
STANDARD GRANT APPLICATION

Interlakes Area UNITED WAY

Funding Threshold: $500 and above

Use this form if your funding request is $500 or more. If your project requires less than $500, please complete our Micro-Grant Application, available online at **interlakesunitedway.org/contact/apply-for-funding**.

Please contact us with questions at **director@interlakesunitedway.org** or (605) 270-1596.

PROGRAM INFORMATION

Please type or print clearly. Be sure to answer every question. If not applicable, mark N/A and explain.

1. Program Name: _____

2. Administrator/Director (or Agency's Primary Contact): _____

   Email Address: _____ Phone: _____

   Mailing Address: _____

   Is this person located in Lake, Miner or Moody County? ☐ Yes ☐ No

   If YES, skip to question 4. If NO, please answer question 3.

3. Local Contact (located in Lake, Miner or Moody County): _____

   Email Address: _____ Phone: _____

   Mailing Address: _____

4. **2027 Grant Request:** _____

5. How will the Community Impact Grant received in 2027 be used? Facility improvements, staff wages/salary or similar projects are not eligible for funding.

6. If the program received grant funding from IAUW in 2026, please give specifics as to how it was used, including a general timeline for implementation.

7. Briefly describe the program. For example, does it serve a specific age group, gender or special interest?

8. Program Community Impact Area: (Please choose only one that **best** describes the program)

☐ HEALTHY COMMUNITY	☐ YOUTH OPPORTUNITY	☐ FINANCIAL SECURITY	☐ COMMUNITY RESILIENCY
Improving health and well-being for all *(individual health and hygiene access, nutrition and food security, health spaces and physical activity, and/or mental health support)*	***Helping young people realize their full potential*** *(childcare/early childcare education, in-school, after-school and summer learning, family engagement, literacy development, and/or college and career readiness)*	***Creating a stronger financial future for every generation*** *(adult education, job training, career pathways, financial education and coaching, homelessness prevention, affordable housing, homeownership programs, and/or public benefits access)*	***Addressing urgent needs today for a better tomorrow*** *(crisis hotline and support, emergency preparedness, and/or disaster relief and recovery)*

9. Please explain how your program applies to the selected primary Impact Area.

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

_____

11. For existing programs, provide the number of persons/units served.

    2026 Actual Persons/Units _____

    2027 Projected Persons/Units _____

    Please describe a unit of service, if applicable _____

12. Do you use IAUW funds to provide scholarships? If yes, explain the application process.

13. 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.

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

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

    Name: _____

    Name: _____

FISCAL INFORMATION

This section helps us understand your program's long-term financial health and safety nets. Be sure to answer every question. IAUW reserves the right to request more fiscal information if needed.

REQUIRED ATTACHMENT: You must attach and submit your agency's most recent annual financial report or a current income/expense statement with this application.

☐ **Check here to confirm this document is attached to your submission.**

1. Does this program have its own dedicated reserve funds, savings accounts, or trust funds? (Do not include general agency-wide operating reserves) ☐ Yes ☐ No, this program operates strictly on its annual budget

   If YES, please answer questions 2-4. If NO, skip to question 5.

2. If yes, please list them below:

   Fund 1 Purpose/Source: _____ Amount: $_____

   Fund 2 Purpose/Source: _____ Amount: $_____

3. Are these funds restricted for a specific use? ☐ Yes, restricted by a donor or legal trust ☐ No, these are unrestricted board-designated savings

4. Briefly explain exactly what milestone, emergency, or expense triggers the use of these savings.

5. Please list the funding your agency has secured or requested from **other** sources for this program.

REVENUE SOURCE	2026 AMOUNT REQUESTED	2026 AMOUNT RECEIVED	2027 AMOUNT ANTICIPATED/REQUESTED
Government Funding (city, county, federal)			
Foundation & Corporate Grants			
Program Fees/Service Charges			
Special Events & Public Fundraising			
Other/Misc. Revenue			
TOTAL OTHER REVENUE	$	$	$

6. What is the Total Budget for this program in 2027? $ _____

   2027 IAUW Funding Request (from page 1) $ _____

   Based on the numbers above, what percentage of the program's total budget are you requesting from IAUW?

   (Request ÷ Total Budget) _____%

7. Please list your planned fundraising events for 2027 and their financial goals. Attach additional sheets if necessary.

   Event 1 Name & Month: _____ Fundraising Goal: _____

   Event 2 Name & Month: _____ Fundraising Goal: _____

   Event 3 Name & Month: _____ Fundraising Goal: _____

AGENCY INFORMATION

1. Agency Name: _____ EIN _____

2. Mailing Address: _____

3. Is this agency incorporated and does it have 501(c)(3) status? ☐ Yes ☐ No
   If YES, please attach a copy of your IRS determination letter stating you are a 501(c)(3) organization and skip to question 5. If NO, answer question 4.

4. If your agency does not have 501(c)(3) status, explain what type of organization you are and how it is governed. Include an orginzational chart if applicable.

5. Please list below current board members. Attach additional sheets if necessary.

6. United Way Worldwide requires programs receiving funds comply with local, state and federal reporting requirements. Does your agency:
   a. Comply with Sarbanes-Oxley (www.soxlaw.com) provisions applicable to non-profits? ☐ Yes ☐ No
   b. Conduct anti-terrorism measures? ☐ Yes ☐ No
7. What is your agency's mission statement?

8. Does your agency coordinate/collaborate with other programs and/or services in the community? Please explain.

IAUW requires Community Partners commit two (2) volunteer hours to assist with IAUW efforts during the funding cycle. 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.

9. Provide names, phone numbers and email addresses for potential voluteers from your agency.

   Name: _____

   Name: _____

   Name: _____

APPLICATION SUBMISSION CHECKLIST & SIGNATURE

Before signing below, please verify that you have included all required elements for the Standard Grant track:

- Completed pages 1-5 of this application
- Attached a current copy of your 501(c)(3) determination letter
- Attached your most recent annual financial report or income/expense statement

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

Mail your completed application and supporting documents to Interlakes Area United Way, PO Box 132, Madison, SD 57042 or email to **director@interlakesunitedway.org**. Mailed applications must be postmarked by September 30. Applications submitted via email must be received by September 30.