



Home



Manage Application Funds



Global Reports



Administration



Review Assignments

Search Organizations

Intent To Submit Basic Needs

If you are applying as a collaborative please note the information below needs to pertain to your fiscal agent or backbone agency.

Contact Information

*Organization/Collaborative Name:

*Telephone:

Website URL:

*Organization's EIN # (no dashes please)

*The Organization's Fiscal Year: (Begin date MM/DD/YYYY - End Date MM/DD/YYYY)

Mailing Address

*Street Address/P. O. Box:

*City:

*State:

*Zip:

Main Address (Physical Address)

*Street Address:

*City:

*State:

*Zip:

Executive Director Information

*Name:

*E-mail:

Direct Line / Extension:

*Cell Phone:

Board of Directors Chairperson

*Name:

*E-mail:

*Board Term (*month and year beginning*):*Board Term (*month and year ending*):**Chairperson's Address:**

*Street Address:

*City:

*State:

*Zip:

Intent To Submit - Basic Needs

Please download the attached list of Goals and Key Performance Indicators for Basic Needs. This will provide the complete list of goals and outcomes that will be required for upload during the application phase (July 1st - July 31st.)

[2024 Basic Needs Metrics PDF.pdf](#)

List of Basic Needs Goals:

Goal #1: Housing

All residents of Beaufort and Jasper Counties will have access to safe, affordable housing options for all demographics, to include resources for inadequate and substandard housing.

Goal #2: Food

All residents of Beaufort and Jasper Counties will have consistent access to nutritious, healthy and affordable food.

*Please select a goal from the above list, within the priority of Basic Needs, that your program will be addressing:

*Program Name:

*Grant Amount Requested:

***If the funding request exceeds 30% of your overall program budget, a sustainability plan will need to be uploaded during the application phase detailing how program sustainability will be achieved by the end of the funding cycle.*

Application Basic Needs

Save your work as you go!!

You have the option to save your work and submit the application at a later time. Although the application has Auto Save, please be sure to click the "Save" button at the bottom of the application to save your work. There is a time-out feature for security purposes. If the page remains idle for 20 minutes, it will not save your work, and will require you to log back in.

Please complete the required fields. You may save and return to the application dashboard by clicking **Save and Return to Application**. You can return any time to complete the process.

*Indicates required field

You will notice that some of the questions in this application **ONLY** have "Yes" as an answer option. If you are unable to answer "Yes" to **ALL** of these specific questions, please stop and reach out to Angela Boswell at (843) 379-3063 or aboswell@uwlowcountry.org

Overall Organization Information

*The organization maintains current registration as a Charitable Organization with the South Carolina Secretary of State or has a current registration exemption from the South Carolina Secretary of State. If you have not received your updated letter as of the prequalification deadline, please scan your most recent confirmation letter, along with documentation the most recent information is under review by the Secretary of State's office.

☐ Yes

*Please upload your CURRENT registration letter (as evidenced by the dates contained in the registration letter) or letter of exemption from the South Carolina Secretary of State:

*The program being submitted largely services at-risk, underserved populations, or those negatively affected by racial disparities.

☐ Yes

*United Way of the Lowcountry embraces the need for every community to address Racial Equity. Many organizations have implemented internal policies on Racial Equity and/or Diversity, Equity and Inclusion (DEI). If your organization has implemented relevant policies, please provide below. If you have not yet, please provide your current non-discrimination policy: (500 word max)

*The organization's facilities meet minimum health, fire, and safety codes and present no architectural barriers to potential clients (seek to comply with the Americans with Disabilities Act of 1990 (ADA), as amended).

☐ Yes

Volunteers:

*The organization MUST be governed by a local volunteer Board of Directors that exercises control over financial matters, personnel, and policy decisions of the organization.

☐ Yes

*The organization's board oversees the fiscal affairs of the organization, including the development and adoption of an annual budget. The board also regularly monitors income and expenditures, the organization's overhead percentage, and fully discloses all assets and liabilities.

☐ Yes

*Please upload a copy of the current Board list (**Must include name, phone number, address, e-mail address, AND their terms**):

Browse...

*The organization's board maintains and adheres to the written bylaws. The bylaws are reviewed at a minimum every five years.

☐ Yes

*Please explain how volunteers are utilized throughout your organization, not just the program for which you are seeking funding. If volunteers are NOT utilized, please explain why (i.e. certification required, must have advanced degrees, etc.) (300 word max)

*How many volunteers does this program use?

If you keep track of volunteer hours, how many are dedicated to this program?

Collaboratives/Coalitions

If you are submitting a funding request on behalf of a coalition or collaborative, it is not required to submit organizational information on the fiscal agent. We will accept the Lead agency or "backbone agency" information, but United Way retains the right to request information on the fiscal agent if questions arise.

Definition – Coalition/Collaborative partnerships are agreements and actions made by consenting organizations to share resources to accomplish a mutual goal. Collaborative partnerships rely on participation **by at least two parties** who agree to share resources, such as finances, knowledge and people.

*Are you submitting a funding request on behalf of a collaborative or coalition?

☐ Yes ☐ No

If so, please scan your Memorandum of Agreement/Understanding, along with a list of all partners as one document and upload. Please remember, if you are submitting as a collaborative you MUST attach your MOA/MOU (letters of support are not acceptable):

Organizational Finances

*Please upload a copy of your most recent 990. Make sure the document you upload is a copy of the ACTUAL 990 your organization submitted, including signature and date at bottom:

***Organization's overhead percentage:** Please use the below calculation to determine your organization's overhead percentage.

Overhead % is obtained through the information found on your organization's Federal 990 form by using the following calculation: Management and General (plus +) Fundraising (divided by /) Total Revenue (equals =) Overhead %.

If your information is current with the Secretary of State's office, you can verify your calculation on their website (www.sos.sc.gov) y going to the right side bar, under "Charity Search" and entering the name of your organization.

*The organization's overhead costs are no more than 30% of total organizational revenue, as validated by the organization's most recent IRS Form 990

☐ Yes

Financial Report, Review or Audit

*The organization has two (2) years of financial audits or Generally Accepted Financial Report documents as outlined below. Financial reports/reviews, and audits provided MUST be the most recent and within the last 12/24 months. All organizations that are audited must be able to include a complete copy of the Management Letter:

☐ Yes

- **Gross Annual Revenue Up \$300,000:** Audit committee assigned by the governing board to issue a Standard yearly financial report and signed by at least three members of the agency's board.
- **Gross Annual Revenue From \$300,001 to \$750,000:** Independent Certified Public Accountant to issue a review that conforms to generally accepted accounting practices for voluntary health and welfare organizations.
- **Gross Annual Revenue From \$750,001 and above:** Independent Certified Public Accountant to conduct an audit that conforms to generally accepted accounting practices for non-profit voluntary health and welfare organizations.

*Please upload your most recent yearly standard financial report, 3rd party review, or 3rd party audit, which is dependent upon the budget thresholds found above. Financial reviews, reports, or audits provided must be the most recent and **within the last 12 months:**

If an audit is required, please make sure you scan the management letter WITH the copy of the audit. If there were any findings reported, it is also necessary to scan the Board approved action plan for addressing those deficiencies. All components need to be scanned together, as one document, for upload.

Balance Sheet

Balance sheets provide a snapshot that summarizes the status of an organization's finances at a given time.

A nonprofit organization is one that gives its profits or surplus funds to a particular cause/program, rather than distributing them to owners or shareholders like a for-profit company.

Basic Balance Sheet Features

1. Assets owned by the organization. This list will usually include both fixed assets (tangible, long-term assets that cannot be easily liquidated or converted to cash) and current assets (easily liquidated assets that are expected to be sold in the near future).
2. The next section of the balance sheet lists liabilities, which are obligations or claims against the assets of the company.
3. The difference between the assets and liabilities is listed on the balance sheet as net assets.

*Please upload your organization's most recent, Board approved Balance Sheet:

Statement of Financial Activity:

An Organization's Statement of Financial Activity is one of the main financial statements of a nonprofit organization. This financial statement reports the revenues and expenses and the changes in the amounts of each of the classes of net assets during the period shown in its heading. This statement is issued by a nonprofit instead of the income statement issued by a for-profit business.

*Please upload your organization's most recent, Board approved Statement of Financial Activity. This information **MUST** correlate with the above requested Balance Sheet. UWLC does not require that a standardized format be used. However, this document **must contain actual year-to-date financial information compared to budgeted year-to-date information**:

Reserve Account:

In the simplest terms, organizations should have **reserves** for the same reasons that people should have savings: to serve as a cushion against unexpected but necessary expenses or a sudden loss of income, and to build up money for long-term goals and future plans.

*Does this Organization currently have a reserve account(s) established?

☐ Yes ☐ No

If your Organization **does not** have a reserve account, please explain why and if there are plans to establish one in the future. (500 word max)

*How much is currently in your reserve account(s)? If the organization does not have a reserve account, please enter 0.

If the word "reserve" is not used as the name of the account, please specify the name or journal number represented in your attached balance sheet where your organization's reserves are held:

*Please provide your Board's policy on how much should be held in reserves and when the reserve account(s) can be accessed: (500 word max)

Program Overview

*Program Name:

*

Grant Amount Requested:

**Please remember that Basic Needs grants are now on a 1 year cycle!*

 \$

*

What percentage of the overall Program Budget does this grant request represent?

If the funding request above exceeds 30% of the program budget, a plan needs to be provided detailing how program sustainability will be achieved by the end of the funding cycle. If the request exceeds 30% and a sustainability plan is NOT provided, your grant request will be denied.

Please upload the program sustainability plan **IF** the funding request exceeds 30% of the program budget.

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Program Budgeting Information

Program Budget

*

Overall Program Budget:

 \$

(This should be the same amount as found on line item #29 in your Program Budget.)

Please download the template for the Program Budget form found in the link below and upload it after filling in all data accurately. This form must be used. Budgets provided in other formats will not be accepted or reviewed.

[2023 Program Budget Template FINAL-protected.xls](#)

Keep in mind this is an operational budget and should NOT have any depreciation costs represented. The reviewers are instructed that the attached budget might not tie back to the financials provided.

*

Upload the completed Program Budget form here. **In order to ensure reviewers can easily read the budgets provided, please make sure to view the document before saving it as a PDF:**

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This question is optional. The space is provided to explain any unusual or distinctive characteristics of your program budget you wish the program reviewers to know before they begin evaluating. This is your opportunity to put your operational program budget into context. **If there are significant variances (+ or - 10%) between the current and proposed fiscal years, make sure to explain them to the reviewers in this section. Please make sure to identify the line item number in the budget that the variances are describing.** It can also be used to provide detail as to why this budget doesn't match other financial documents you have submitted, to elaborate on surpluses or deficits if not using a zero based budget, to explain your program's cost allocation process, or for anything else in this budget you feel needs explanation. (300 words max.):

Program Description

*
Statement of Need – Please provide facts and figures that support the need for this program in Beaufort and/or Jasper County. **Make sure to include local data** to support the need for your program (Max. 300 words)

*
Program Description – Please provide a description of your program from point of contact through service delivery (Max. 300 words):

*
Program Participants: Who does your program serve? Please provide/include demographics (Max. 300 words):

*
Key Stakeholders – Please list Key Stakeholders of your program (Max. 300 words):

Impact

Number of people impacted by your program – Please indicate below the number of people being directly impacted by this program. EXAMPLE: Directly impacted = program participants.

*People directly impacted (current budget year):

*People directly impacted (proposed budget year):

Program Efficiency

*
Program Efficiency – Please describe what unit is being measured (an individual, a program session, a meal, a GED, etc.) Make sure the unit you are measuring aligns with the common Key Performance Indicators (KPI's) list (Max. 50 words):

Current Fiscal Year (Right Now)

*Number of units:

*Program cost:

(Program cost should be the same amount as found on line item #29 in your Program Budget.)

Average cost per unit(s):

Proposed (what is projected to happen in the next fiscal year)

*Number of units:

*Program cost:

(Program cost should be the same amount as found on line item #29 in your Program Budget.)

Average cost per unit(s):

Match funding - Many governmental grants provide a portion of the total funds necessary to operate a project, but require recipients to match the funding with local support in order to receive the award. **EXAMPLE: A federal grant might provide a \$200,000 grant that is contingent upon the organization being able to secure a 10% (\$20,000) local match.**

*
Will the United Way funding be used to "draw down" federal or state grants, allowing you to leverage resources for our area?

☐ Yes ☐ No

If yes, what is the amount of federal dollars you will be able to "draw down"?

What is the amount of local match required?

 \$

Program Goals, Outcomes and Key Performance Indicators for Basic Needs

*Our goal is to verify the ability of your tool to track the appropriate data for the outcomes and goals that you have selected on the metrics document. If you use a proprietary or internal database system as your measurement tool, please take a screenshot or snippet, and exclude any sensitive/confidential information.

Please scan and upload a copy of the tool you will be using to measure impact of your program. If more than one tool is used, please scan and upload as one document:

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*Data Measurement Process - Please explain the process that will be used to track the data requested below. Please include who the tool is being administered to, when it is being administered, and the frequency. (300 word max)

Please download the template to provide your program's goals, outcomes and key performance indicators for Basic Needs:

2024 Basic Needs Metrics.xls

*Once you have completed the above template for goals, outcomes, and KPI's, please upload the **EXCEL workbook** here:

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****NEW** Agency Logo**

*Please upload your agency logo here (image or PDF):

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Success Stories

Please know that all stories and photographs provided could be used by United Way's Marketing and Communications department. All stories and photographs MUST be accompanied by a signed release form, providing permission to use the story and any images that you provide. For your convenience a template can be found below. Please know that you do not HAVE to use our template. If your organization has one, please feel free to use it:

Media Release Form (Community Impact - Partner Agencies) (002) (9) (002).pdf

Please share two qualitative stories below, about how your program has improved the lives of your program participants. This is your chance to describe the outcomes your program is able to achieve and to bring your program to life for the reviewers. Be as descriptive as possible and **make sure the stories you provide tie back to the outcomes you selected in the previous section:**

*Please upload the signed release form:

 Browse...

***Story #1** (Max. 500 words):

You have the option to upload two photos that might help tell this story. You can scan the photos and upload as a PDF or you can upload as an image:

 Browse...

Additional Image:

 Browse...

*Please upload the signed release form:

 Browse...

***Story #2** (Max. 500 words):

You have the option to upload two photos that might help tell this story. You can scan the photos and upload as a PDF or you can upload as an image:

 Browse...

Additional Image:

 Browse...

Application's Final Approval by the Executive Director and the Board Chair

ELECTRONIC SIGNATURES:

The parties acknowledge that this agreement may be electronically signed. The parties agree that the electronic signatures found below are the same as handwritten signatures for the purposes of validity, enforceability and admissibility.

STOP!

Please DO NOT electronically sign before you have conducted a thorough review of the application and documents attached. If the wrong documents are provided, it could result in being deemed ineligible to receive funding.

***Executive Director (If submitting as a collaborative, the backbone agency's Executive Director):**

I do hereby state that this document is submitted with the full support of the governing board. I have reviewed and approved this entire application, including all information and documents submitted by my collaborators.

☐ Yes

*Executive Director/Backbone Agency's Executive Director Signature:

*Date:

 

Please click on the calendar icon to enter date in (MM/dd/yyyy e.g., 04/13/2023 format).

STOP!

Please DO NOT electronically sign before you have conducted a thorough review of the application and documents attached. If the wrong documents are provided, it could result in being deemed ineligible to receive funding.

***Board/Collaborative Chair:**

I do hereby state that I have reviewed this document and all attachments for accuracy and quality.

☐ Yes

Uni

Help

*Board/Collaborative Chair Signature:

*Date:



Please click on the calendar icon to enter date in (MM/dd/yyyy e.g., 04/13/2023 format).

If you would like to change your response, "click" on **[Return to Dashboard](#)** without saving your response and start again.