



**United Way of Bartow County**  
**2026 Community Grant Application**  
 Deadline for Application: June 30, 2025

**SECTION ONE: AGENCY INFORMATION**

Agency Name:		EIN#:
Agency Name as Registered with Internal Revenue Service:		
Street Address:		
City:	State:	Zip Code:
Mailing Address (if different):		
City:	State:	Zip Code:
Agency Phone Number:		Agency Website:
CEO First Name:		CEO Last Name:
CEO Title:		CEO Email:
Applicant First Name:		Applicant Last Name:
Applicant Title:		Applicant Email:
Date application was considered and approved by the agency board for submission:		

**Please answer the following questions prior to completing the application.**

	YES	NO
Is your agency currently registered at a 501(c)(3) with the Internal Revenue Service? Proof of current registration will need to be provided with the application.	<input type="checkbox"/>	<input type="checkbox"/>
Are you currently an existing organization with an established Board of Directors or defined governing agency that meets at least 4 times a year?	<input type="checkbox"/>	<input type="checkbox"/>
Have you attended one of the UWBC Community Grant information sessions?	<input type="checkbox"/>	<input type="checkbox"/>
Can you provide a recently completed review or audited financial statement prepared by a CPA? If not, can you provide 12 months of bank statements? Must provide one or the other with an application.	<input type="checkbox"/>	<input type="checkbox"/>
Would you allow members of the United Way Board of Directors to review accounting records if requested?	<input type="checkbox"/>	<input type="checkbox"/>
Is your agency currently providing services in the Bartow County, Georgia area?	<input type="checkbox"/>	<input type="checkbox"/>
Is your agency willing to sign the United Way of Bartow County Agency Agreement (signed after funding has been approved)?	<input type="checkbox"/>	<input type="checkbox"/>
Is your agency currently serving clients in at least one of the following UWBC impact priority areas: Educational Opportunity, Healthy Community, Community Resiliency, Financial Stability	<input type="checkbox"/>	<input type="checkbox"/>
Do you affirm your agency is <b>NOT</b> one of the following: advocacy or lobbying organizations, environmental or animal rescue/animal-focused organizations, educational institutions including public or private schools, colleges and universities, daycare or pre-K programs that are not Quality Rated by DECAL, a government agency or department?	<input type="checkbox"/>	<input type="checkbox"/>

If you were able to answer “YES” to all questions listed on page 1, please proceed and complete the application. If unable to answer yes to all questions, you may not currently meet the funding criteria for United Way of Bartow County. Please contact Phoebe Floyd, Allocations Co-Chair for United Way of Bartow County at [phoebe@bartowliveunited.org](mailto:phoebe@bartowliveunited.org) with any questions

AGENCY GOVERNANCE INFORMATION		
How Many Members Serve on Your Board of Directors? <b>Please attach a list of Board Members and copies of minutes from three Board of Director’s meetings from 2024 as an addendum to this application.</b>		
How often does your Board meet?		
Do you ask your Board of Directors to contribute to your agency financially/or by volunteering their time outside of attending Board meetings?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
What percentage of your Board Members fulfill this request?		
Does your agency have a current strategic plan which is reviewed at least annually by your Board of Directors?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

AGENCY DESCRIPTION
Agency Mission Statement:
Please write a summary of your agency’s impact on the Bartow County community.

Funding Amount Requested in 2025 (If applicable)	Total Agency Funding Amount Requested in 2026
<p>If 2026 funding request is 15% &gt; than 2025 request, please briefly explain factors impacting the increase in need of funding from UWBC. (Ex. cuts to state or federal funding of programs, increased program or agency scope of services or enrollment, etc.)</p>	

<b>AGENCY FUNDING INFORMATION</b>			
Please indicate below if you receive funding from the sources listed and the amount received in FY24 for the following:			
Funding Source	YES	NO	Amount Received
Federal/State/County Funding	<input type="checkbox"/>	<input type="checkbox"/>	
Special Events	<input type="checkbox"/>	<input type="checkbox"/>	
Funding Appeals/Individual Giving	<input type="checkbox"/>	<input type="checkbox"/>	
Foundation Grants	<input type="checkbox"/>	<input type="checkbox"/>	
Corporate Partner Giving	<input type="checkbox"/>	<input type="checkbox"/>	
Please share any additional significant funding you receive as an agency that is not listed above.			

<b>UNITED WAY AGENCY FUNDING INFORMATION</b>		
	YES	NO
Did your agency receive Community Grant funding from UWBC in 2025?	<input type="checkbox"/>	<input type="checkbox"/>
If your agency did not receive funding from UWBC in 2025, have you received UWBC funding previously?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive funding from a United Way other than UWBC in 2025?	<input type="checkbox"/>	<input type="checkbox"/>
If you did receive funding from another United Way agency, please share the name of the United Way agency you received funding, the program(s) funded, and the amount allocated for funding in FY25.		

2024 AGENCY CLIENT STATISTICS INFORMATION					
Number of unduplicated individuals served in the UWBC service area:	2022	2023	2024	Estimate for 2025	
Age Groups (indicate # of each age group)	Birth-5 YRS	6-18 YRS	19-64 YRS	65 YRS+	Unknown
Sex of Clients Served	Male:	Female:	Unknown/Unidentified		
What percentage of your clients currently reside in Bartow County?					
What are the other Georgia counties where you serve clients?					

AGENCY COMMITMENT TO UNITED WAY OF BARTOW COUNTY		
If your agency is a current recipient of a UWBC 2025 Community Grant, please indicate how your agency is publicly identified as a UWBC partner agency.		
If applicable, how did your agency publicly recognize your 2025 UWBC grant award?		
If awarded a 2026 UWBC Community Grant, how do you intend to publicly identify at a UWBC partner agency and recognize your UWBC grant award?		
Do you currently identify as a UWBC partner agency or display the UWBC logo on your website?	Yes No	If yes, where is the UWBC identifier located on your site?

VOLUNTEER PARTICIPATION WITH UNITED WAY OF BARTOW COUNTY					
Did your agency participate in any UWBC events or activities in 2024?				Yes	No
If yes, please mark the UWBC events or activities you participated in in 2024.					
UW Golf Tournament	<input type="checkbox"/>	UW Disc Golf	<input type="checkbox"/>	Turkey Trot	<input type="checkbox"/>
UWBC Agency Fairs	<input type="checkbox"/>	Other	<input type="checkbox"/>	Shaw Kick-Off	<input type="checkbox"/>
If awarded a 2026 UWBC Community Grant, which special events or activities will you commit to providing volunteer support for in 2026?					
Golf Tournament (May)	<input type="checkbox"/>	Pickleball Tournament (Sept.)	<input type="checkbox"/>	Turkey Trot (Nov.)	<input type="checkbox"/>

## PATRIOT ACT AGREEMENT

### COUNTERTERRORISM COMPLIANCE

*In compliance with the spirit and intent of the USA PATRIOT Act and other counterterrorism laws, the United Way of Bartow County requests that each funded agency certify that it is in compliance with the United Way of Bartow County and the United Way Worldwide (UWWW) compliance program.*

Agency Name: \_\_\_\_\_

*Check the appropriate box to indicate compliance with the following:*

	Comply	Do Not Comply
This Organization is not on any federal terrorism “watch lists,” including the list in Executive Order 13224, the master list of specially designated nationals and blocked persons maintained by the Treasury Department, and the list of Foreign Terrorist Organizations maintained by the State Department.	<input type="checkbox"/>	<input type="checkbox"/>
This Organization does not, will not and has not knowingly provided financial, technical, in-kind, or other material support or resources* to any individual or entity that is a terrorist or terrorist organization, or that supports or funds terrorism.	<input type="checkbox"/>	<input type="checkbox"/>
This Organization does not, will not and has not knowingly provided or collected funds or provided material support or resources with the intention that such funds or material support or resources be used to carry out acts of terrorism.	<input type="checkbox"/>	<input type="checkbox"/>
This Organization does not, will not and has not knowingly provided financial or material support or resources to any entity that has knowingly concealed the source of funds used to carry out terrorism or to support Foreign Terrorist Organizations.	<input type="checkbox"/>	<input type="checkbox"/>
This Organization does not re-grant to organizations, individuals, programs and/or projects outside of the United States of America without compliance with IRS guidelines.	<input type="checkbox"/>	<input type="checkbox"/>
This Organization takes reasonable, affirmative steps to ensure that any funds or resources distributed or processed do not fund terrorism or terrorist organizations.	<input type="checkbox"/>	<input type="checkbox"/>
This Organization takes reasonable steps to certify against fraud with respect to the provision of financial, technical, in-kind, or other material support or resources to terrorists and terrorist organizations.	<input type="checkbox"/>	<input type="checkbox"/>

*\*In this form, “material support and resources” means currency or monetary instruments or financial securities, financial services, lodging, training, expert advice or assistance, safe houses, false documentation or identification, communications equipment, facilities, weapons, lethal substances, explosives, personnel, transportation, and other physical assets, except medicine or religious materials.*

***I certify on behalf of the Agency applying for funding that the above is true.***

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

## APPLICANT AND BOARD CHAIR AGREEMENT FOR GRANT SUBMISSION

We, the above-mentioned agency respectfully submits this document as an official application for consideration of membership to the United Way of Bartow County for allocation of funding as recorded herein, said funding is to be utilized for the specific program(s) in this application during the campaign year.

The Board of Directors of this agency is familiar with and accepts the conditions specified in the Agency Membership Agreement of the United Way of Bartow County. We agree to abide by the fundraising restrictions therein.

All agency board members and staff of this agency welcome the opportunity to work faithfully in the forthcoming United Way campaign. We, the above-mentioned agency, agree to acknowledge the United Way of Bartow County membership.

Executive Director Signature: \_\_\_\_\_

Board Chair Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# Program Information Section

Please fill out Section Two: Program Information for each individual program for which you are requesting UWBC Community Grant funding. You must complete this section for every program requesting funding. Two sections have been provided for program applications, but you may request additional sections from Phoebe Floyd at [phoebe@bartowliveunited.org](mailto:phoebe@bartowliveunited.org) if you have additional programs requesting funding.

Section One: Agency Information only needs to be completed once. Additionally, you will only be required to submit one set of supporting documents with the total completed application.

<b>SECTION TWO: PROGRAM INFORMATION</b>			
Name of Program requesting UWBC Community Funding Grant:			
Which UWBC Impact Priority best describes the nature of the services your program provides? Please visit <a href="http://www.bartowliveunited.org">www.bartowliveunited.org</a> for definitions of our impact areas. Your application will be reviewed by community members dedicated to each field of impact. Check only one box below.			
Healthy Community	<input type="checkbox"/>	Educational Opportunity	<input type="checkbox"/>
Community Resiliency	<input type="checkbox"/>	Financial Stability	<input type="checkbox"/>
Amount Requested:		How many programs are requesting funding?	
Current Total Program Budget:			
Is this a new or established program?		New <input type="checkbox"/>	Established <input type="checkbox"/>
Provide a brief description of the program’s target client population:			
If applicable, provide the unduplicated number of Bartow County citizens served by this program in 2024:		Provide the anticipated number of Bartow County citizens who will be served in 2025:	
Estimated number of individuals not served due to limited resources. (How many people did you have to turn away from your program in 2024?)			

<b>PROGRAM OUTCOME, GOALS AND OBJECTIVES</b>
If applicable, briefly detail the <b>2024</b> program outcomes and accomplishments:

Detail the tools you use to measure the successful delivery of services to your clients:

Briefly detail the **2025** program goals and objectives:

What is the agency's 3–5-year plan for this program?

## IMPACT OF UWBC GRANT FUNDING

Explain specifically how UWBC funding will be used to support this program:

If United Way is unable to meet your request, where will you get your funding or what resources would you need to explore to maintain your program? What impact would this have on program success?

What would a \$10 donation to this program equal? (ex. \$10 = One client meal)

What would a \$25 donation to this program equal?

What would a \$100 donation to this program equal?

What would a \$1000 donation to this program equal?



**PROGRAM SUCCESS**

How do you define success for your program clients?

Success Story: Detail specifics on how an individual or family has been helped by this program. How has the program improved the life of the individual/family served?

# Program 2 Information Section

Please use the space below to complete a funding request for a second agency program if needed. **If you are not requesting additional funding for another program, please submit the application and supporting documents to [phoebe@Bartowliveunited.org](mailto:phoebe@Bartowliveunited.org) by the deadline of June 30, 2025.**

If you have additional programs seeking funding, you must complete this section for every program requesting funding. Two sections have been provided for program applications, but you may request additional sections from Phoebe Floyd at [phoebe@bartowliveunited.org](mailto:phoebe@bartowliveunited.org) if you have additional programs requesting funding and need additional applications.

## SECTION TWO: PROGRAM INFORMATION

Name of Program requesting UWBC Community Funding Grant:

Which UWBC Impact Priority best describes the nature of the services your program provides?

Please visit [www.bartowliveunited.org](http://www.bartowliveunited.org) for definitions of our impact areas.

Your application will be reviewed by community members dedicated to each field of impact.

Check only one box below.

Healthy Community	<input type="checkbox"/>	Educational Opportunity	<input type="checkbox"/>
Community Resiliency	<input type="checkbox"/>	Financial Stability	<input type="checkbox"/>
Amount Requested for Program:			
Current Total Program Budget:			
Is this a new or established program?	New <input type="checkbox"/>	Established <input type="checkbox"/>	

## PROGRAM OUTCOME, GOALS AND OBJECTIVES

If applicable, briefly detail the **2024** program outcomes and accomplishments:

Detail the tools you use to measure the successful delivery of services to your clients:

Briefly detail the **2025** program goals and objectives:

What is the agency's 3–5-year plan for this program?

## IMPACT OF UWBC GRANT FUNDING

Explain specifically how UWBC funding will be used to support this program:

If United Way is unable to meet your request, where will you get your funding or what resources would you need to explore to maintain your program? What impact would this have on program success?

What would a \$10 donation to this program equal? (ex. \$100 = One week of meals for family)

What would a \$25 donation to this program equal?

What would a \$100 donation to this program equal?

What would a \$1000 donation to this program equal?

## PROGRAM SUCCESS

How do you define success for your program clients?

**Success Story:** Detail specifics on how an individual or family has been helped by this program. How has the program improved the life of the individual/family served?

## SECTION 3: APPLICATION SUBMISSION INFORMATION

Thank you for applying for the 2026 United Way of Bartow County Community Grant. We are inspired by the incredible work your organization is doing to support individuals in need throughout Bartow County. It is an honor to partner with your agency in making a meaningful difference in our community.

The full funding of your program requests is contingent on the support we receive from our business partners and the generosity of individual donors. We are committed to strengthening the support for our local United Way and the partners we serve. You can count on us to uphold transparency, equity, accountability, and visibility in all our efforts.

### APPLICATION CHECKLIST

**Prior to submitting your application, please check the following:**

Sections 1 and 2 are completed in their entirety	<input type="checkbox"/>	<input type="checkbox"/>
Patriot Act Agreement Signed by Applicant	<input type="checkbox"/>	<input type="checkbox"/>
Application Signed by Executive Director	<input type="checkbox"/>	<input type="checkbox"/>
Application Signed by Board Chairperson	<input type="checkbox"/>	<input type="checkbox"/>
Program Section Completed for All Programs Requesting Funding	<input type="checkbox"/>	<input type="checkbox"/>
<b>The following documents should be attached with your completed application:</b>		
IRS Publication 78 Verification	<input type="checkbox"/>	<input type="checkbox"/>
Most Recent IRS Form 990 or IRS Form 990 EZ	<input type="checkbox"/>	<input type="checkbox"/>
Board of Directors List Including Term Years	<input type="checkbox"/>	<input type="checkbox"/>
Most Recent Audit by CPA <b>OR</b> Most Recent 12 Months of Bank Statements	<input type="checkbox"/>	<input type="checkbox"/>
Signed Minutes from three 2024 Board of Director’s Meetings	<input type="checkbox"/>	<input type="checkbox"/>

**The deadline for submitting your 2026 United Way of Bartow County Community Grant Application and all supporting documentation is by 5:00 p.m. on Monday, June 30, 2026.** Applications and supporting documents are to be emailed to Candis Cureton, Allocations Committee Chairperson, at [candis.cureton@shawinc.com](mailto:candis.cureton@shawinc.com) and copied to Phoebe Floyd, Allocations Committee Co-Chair at [phoebe@bartowliveunited.org](mailto:phoebe@bartowliveunited.org). *Submissions sent after the deadline will not be considered for the 2026 United Way of Bartow County Community Grant.*

