



**TO:** Prospective Applicants for funding from the United Way of Orleans County  
**FROM:** Nyla Gaylord, Executive Director  
**SUBJECT:** Investment Application for 2025 Funding

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### **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 2025 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 Tuesday, December 31, 2024.** Send the application and all attachments **via email** to [Director@OrleansUnitedWay.org](mailto: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](mailto: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**
- 2025 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)

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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: \_\_\_\_\_

2025 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.

**Healthy Community:** These programs focus on improving health and well-being for all. Example program goals may include health access and equity, maternal and child health, nutrition and food security, disease awareness and prevention, mental health support, or substance misuse recovery and prevention.

**Youth Opportunity:** These programs focus on helping young people realize their full potential. Example program goals may include childcare and early childhood education, in-school, after-school and summer learning, family engagement, literacy development, or college and career readiness.

**Financial Security:** These programs focus on creating a stronger financial future for every generation. Example program goals may include adult education, job training and career pathways, financial education and coaching, homelessness prevention, affordable housing and home ownership, small business support, or public benefits access.

**Community Resiliency:** These programs focus on addressing urgent needs today for a better tomorrow. Example program goals may include disaster relief and recovery, emergency preparedness, crisis hotline and support, or environmental stewardship and sustainability.

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

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Who do you want to assist with this program?

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

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Need for United Way Funding:

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

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May 9th, 2025

Kickoff Breakfast @ 8:00am

GIVE. ADVOCATE. VOLUNTEER.



Orleans County Cornell Cooperative Ext Pavilion

12690 State Rte. 31 Albion, NY 14411

Service Projects Begin at 9AM



COMPLETE. DETACH. RETURN. THANK YOU!

## 2025 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 by

April 25th to:

**United Way of Orleans County**

12690 NY-31

Albion, NY 14411



**OR EMAIL TO:**

Director@OrleansUnitedWay.org

**Phone: 585-283-4224**