



# UNITED WAY

## Junction City Geary County

United Way of Junction City/Geary  
County 2026 Funding Application  
Deadline: 4 p.m. January 31<sup>st</sup>, 2026.

United Way of Junction City – Geary County is focused on making the greatest impact in the lives of the people in our community/county and the annual allocation process is essential to that impact. This application for 2026 funding is due by January 31, 2026, at 4 p.m. **This annual process will include agency visits. Agency visits will be in-person, on-site, or at the United Way office.**

The Executive Director will review each application and will then forward it to the Allocations / Community Investment Committee. The Community Investment Committee for 2026 will consist of community members who are experienced in providing services and/or funding to our coverage areas, along with members of the United Way Board of Directors. The Allocations / Community Investment Committee will be divided into five (5) panels. Each panel will consist of board members and community members who will conduct interviews as part of the application process. Each Panel will review 2 to 4 agencies.

The Panels will review their assigned applications. Community Investment Grants for 2026 will be determined by the combined Allocation Committee and United Way Board of Directors and will be announced no earlier than April 2026.

Funding is for the fiscal year 2026. All submitted information is kept confidential within the Allocation Committee and Board of Directors.

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

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

Agency Address: \_\_\_\_\_

Agency Email: \_\_\_\_\_

Agency Phone: \_\_\_\_\_

Agency Tax ID #: \_\_\_\_\_

Program Name: \_\_\_\_\_

Amount Requested: \_\_\_\_\_

**Primary Contact:** \_\_\_\_\_

**Primary Contact's Phone Number:** \_\_\_\_\_

**Primary Contact's Email Address:** \_\_\_\_\_

**CEO/Executive Director:** \_\_\_\_\_

**CEO/Executive Director's Phone Number:** \_\_\_\_\_

**CEO/Executive Director's Email Address:** \_\_\_\_\_

**Agency Mission Statement:** \_\_\_\_\_

---

---

---

---

## Agency Board Information

1. How many board members are required by your bylaws?
2. List current Board of Directors and their titles and terms of service.

3. Date of last agency bylaws review by the board of directors. \_\_\_\_\_

4. Number of times the board met during the past 12 month period. \_\_\_\_\_

5. A quorum has been present at \_\_\_\_\_ % of board meetings in the past 12 months.

6. The board sets policy, guides direction and development and provides leadership. Yes No

7. Members of the board serve without compensation Yes No

### FINANCIAL OVERSIGHT

8. A written treasurer's report, budget comparison or financial statement is presented at each board meeting. Yes No

If "no", how often does the board receive this information? \_\_\_\_\_

9. A written, detailed annual budget of support/revenue and expenses is discussed Yes No and officially adopted annually by the board.

10. Who develops the agency's proposed budget? \_\_\_\_\_

11. At least two signatures are required for all checks over an amount established Yes No by the board.

12. The agency has a cash reserve. Yes No  
(If "yes", please indicate its amount and purpose. If "no", please explain.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. What is the percentage of agency budget obtained from the United Way of Junction City-Geary County?

- Current year \_\_\_\_\_ %
- Proposed year \_\_\_\_\_ %

#### **PERSONNEL**

14. The board selects, terminates and fixes compensation for the director who is held accountable for the agency's performance. Yes No

15. How frequently is the executive director evaluated?

16. Who conducts the evaluation?

**Agency Funding Application Information:** (list only those programs for which you are seeking funding):

Program Title	Impact Area	Funding Request
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
<b>TOTAL</b>	_____	

1. **General Description of Agency Services:** (be brief)

2. **General description of specific program (s) to be funded in our coverage area:**

3. **Please categorize which primary area(s) of service your program fulfills; Education – Improve academic performance, raise the graduation rate. Income Stability – Reduce number of financially unstable families. Health – Improve the health of youth and/or adults. Safety Net Services - provide safety services for those in need.**

4. **List measurable results of this program:** (Based on the three primary areas of service, how does your program help participants make progress in your chosen service area, i.e., improved academic performance, increased physical activity reducing obesity, improved economic self-sufficiency, etc.?)

5. **Does your service area for this program extend beyond Geary County / Fort Riley/Chapman/Enterprise? Explain if yes.**

**6. Projected funding sources for this program for 2026: List all other sources of funds you seek for this service.**

**7. List any fundraising activities that you are planning for 2026**

**8. Please comment on the sustainability of the agency's general finances, including any anticipated changes in support from other current funding sources.**

**9. How does the agency qualify clients to receive the services provided through its programs?**

**10. Does the program(s) for which you seek funding have a waiting list? If so, please explain.**

**11. Estimated number of individuals not served due to limited resources:**

**12. Is there a charge for services provided by the agency? If so, explain how that cost is determined and if there is a sliding fee scale.**

**13. Describe how the agency collaborates with other local non-profits to avoid duplication of programs and services.**

**14. Explain how United Way funding will be used in administering the program(s) of the agency. Please indicate which budget line items will be affected (such as supplies, scholarships, operating expenses, etc.)**

**15. If the agency is requesting an increase in funding from United Way, please explain how the additional funding will be spent and why the increase is needed.**

**16. Does the agency plan to add or eliminate any activities? If adding, describe the activity (ies) and explain the plan for long-term financing. If eliminating, explain why and what the agency plans to do with resources that would have been used for those activities (if any).**

**17. What are the desired outcomes from your program(s)?**

**18. List what information will be collected initially, during, and at the end of the program:**

**19. Previously measured outcomes: (Provide any previously measured outcomes for this program and explain their results)**

**20. List any influencing factors affecting the outcome results:**

**21. How many UNDUPLICATED individuals did your agency serve?**

2025

2024

2023

**22. Of the number of UNDUPLICATED individuals served in in the immediate past**

**year, how many live in:**

Junction City

Fort Riley

Geary County outside of Junction City

In Chapman or Enterprise

Military

First served by this agency in 2025

Also served by this agency in years prior to 2025

Other

**23. If appropriate, how many are:**

Adults

17 and under

**24. How many identify as:**

Male

Female

Unspecified

**25. How many identify as:**

American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian or Other Pacific Islander

White or Caucasian

Hispanic/Latino

Unspecified

**26. How many of those served are:**

At or below the official poverty level  
 Within \$1,000 of the official poverty level  
 Unknown

**27. Does the agency follow a policy that promotes equity, diversity, and inclusion?** Yes No

**28. If so, does the agency have a formal policy on equity, diversity, and inclusion?** Yes No

**29. If no policy is in place, is the agency working on providing such policy in the future?**

Yes No Projected date of completion: \_\_\_\_\_

**30. Provide examples of how you advertise the agency as a United Way Member Agency.**

**31. What else would you like us to know about your agency/program?**

## Agency Budget

You may attach a copy of your budget instead of using this form.

### **REVENUE**

	<b>Actual</b>	<b>Budgeted</b>	<b>Proposed</b>
<b>United Way of Junction City</b>	\$		
<b>Contributions</b>	\$		
<b>Fundraisers</b>	\$		
<b>Endowments</b>	\$		
<b>Other United Ways</b>	\$		
<b>Fees &amp; Grants</b>	\$		
<b>City of Junction City</b>	\$		
<b>Geary County</b>	\$		
<b>Other Government Agencies</b>	\$		
<b>Membership Dues</b>	\$		
<b>Program Service Fees</b>	\$		
<b>Investment Income</b>	\$		
<b>Misc. (Please Attach List)</b>	\$		
<b>Total</b>	\$	\$	\$

### **EXPENDITURES**

<b>Salaries</b>	\$	\$
<b>Employee Benefits</b>	\$	\$
<b>Payroll Taxes, etc</b>	\$	\$
<b>Professional Fees</b>	\$	\$
<b>Office Supplies</b>	\$	\$
<b>Occupancy</b>	\$	\$
<b>Specific Assistance to Individuals</b>	\$	\$
<b>Program Expenses</b>	\$	\$
<b>Other</b>	\$	\$
<b>Total</b>	\$	\$
<b>Total Restricted Funds</b>	\$	\$
<b>Total Unrestricted Funds</b>	\$	\$
<b>Excess (Deficit) of Total Support and Revenue over Expenses</b>	\$	\$

## Signature Sheet

**Authorization:** (Executive Director and Board President Signatures are both required, authorized by the Agency's Board of Directors)

The undersigned certify that authority to submit this application was properly provided by the Agency's Board of Directors.

---

Executive Director

---

President

---

Date

---

Date

Thank you for your application to United Way of Junction City and Geary County.

Any assistance you can give us in having a 2026 Campaign successful enough to fund all the requests we receive will be greatly appreciated.

**THE UNITED WAY OF JUNCTION CITY AND GEARY COUNTY**