



2026 United Way Wayne and Holmes Counties Board Fund Application

Criteria & Directions for Board Funds:

- ★ Funds are only available for organizations, churches and school districts that are physically located and serve in Holmes or Wayne Counties. All funding is based on the availability of funds.
- ★ Board Funds are made available for new or existing programs, unforeseen, one-time needs, ventures (brand new idea or organization), or for organizations that do not have any paid staff members and are requesting less than \$5,000.00. If you applied for funds through our quarterly grant investment process (either awarded or denied), you are not eligible to make that *same request* to the board.
- ★ Applications must be submitted the first Thursday of each month to be placed on the Board Agenda for the next meeting. You will be notified about when your request will be viewed.
- ★ NO REQUESTS ARE VIEWED IN JULY OR AUGUST.
- ★ Please submit this completed request in ONE PDF via email to: info@uwwh.org
- ★ A year-end report will be required for all requests.
- ★ Prior to submitting an application, contact Katie Kogelman katie@uwwh.org or call (330) 264-5576

AGENCY NAME:		EIN:
MISSION STATEMENT:		
PHYSICAL ADDRESS:		
WEBSITE:		
BOARD PRESIDENT'S NAME:		
AGENCY DIRECTOR/CEO NAME:		
PERSON COMPLETING APPLICATION:		
PHONE:	EMAIL:	
AMOUNT REQUESTING:		

A. What Need Is Your Request Fulfilling: (Choose the BEST option)

<input type="checkbox"/> Addiction Treatment	<input type="checkbox"/> Opportunities for Career Advancement
<input type="checkbox"/> Access to Arts and Culture	<input type="checkbox"/> Prevention
<input type="checkbox"/> Access to Physical Health Services	<input type="checkbox"/> Positive Role Model
<input type="checkbox"/> Case Management	<input type="checkbox"/> Removing Barriers to Employment
<input type="checkbox"/> Counseling	<input type="checkbox"/> Safe Place for Adults
<input type="checkbox"/> Education	<input type="checkbox"/> Safe Place for Kids
<input type="checkbox"/> Food Insecurity Issues	<input type="checkbox"/> Support Systems
<input type="checkbox"/> Health/Wellness	<input type="checkbox"/> Shelter
<input type="checkbox"/> Information and Referral	<input type="checkbox"/> Transportation
<input type="checkbox"/> Job Retention Support	<input type="checkbox"/> Other: _____

Check what areas of impact your need falls under (Choose the BEST option):

<input type="checkbox"/> Health/Mental Health/Substance Abuse Treatment	<input type="checkbox"/> Workforce Development
<input type="checkbox"/> Safety Net (Basic Human Needs)	<input type="checkbox"/> Youth Development

B. How will you use these funds to meet the above marked needs? (Choose the BEST option)

<input type="checkbox"/> Certifications/Training	<input type="checkbox"/> Salary/Benefits
<input type="checkbox"/> Client Evaluation/Assessment	<input type="checkbox"/> Scholarships
<input type="checkbox"/> Direct Client Services (Shelter, Rent, Utilities, Clothing, Transportation, etc.)	<input type="checkbox"/> Support Group
<input type="checkbox"/> Meals/Snacks/Food Pantry	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Program Specific Supplies	

To see what United Way Wayne & Holmes funds may not be used for, visit FAQ's on website uwwh.org

C. Is your Board Fund Application (Choose the BEST option):

- ☐ **Filling a Gap in Service (No one else is meeting this need)**
- ☐ **Unforeseen Need**
- ☐ **One-time Need**
- ☐ **Venture (Brand new organization or program)**

Please explain your answer:

Need Funds By Date:

D. Meeting Community Needs: Approach, Outcomes, and Contingency Planning

Describe in detail how your organization is meeting the needs stated in Section A. Please tell us the who, what, when, where, why and how:

How do you know that what you are doing is meeting the need? How do you measure success?

If United Way does not fund your request, how will you meet the community need(s)? Where else are you seeking funding for this program?

E. Organizational Overview (Please select Yes or No)

Confirm your organization is a registered 501(c)(3) with the Ohio Secretary of State? ☐ Yes ☐ No

Are you a public education institution, voluntary association or faith-based organization? ☐ Yes ☐ No

Do you have a volunteer Board of Directors (not compensated)? ☐ Yes ☐ No

Do you currently provide services in Wayne County? ☐ Yes ☐ No Holmes County? ☐ Yes ☐ No

Do 100% of your board members contribute to your organization financially? ☐ Yes ☐ No

IF YOUR REQUEST IS \$2,000.00 OR LESS, STOP HERE.

IF IT IS HIGHER THAN \$2,000.00, CONTINUE TO PAGE 4.

THE BUDGET (Section F) AND KPI TABLE (Section G) MUST BE COMPLETED.

F. Provide a budget to reflect how you will use the requested amount to meet the needs you have identified above. Use this table as an example and replicate.

How are you using the Funds to meet needs? (Should Match Section B)	Amount Requested from United Way?	Amount Provided from other sources?	% of UWWH Funding?	Total:
Example: Meals	\$10,000.00	\$10,000.00	50%	\$20,000.00
Totals:	\$10,000	\$10,000		\$20,000

G. Key Performance Indicators (KPI) Table: The KPI Table needs to reflect the budgeted expenses.

i.	ii.	iii.	iv.	v.	vi.	vii.
Need	How will you use the funds?	Unit of Measurement	How many units?	Number of Unduplicated Individuals Served	Total \$ Amount (should match budget)	Cost per Unit
Example: Food Insecurity	Hot Meals	Meals served	30,000	4,562	20,000	\$.33 per meal

H. Please submit a copy of your most recently filed Form 990. If you are a church or school, please submit a programmatic budget. If you have already submitted your Form 990 this year, no need to reattach.