



TO: Prospective Applicants for funding from the United Way of Orleans County
FROM: Nyla Gaylord, Executive Director
SUBJECT: Investment Application for 2024 Funding

Investment Approach

The United Way remains committed to accountability to our donors and to those most vulnerable in our community who seek the services of our funded programs. Without quality programs, we cannot meet their needs. We appreciate your efforts in reviewing your programs, defining your outcomes, and reporting your results to us. The review process for 2024 will be a continuation of our outcome-focused investment approach.

Introduction to ALICE (Asset Limited, Income Constrained, Employed)

United Way organizations throughout New York State are focusing much of their work on assisting ALICE households. **ALICE is an acronym for Asset Limited, Income Constrained, Employed**, and represents the growing number of families in our communities who are unable to afford the basics of housing, childcare, food, transportation, health care, and technology. These workers often struggle to keep their own households from financial ruin, while keeping our local communities running. Earning more than the Federal Poverty Level, but not enough to afford the basics where they live, ALICE workers were celebrated as essential heroes during the COVID-19 pandemic, yet they do not earn enough to support their own families.

ALICE households and households in poverty are forced to make tough choices, such as deciding between quality childcare or paying the rent — choices that have long-term consequences not only for their families, but for all. The following link will take you to the most recent report on ALICE Households in New York State [New York | UnitedForALICE](#). Select the report for Orleans County and consider how your programs meet the needs of ALICE Households.

Note: Changes to forms are highlighted in yellow.

Deadlines

We are now accepting applications for funding. **Please submit your applications on or before Friday, December 29, 2023.** Send the application and all attachments **via email** to Director@OrleansUnitedWay.org

Please carefully review the “Application Checklist” and submit each required item as an attachment to your email.

Agency interviews will be scheduled in January and mid-February and funding decisions announced in late February – early March.

Questions

Please feel free to contact me with any questions. You can reach me via email at Director@OrleansUnitedWay.org or cell at (585)703-0564.

Application Checklist

All items listed below must be submitted with the application to be considered for funding. Please note that in some instances, information is requested for the provider as a whole; in others, specifically to the program(s) for which you are seeking funding.

Completed for the provider as a whole:

- Service Provider & Program Directory Information Form** (form attached)
- Board Roster of current Board of Directors or Advisory Committee members**
- Copy of the most recent audited financials and 990**
- Certificate of Incorporation as NYS Not-for-profit (New Applicants Only)**
- Letter of Determination from the IRS documenting status as a 501(c)(3) organization (New Applicants Only)**
- Copy of Agency Liability Insurance**
- 2024 Day of Caring Project Form**

Completed for each separate program for which United Way funding is being sought:

- Program Description**
- Program Budget**

Service Provider & Program Directory Information Form

This form is designed to help United Way of Orleans County annually maintain an easy reference for people seeking information about local health and human service providers. Please fill in the information below to indicate how you would like your organization to be listed.

Agency Name: _____

Agency Name to be used in all UW Publications: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Fax: (____) _____

Executive Director: _____

E-Mail: _____

Agency Website: _____

Branch Office (only list the main office in each county (i.e., Genesee, Livingston, Wyoming, Orleans,

Wayne, Ontario) Mailing Address: _____

City: _____ State: _____ Zip: _____

Description: Use this space to provide a **25-word description** of your organization and the services it provides:

(Please Print Clearly)

Completed by *(please print)*:

Name: _____

Title: _____

Email: _____

Phone: _____

Date: _____

Description of Program Seeking United Way Funding

The following is the **required** format for the program description. The completed program description should be within the **five-page limit** (not including the cover page) and be signed and dated by an authorized representative of the Board of Directors and an authorized representative of the organization.

Program Name: _____

Provider Name: _____

Program Site(s): _____

Contact Person: _____

Telephone: _____ Email: _____

Authorized Representative: Name: _____ Position: _____

Signature of Authorized Representative: _____ /Date: _____

2024 Requested UW Allocation: \$ _____

Total Proposed Program Budget: \$ _____

Program Budget as % of Total Agency Budget: _____%

Impact Area: Indicate the Impact Area in which you believe the program best aligns. Please select only one.

Kids On Track: Focuses on prevention and early intervention but includes intervention programs that help school aged youth up to age 21 make responsible choices about their lives and future.

Vulnerable Adults: Focuses on supporting adults and their families in times of need and crisis. This includes older adults, homeless, and working adults who are ALICE (Asset Limited Income Constrained Employed) with the resources they need to overcome current and long-term challenges.

Brief Summary of Program with Outcome Objectives (# served and/or # impacted by services):

Who do you want to assist with this program?

How does this program or service impact the community? (include the number you plan to serve or impact)

Need for United Way Funding:

If this program has been previously funded, is it listed in the 2-1-1 WNY on-line database? If so, under what category or categories is it listed.



May 17th, 2024

Kickoff Breakfast @ 8:00am

GIVE. ADVOCATE. VOLUNTEER.



United Way of Orleans County

Orleans County Cornell Cooperative Ext Pavilion

12690 State Rte. 31 Albion, NY 14411

Service Projects Begin at 9AM



COMPLETE. DETACH. RETURN. THANK YOU!

2024 DAY OF CARING PROJECT FORM

Agency _____

Project Leader _____

Cell Phone _____

Address _____ City _____

Project Site Address (if different) _____

Email _____

PROJECT DESCRIPTION (check all that apply)

Minor Maintenance Indoor Cleaning Landscaping Painting

Other (specify) _____

Describe the project that needs to be completed _____

No. of volunteers needed: _____

Please return this form
with your funding request.

United Way of Orleans County

12690 NY-31

Albion, NY 14411

OR EMAIL TO:

Director@OrleansUnitedWay.org

Phone: 585-283-4224

