



Kishwaukee United Way

2026-2027 Allocation Application

Save & Return

Use an account to return to saved work.

Log in

Name of your organization *

Executive Director/CEO Name *

Allocation Contact First Name *

Last Name *

Street Address *

Address Line 2

City *

State *

Zip Code *

Phone Number *

Email Address *

City *

ZIP Code *

Narrative

Please provide all of the following information. Be succinct.

Allocation Request for Fiscal Year Ending 2027 *

Agency Mission *

Agency Vision

Programs/services provided by your agency in fiscal year 2025-2026 *

Programs/services you plan on adding or expanding in fiscal year 2026-2027. If this does not apply to you, please write "N/A" *

Identify and briefly describe the program(s) United Way allocation funding specifically supports, if delineated. *

What were your major accomplishments over the past year? *

Please explain any significant challenges your organization faces in the coming year. *

Does your organization currently support United Way programs and initiatives? If so, please describe an example of support. *

Organizational Information

Number of full-time employees *

Number of part-time employees *

Number of interns (annually) *

Number of volunteers (annually) *

Assessment method(s) your organization employs. Please check all that apply. *

- Self Assessment (Board review/retreat)
- State level assessment/accreditation
- Federal level assessment/accreditation
- Private Accreditation (please put accrediting body in "other" field)

United Ways focus on the impact areas of Education, Income, and Health. Please select the impact area your organization *most* aligns with. *

▼

Please list your organization's strategic goals as succinctly as possible.

Service Data

Is the following data actual or estimated? *

- Actual
 Estimated

Is your data based on unduplicated individuals or service units? *

- Unduplicated individuals
 Service Units

Individuals/service units for DeKalb County in 2025 *

Individuals/service units for DeKalb County in 2024 *

▲ 4 / 5 ▼

Service Demographic Data (1/4)

Please provide the following information for your *most recent* year of service data available.

What percentage of those you served were 0-4 years old? *

What percentage of those you served were 5-12 years old? *

What percentage of those you served were 13 - 17 years old? *

What percentage of those you served were 19 - 29 years old? *

What percentage of those you served were 30 - 54 years old? *

What percentage of those you served were 55 years or older? *

▲ 5 / 6 ▼

Service Demographic Data (cont. 2/3)

Please provide the following information for your *most recent* year of service data available.

Easy to read poverty guidelines: <https://www.payingforseniorcare.com/federal-poverty-level>

What percentage of those you served were low income? (Defined by Federal poverty guidelines of 200% or less) *

What percentage of those you served were moderate income? (Defined by Federal poverty guidelines of 250 - 400% or less) *

What percentage of those you served were high income? *

Does your organization use the 2-1-1 referral help line? *

Yes

No

Does your organization use the specific language ALICE (Asset Limited, Income Constrained, Employed)? *

Yes

No

▲ 6 / 7 ▼

Service Demographic Data (cont. 3/3)

Please provide the following information for your *most recent* year of service data available.

What percentage of those you served were Caucasian/Anglo Saxon/White? *

What percentage of those you served were African American/Black? *

What percentage of those you served were Latinx/e? *

What percentage of those you served were Asian? *

What percentage of those you served were Arabic? *

What percentage of those you served were multiple ethnicities/racial backgrounds? *

What percentage of those you served have an unidentified or unspecified ethnicity/race? *

Service Demographic Data (cont. 4/4)

Please provide the following information for your *most recent* year of service data available.

What percentage of those you served were men? *

What percentage of those you served were women? *

What percentage of those you served were nonbinary? *

What percentage of those you served fell into another gender category? *

What percentage of those you served were provided transportation? *

What percentage of those you served were provided tools/resources for financial stability? *

What percentage of those you served were provided services related to education? *

What percentage of those you served were provided services for mental or physical health? *

Compliance

All agreement forms can be found at kishwaukeeunitedway.com/partnerships

My organization has updated its 211 listing in the last 30 days or less. (If no, please provide an explanation in "other" field) *

Yes

No

Do you list your partnership with Kishwaukee United Way on your website? *

Yes

No

Signature certifies acceptance of Agency Agreement *

[clear](#)

Signature certifies agreement to United Way Worldwide License Agreement. *

[clear](#)

Signature certifies agreement to Anti-Terrorism Compliance *

[clear](#)

Financial Information

Are your financial documents listed on your website? *

Yes

No

Please upload the completed budget form provided by Kishwaukee United Way.

Any other form of budget will not be accepted unless pre-approved by the Executive Director.

*

Choose File No file chosen

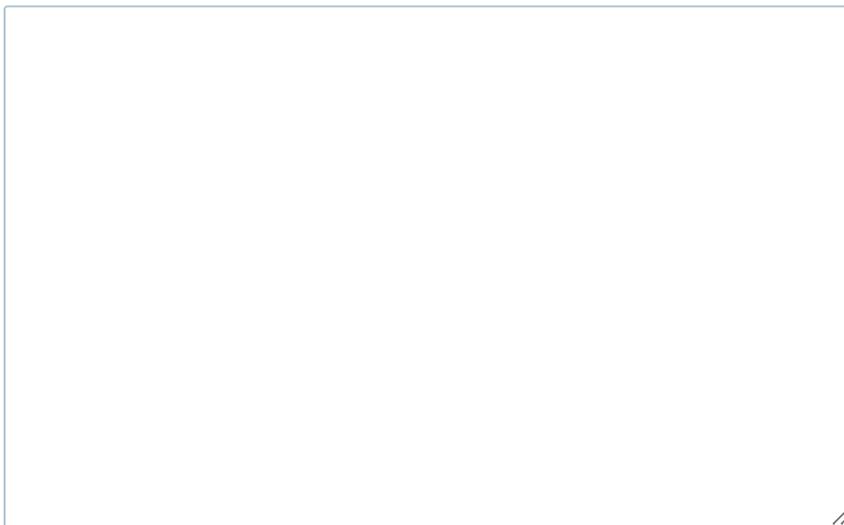
Please upload your most recent audit, if available.

Choose File No file chosen

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Additional Information

(Optional) Share any other outcomes measurements or metrics that you use to gauge community impact. *



Please share any additional attachments to support your application (examples: organizational video, letter of appreciation, etc).

Choose Files No file chosen

I certify that the information provided is true and complete to the best of my knowledge. *

[Empty form field with a horizontal line at the bottom]

clear

Powered by  **formsite**

Questions? Contact Andy McFarlane at amfarlane@kishunitedway.com or 779-255-1267