Community Mental Wellbeing Grants 2025-2026 Applicant Guide

Great Rivers UNITED WAY

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Introduction

Great Rivers United Way is investing $1.5 Million over three years in programs and projects that support **Community Mental Wellbeing**.

By **Community Mental Wellbeing** we mean programs and services that support positive psychological, emotional, and social health within a community setting.

The Compass Now 2024 Report, identified mental health as a top need in all six counties covered by the report. National, State, and local data suggests the problem is large and far-reaching:
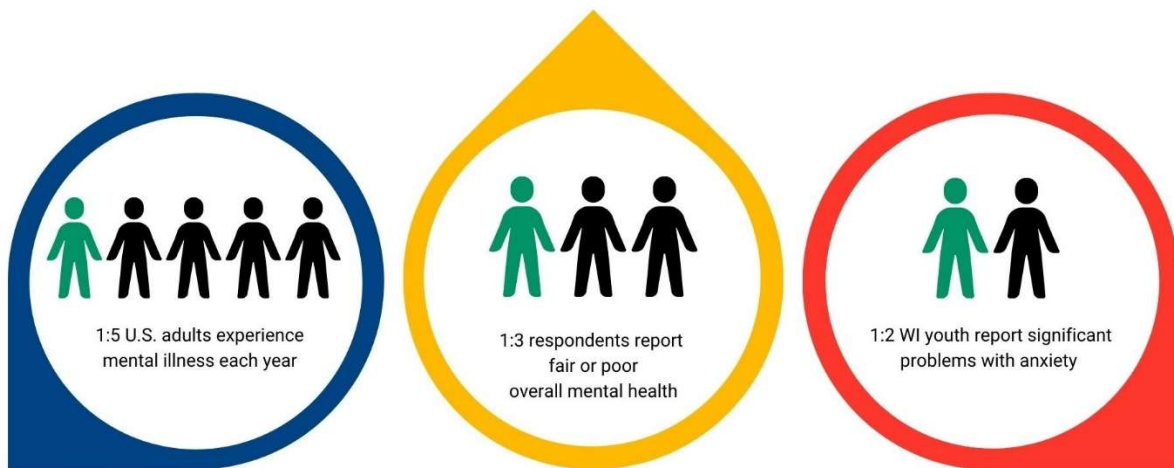
Sources: SAMHSA[1], Compass Now 2024 Report[2], Wisconsin DPI[3]

Great Rivers United Way's goal is to improve overall mental wellbeing so all people can thrive. We intend to invest in programs and projects in the community that will decrease loneliness, increase resilience, and prevent mental health crises.

Great Rivers United Way recognizes this initial investment isn't nearly enough. Measurable and long-lasting change will take many partners working together within various aspects of mental health and wellbeing. In assessing where we could make the biggest impact, Great Rivers United Way's Board, staff, and other stakeholders determined we should focus on community work that will prevent acute mental health crisis.

The focus of this work will be within three priority areas:

Community[4]: Reinforce community structures to reduce social isolation, rebuild connection, and provide the first line of support for all those in need:

- Foster Social Connection

- Uplift Belonging, Meaning, and Purpose
- Decrease Toxic Stress

Youth and their Support Systems[4]: Equip youth and their support systems with the resources, skills, and services necessary to prevent mental health challenges and promote mental wellbeing:

- Increase Resilience
- Increase Peer Connection
- Increase Supportive Relationships
- Increase Youth Involvement in the Community

Strong Foundations: Equip parents and caregivers with education, support, and tools for heathy early childhood development.
- Promote healthy brain development in children
- Develop social emotional learning skills
- Increase family and community stability

BACKGROUND

Great Rivers United Way's mission is to unite people and resources to improve lives and strengthen our communities.

Our vision is that all individuals and families in our communities will achieve their full potential through education, income stability, and healthy lives.

The Community Investment Fund at Great Rivers United Way is funded by generous gifts given by individuals and businesses throughout the community.

The Community Investment Program at Great Rivers United Way already dedicated $350,000 of the fund to support people's basic needs of food, shelter, and safety in 2025. Now we are investing in local resources that foster community mental wellbeing.

Great Rivers United Way involves community volunteers throughout the granting process as grant reviewers and dedicated committee members who make award recommendations to our Board of Directors. All volunteers receive training on grant evaluation, unconscious bias, and Great Rivers United Way priorities. Community mental wellbeing grant reviewers will receive additional training

on the meaning of "Community Mental Wellbeing" similar to the training offered to potential applicants.

Important Dates

February 21, 2025 – Noon – 1:30pm, Pre-Application Training

February 28, 2025 - Application Available on CommunityForce

March 14, 2025 – Noon, Open Virtual Office Hour - Q&A Information Session. Email levans@gruw.org to register.

April 4, 2025 - Application Due at noon

April – May, 2025 – Volunteer Grant Review

June 2, 2025 – Target Date for Applicant Notification of Awards

For Awarded Programs and Projects

July 1, 2025 – Grant Start Date

August 21, 2025 – Noon-2pm, Mandatory Grantee Meeting

January 31, 2026 – Mid-Year Report Due

April 30, 2026 – Renewal Application Due

June 30, 2026 – Grant End Date

July 31, 2026 – End of Year Report Due

Grantmaking Values

Great Rivers United Way aspires to be inclusive, transparent, and impactful in our grantmaking.

We encourage applications from organizations that have not been grantees in the past as well as organizations with whom we have long-standing relationships. We will be looking at community investments holistically and through an equity lens. This means as we consider our investments, we

will look at which populations are being served, the impact of programming for those served, how organizations engage partners and the community, and the geographic service area.

The grant review process will include an opportunity for volunteers to ask clarifying questions about your program or project. Application review will take place in April and May and may include follow-up questions or a request for a meeting or visit with the applicant.

Eligible Entities

Applicants will be screened for basic eligibility criteria prior to gaining access to the grant application. The criteria are as follows:

- Currently maintain tax-exempt organization status under Section 501(c)(3) of the U.S. Internal Revenue Code
- Registered as a charitable organization with the state in which they do business unless exempt from such requirement
- Provide human services within the Great Rivers United Way service area: Buffalo, Crawford, Houston, Jackson, La Crosse, Monroe, Trempealeau, and Vernon counties
- Has a Board of Directors that meets at a minimum of every quarter
- Can demonstrate board oversight and financial responsibility through board minutes, independent audit or financial review, and IRS Form 990
- Provides services aligned with the goal of improving overall mental wellbeing in the community
  OR
- Has a fiscal sponsor that meets all the above requirements

Funding Priorities

Priority will be given to the following types of programs and projects:

- Collaborative projects – programs or projects that involve two or more co-equal partners sharing in decision-making and program activities
- Vulnerable Populations – programs aimed at reaching populations at higher risk of negative mental wellbeing outcomes.
- Regional reach – programs and projects that are located in or effectively reach rural communities.

- Scientifically Supported Strategies – programs and projects proven effective by scientific research
- Proven practices – programs and projects with a demonstrated history of success.
- Promising innovations – programs and projects that approach problems in a new way.

Grant Awards

Awards are anticipated to be between $5,000 and $50,000 for a single organization; collaborative projects will be considered for more. Awards will be for one year with the possibility of renewing for 2 additional years.

Use of Grant Funds

Community Mental Wellbeing Grant Funds should be used to support programs or projects aimed at improving mental wellbeing for individuals and communities. Funds may be used as needed to support this goal. Grants for proven programming, seed money to start a new program, or projects with a specific start and end will be considered for awards. Grantees will be expected to provide data regarding how funds were spent, numbers of people served, and measurable impact of the programming or project.

Proposals

The deadline for submission is April 4, 2025 at 12pm (noon) Central Time. **Late applications will not be accepted.**

Applications will only be accepted on the [CommunityForce](#) grant management platform at https://gruw.communityforce.com/

The grant application contains four sections: Organization Information, Program Narrative, Program Budget & Funding; and Operations, Oversight & Grant Management. Each section should be filled out completely. Provide concise yet descriptive narrative so that reviewers get a good idea of the problem being addressed by your program, what your program does, who your program serves, and why your program is needed in the community. Reviewers are volunteers from the community and may not be familiar with your agency or programs. All application questions are provided in Appendix 3.

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For technical assistance in filling out the application, visit this [CommunityForce help page](#). (See Appendix 2)

Narrative Tips:

Use the formatting tools available in CommunityForce. Paragraphs and bullet points make your narrative easier to read.

Avoid jargon and acronyms! Community volunteers may not know the specific terms used in your field of work.

Proposal Review

Proposals will be first screened by Great Rivers United Way Staff and volunteers of the Fund Distribution Steering Committee to ensure eligibility requirements of the organization and program are met. Ineligible applications and incomplete applications will not be considered for a grant award and will not be reviewed by Community Investment Volunteers.

Proposals that meet eligibility requirements will be reviewed by volunteers organized into teams. Each review team will be comprised of at least one member of the Great Rivers United Way's Fund Distribution Steering Committee. All volunteers receive training from Great Rivers United Way on granting goals and priorities, unconscious bias, and grant evaluation. Proposals are scored online using a standard evaluation form. The scoring rubric questions are provided in Appendix 4. Proposals will be scored based on the merits of the program, reasonableness of the budget, healthy organization financials, appropriate board oversight, good grant management, and GRUW funding priorities.

Funding Rating

Reviewers are also asked to make a recommendation of whether or not to fund the program ranging from "Yes! Fully fund this program!" to "No, do not fund this program." The Funding Rating will be used by Great Rivers United Way's Fund Distribution Steering Committee as a gauge for making funding recommendations.

Awarding Process

The Great Rivers United Way Fund Distribution Steering Committee will review all panel scores, funding ratings, and funding priorities in making an award recommendation. The recommendation

is presented to the Great Rivers United Way's Board of Directors for final approval by vote at a Board Meeting.

Post Acceptance Expectations

All grant awardees will be expected to follow the Great Rivers United Way Grantee Agreement (DRAFT provided in Appendix 4). The agreement includes requirements for data and financial reporting, annual meeting attendance, learning community participation, and partnership in community initiatives. Great Rivers United Way requires six-month and end-of-year reports on program progress and spending. Site visits may be requested for which advance notice will be given. Great Rivers United Way participates in the United Way Worldwide Impact Survey which combines data and stories to show our collective impact. Awardees are required to participate in data reporting as it relates to measures applicable to awarded programs.

Great Rivers United Way along with Community Mental Wellbeing grantees will form a learning community. The first meeting of grantees will be on Thursday, August 21, 2025, 12pm – 2pm. The first meeting will be an opportunity to co-create the framework of learning and support that will best meet the needs of grantees.

Great Rivers United Way will provide additional opportunities for networking and education throughout the year. These opportunities are intended to be beneficial to our nonprofit community not a requirement for receiving funding. Ideas from grantees for education or networking are welcome.

Great Rivers United Way Contact

For questions regarding Community Investment grants and our funding process please contact Liz Evans at 608-796-1400 ext. 105 or levans@gruw.org.

Appendix 1: Accessing CommunityForce Technical Assistance

For help setting up a user account and basic application technical assistance, view this video: [Grants – Introduction to Grants Training for Applicants](#)

Once an account is created and a user is logged in, the Help guide can be accessed by the Help button in the upper right corner of the screen.
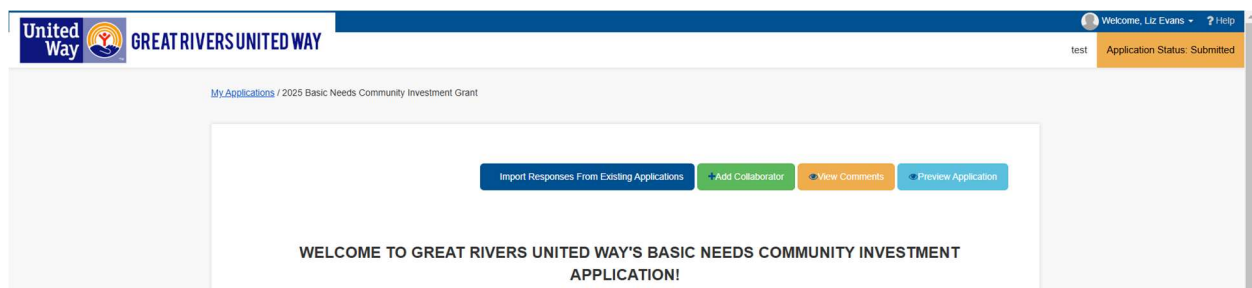
The Help button takes users to the home page for the CommunityForce Client Support. Click on "Applicant Open Help For Applicants Use"

Q Search

FAQs	Videos - Application Admins Training Videos for Admin Use	Applicant Open Help For Applicants Use
Reviewer Open Help For Reviewers Use	Application Open Help For Admin Use - The knowledge base is designed as per the site navigations!	Integrate your favorite apps with CommunityForce

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Appendix 2: Application Questions

This appendix contains screenshots of the online application. An easier-to-read copy can be downloaded from the CommunityForce site.

Section 1: General Information

General Information

Please complete this section to provide general information about your organization and program or project.

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

*Indicates required field

Grant Introduction and Instructions

Community Mental Wellbeing Grants 2025-2026 Applicant Guide: Grant application instructions and guide.

Organization Information

*Organization Name:

*Organization Executive Director/CEO Name:

*Board Chair Name:

*Organization Executive Director/CEO email:

*Grant Contact Name:

*Grant Contact Email:

*Organization Phone Number:

Does your organization have a fiscal sponsor for this request?

○ No, this organization meets the eligibility requirements without a fiscal sponsor   ○ Yes

Fiscal Sponsor Organization Name:

[   ]

Fiscal Sponsor Executive Director/CEO Name:

[   ]

Fiscal Sponsor Executive Director/CEO Email:

[   ]

Fiscal Sponsor Phone Number:

[   ]

*Is the person filling out this application the Executive Director or CEO of the organization?

○ Yes   ○ No

Application Understanding and Authorization

By signing below, I agree this application for the program listed above fulfills the requirements for Great Rivers United Way funding:

- The applicant organization maintains its 501(c)3 status
- The applicant organization registers as a non-profit annually with the state unless exempt
- The program or project requesting grant funds provides human services
- The program or project aligns with Great Rivers United Way's granting goals.

I affirm that I understand the following conditions:

- The required application materials must be submitted through the online application system (CommunityForce)
- This information will be used to determine program/project funding amounts
- Application information may be used in Great Rivers United Way marketing.

Electronic Signature

_____

Executive Director or CEO Signature:
Enter your name as "Liz Evans" to Confirm your Electronic Signature.

*Organization Mission Statement:

_____

*Organization Summary: Please provide a brief summary of your organization, including how long you have been in operation, your target population and a broad scope of services provided *(60 word limit).*

_____

Program Information

*Program or Project Name:

_____

*Provide a one to two sentence description of the program *(25 word limit).*

_____

*Requested amount of program/project support for the year of July 1, 2025 - June 30, 2026:
Awards are anticipated to be between $5,000 and $50,000 per year.

_____ $

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Section 2: Program Narrative

Please complete this section to provide details about your program or project.

You have the option to save your work and submit the application at a later time. Be sure to click the "Save" button at the bottom of the section to save your work. There is a time-out feature for security purposes. If the page remains idle and times-out, it will _not_ save your work, and will require you to log back in.

Red background and (*) indicate required fields

Program Narrative

Provide answers to the questions below. Please be descriptive yet concise.

*Tip: Use the formatting tools available to create headings, paragraphs, and bullet points.
**Word counts are a recommended limit.

*Program or Project Name:

*Is this application for a new program, an ongoing program, or a project with a specific start and end?

○ New Program ○ Ongoing Program ○ Project
○ Other

Please explain:

*How long has this program been in operation?

○ Not yet in operation ○ Less than 1 year ○ 1-5 years
○ 5 or more years

*Issue Statement: What is the local mental health or mental wellbeing concern you are working to prevent or improve? Provide data to demonstrate this concern. *(1000 word limit)*

*Program Goals: List the main goals and outcomes of your program.

*Program Description: From start to finish, how does your program achieve the stated goals and outcomes? *(2500 word limit)*

An ideal description will include the following elements:
- Background including research, best practices, and philosophies employed in program development
- Major activities or services provided
- How a participant would experience the program

*Measurement: What data will you collect to measure the impact of the program? Please include how you measure the volume of work AND impact of the work.

*Needed Resources: What resources are needed to operate your program (staff, housing, materials, volunteers, etc.)?

*What if: What would happen if your program was not in place?

*Program Demographics

Instructions: Download and to the best of your ability, fill out the section best suited for your program or project: **Ongoing Programs, New Programs or Projects, or Unique Situations.** Once data is entered and saved, upload the document back into this section by clicking the upload button and attaching your saved document.

Ongoing programs: fill out the demographic table with unduplicated individuals served from January 1, 2024 through December 31, 2024. If data is not collected for certain demographic categories, fill in the unknown space. Use the space provided to note any clarifications that will be helpful for reviewers.

New programs and projects: fill out the number of unduplicated individuals the program or project expects to serve. Check the boxes next to the demographic categories you plan to collect. Use the space provided to note any clarifications that will be helpful for reviewers.

Unique situations: Some organizations do not provide services directly to individual people. for example, they may serve other organizations such as a food bank providing services to food pantries or the may do work to coordinate organizations in a coalition to improve systems. If your program does not provide direct services to individuals, or a portion of the program involves work not directly dealing with individuals, please use this space to list data collected so reviewers get a sense of what is measured throughout the year.

	Browse...

Community Mental Wellbeing Application Data Table.docx

*Equity: How does your organization work toward equitable outcomes in the community? Include discussion on how the program and its practices are culturally responsive to those it serves; how it reaches and includes people from all backgrounds; and how it works against structures of oppression. *(760 word limit)*

*Partnerships and Collaborations: Discuss key partnerships and collaborations with other programs and/or organizations. How do partnerships and collaborations enhance your work? Be specific about partnership roles and how partnerships strengthen the program. Provide at least one example. *(760 word limit)*

Notes: Is there anything else you'd like to share about your program or project that wasn't asked above?

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Community Mental Wellbeing Application Data Table (to be downloaded and filled out and attached)

Please fill out the section of this document that best fits your program or project: **Ongoing Program, New Program or Project, or Unique Situations.**

Ongoing Programs: Fill out the cell to the right of each category with unduplicated individuals served from January 1, 2024 through December 31, 2024. If data is not collected for certain demographic categories, leave blank.

Unduplicated Number Served				
County				
Buffalo			La Crosse	
Crawford			Monroe	
Houston			Trempealeau	
Jackson			Vernon	
Race			**Age**	
White/Caucasian			Under 18	
Black/African American			18-64	
Asian			65+	
American Indian/Alaskan Native				
Native Hawaiian/Pacific Islander			**Sex/Gender**	
More than One Race			Female	
			Male	
			Other Gender Identity	

Ethnicity			Unknown Sex/Gender Identity	
Hispanic				
Hmong				
Type any notes in the space below				

Please fill out unduplicated numbers of people served for the following identities from January 1, 2024 through December 31, 2024. If information for any category is not collected, input N/A. If information is collected for a household and not individuals, indicate that in the cell.

Other Identities	
LGBTQ+	
Veteran	
Has Disability	
Homeless	
Unsheltered Homeless	
Low Income	

New Programs or Projects: How many unduplicated individuals does the program or project anticipate serving in one year. Check the boxes for demographic categories you plan to collect.

Unduplicated Individuals Projected to Serve:	
Data Categories Program or Project will Collect	
☐ Sex/Gender Identity	☐ Race
☐ Ethnicity	☐ Age
☐ Income/Poverty	☐ Disability Status
☐ LGBTQ+ Status	☐ Housing Status

☐ Veteran Status	☐ County
Notes:	
Type notes here	

Unique Situations: Some organizations do not provide services directly to individual people. For example, they may serve other organizations such as a food bank providing services to food pantries or they may do work to coordinate organizations in a coalition to improve systems. If your program or project does not provide direct services to individuals, please use this space to list data collected so reviewers get a sense of a year's worth of work.

Section 3: Program Budget & Funding

Please complete this section to provide information about your organization's budget, the program/project budget and sources of support.

You have the option to save your work and submit the application at a later time. Be sure to click the "Save" button at the bottom of the section to save your work. There is a time-out feature for security purposes. If the page remains idle and times-out, it will _not_ save your work, and will require you to log back in.

*Indicates required field

Program Budget & Funding

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*Requested amount of program/project support for the year of July 1, 2025 - June 30, 2026:
Awards are anticipated to be between $5,000 and $50,000 per year.

	$

*What fiscal year does this program operate on? (_Start Month-End Month_)

*Organization Budget: Upload your organization's current budget
Accepted files are Word, Excel, or pdf.

	Browse...

*Current Fiscal Year Budgeted Expenses: Input the total expense amount on the attached current budget. Round to the nearest dollar.

	$

*Program/Project Budget: Upload your budget for the proposed program or project.
Accepted files are Word, Excel, or pdf.

	Browse...

*Program/Project Expense Total: Input the annual cost of the program or project.
Round to the nearest dollar.

	$

*Budget Narrative: Describe how grant funds will be used to support the project. Include justification for how expenditures support your community mental wellbeing programming or project.

*Budget Projection: What, if any, changes to the program budget do you anticipate in the two years of July 1, 2026 through June 30, 2028?

Program/Organization: Proportion the program or project budget is compared to the whole organization expense budget

0	Calculate

Request/Program: Proportion of the project or program the organization is requesting from GRUW

0	Calculate

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Funding Sources

*List your planned sources of revenue, anticipated amount of support, and status of funds (requested, confirmed, future request, future event/campaign, other) over the next 36 months for this program. If other status, please provide a short explanation in the status box. Click on the **SAVE or Add Another** button after inputting each funding source.

*Funding Source	*Amount Requested/Anticipated	*Status	
	$		Delete

[SAVE or Add Another]

Funding Source Notes: Use this space to provide any needed clarification regarding the sources of funding for your program or project.

*Budget Deficits: Describe how the organization handles or will handle program income deficits. What happens if the organization can't raise enough funds to support the whole expense budget of the program/project?

*Leverage: How will a Great Rivers United Way investment in this program or project help to leverage additional funds or support? *(300 word limit)*

Gift Impact

How do these gift/donation amounts impact the program? These are used in GRUW marketing to show donors what a weekly gift of $1, $2, $5, or $10 can mean for supported programs.

Tip: Please provide four unique statements. Do not simply multiply one statement by 2, 5, 10.

*

$52 provides/covers the cost of:

*

$104 provides/covers the cost of:

*

$260 provides/covers the cost of:

*

$520 provides/covers the cost of:

Notes: Is there anything else you'd like to share about the organization's or the program/project's financials and budget?

Section 4: Operations, Oversight & Grant Management

Operations Oversight Grant Management

Please complete this section to provide information about organization operations, oversight by your organization's volunteer Board or Directors or other oversight committee, and information about the organization's experience managing grants.

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

*Indicates required field

Operations, Oversight & Grant Management

*Oversight: Describe how your volunteer Board of Directors and/or other volunteer committees provide oversight for the organization. Include frequency of meetings, items covered at every Board Meeting (i.e. approval of minutes), items periodically reviewed and discussed at meetings, and any other pertinent information that will help reviewers understand the role of your board.

Board Minutes: Please upload your organization's last two sets of board minutes.

*Board Minutes Set 1:

[Browse...]

*Board Minutes Set 2:

[Browse...]

*Audit: Please upload your most recently completed independent audit or independent financial review.

*If your file is too large to upload, please email Liz at levans@gruw.org

[Browse...]

*Comparative Financial Statement: Please upload your most recent end of year financial report comparing budget to actual income and expenses.

[Browse...]

*IRS Form 990: Please upload your organization's most recently filed IRS Form 990.

[Browse...]

*Number Grants: On average, how many grants does your organization receive annually?

○ None   ○ 1-2   ○ 3-5
○ More than 5

*Types of Grantors: What type(s) of grants has your organization received? *Check all that apply*

☐ United Way ☐ State   ☐ Federal
☐ Foundation ☐ Corporate ☐ Not Applicable
☐ Other

Other Grantors: Please provide a brief description of the other types of funders you have experience with

*Annual Grant Award Total: On average, how much does your organization receive in grant dollars every year?

○ $0-$10,000   ○ $10,000-$50,000   ○ $50,000-$100,000
○ $100,000-$250,000 ○ Over $250,000

Grant Management: What policies and/or procedures are in place to ensure proper management of grants? If policies and procedures are not formalized, please describe your process for managing grants. Please address fiscal management, fiscal reporting, and data management regarding people served and the impact of the grant.

If your organization has little to no experience with grants, what measures are being taken to ensure proper management of a grant award from GRUW?

[ ]

Notes: Is there anything else you think is important to share with reviewers about your organization's oversight and grant management?

[ ]

Appendix 3: Volunteer Reviewer Scoring Rubric

Category	Program Narrative	Point Value
Need	Need clearly defined and supported by data	5
Impact	Proposed program goals and outcomes align with GRUW's Focus Areas: **Community:** Reinforce community structures to reduce social isolation, rebuild connection, and provide the first line of support for all those in need: • Foster Social Connection • Uplift Belonging, Meaning, and Purpose • Decrease Toxic Stress **Youth and their Support Systems:** Equip youth and their support systems with the resources, skills, and services necessary to prevent mental health challenges and promote mental wellbeing: • Increase Resilience • Increase Peer Connection • Increase Supportive Relationships • Increase Youth Involvement in the Community **Strong Foundations:** Equip parents and caregivers with education, support, and tools for heathy early childhood development. • Promote healthy brain development in children • Develop social emotional learning skills • Increase family and community stability There is evidence that the program is impactful • Service data • Stories • Use of best practices	10
Measurement	Plan for collecting data that will measure impact of the program or project.	10

	• Measurements should show volume of work done AND the anticipated change the program or project will make for those participating or in the community as a whole.	
Equity	Organization develops and implements equity goals and strategies: i.e. hiring practices, flexible benefits or holidays, inclusive environment, etc. Program or project is culturally responsive meaning diversity is valued and the program adapts to meet needs of those being served. Program or project has a plan for reaching populations at risk for disparate outcomes (people of color, people with disabilities, people living in rural areas, people who identify as LGBTQ+, etc.)	10
Partnerships & Collaboration	Application is written as a collaborative project in which more than one organization is fully invested in the program: involved in program activities, decision-making, and will share in any grant award. The applicant works with partners supporting community mental wellbeing. Organization works with partners to provide wrap-around care and service to people in need of help.	10
Total	**Program Narrative Total Points**	**45**

Category	Program Budget & Funding	Point Value
Complete	Requested financial information is provided and complete	5
Program Budget	Request amount is reasonable in the context of the program or project as described in the narrative	10
Funding Sources	The organization identified other sources of support for the program or project	5
Deficit Plan	The organization has a concrete plan to deal with budget deficits.	5

Total	Program Budget & Funding	25

Category	Operations, Oversight & Grant Management	Point Value
Organization Operations	Does the organization operate in a fiscally sound manner? • Does the organization budget reasonably well according to their end-of-year comparative financial statement? • Does the organization file their IRS Form 990 within 11 months of their end of fiscal year? • Is the audit or financial review performed by an independent CPA? • Does the organization have enough revenue to cover expenses? • Does the organization's end-of-year balance increase or decrease year over year? (Decreasing end-of-year balance is a concern)	10
Board Oversight	Does the board of directors have appropriate fiscal and strategic oversight? • Look for discussion and approval of financials in the minutes • Do minutes reflect Board members engaging in discussion of organizational strategy and fiscal oversight	10
Grant Management	Rate the organization's ability to manage a grant award? • Experience and/or solid plans for grant management • Ensuring funds are used for the awarded program • Key staff have defined roles in managing the award • Procedures exist for data collection and filing reports	10
Total	Operations, Oversight & Grant Management Total Points	**30**

Review Process	
Eligibility Screen	Yes/No
Proposal Review	
Program Narrative	45
Financials & Budget	25

Oversight & Grant Management	30
Sub-total	100
Bonus	
Meets one or more funding priority areas	Yes/No
Addresses equity and/or disparate outcomes	Yes/No
Collaborative program or project	Yes/No
Regional Reach	Yes/No
Scientifically Supported or Proven Practices	Yes/No
Funding Recommendation	
Community Investment Volunteer Funding Recommendation	1-5

Appendix 4: Grant Agreement DRAFT

COMMUNITY INVESTMENT GRANTEE AGREEMENT
GREAT RIVERS UNITED WAY
GRANT TYPE: COMMUNITY MENTAL WELLBEING
By signing below, I agree to abide by the terms listed within this agreement and indicate that I have the authority to enter into this agreement for the identified Agency.

Community Mental Wellbeing Grant Period: July 1, 2025 – June 30, 2026

As a Great Rivers United Way Community Mental Wellbeing Grantee,_____ commits to:

1. Expend Community Investment funds during the grant period as described in the grant proposal.
2. Update United Way on the progress of funded programs including program data, budgets, and success stories.
   - Mid-Year Report due January 31, 2026
   - Final Report due July 31, 2026
   - Annual Demographic data report, Global Results data, and success stories from each funded program due within one calendar month of request which typically occurs in February, but is set annually by United Way Worldwide.
   - Notify United Way in writing if the delivery of the program is disrupted or undergoes major changes in scope. Grant modifications are reviewed for approval by the GRUW Fund Distribution Steering Committee.
3. Publicize and promote the partnership with the United Way in relevant and appropriate communications:
   - Printing the United Way logo on brochures of funded programs, newsletters, and other printed materials;
   - Invite United Way staff to media events
4. Actively participate in the UGetConnected Volunteer site.
   - Create and maintain an updated profile
   - Post volunteer opportunities
5. Actively participate in the annual United Way campaign.
   - Assist Great Rivers United Way staff at employee campaign presentations with notice.
   - Strongly encourage board members and other volunteers to personally invest in the United Way.
6. Attend the Great Rivers United Way Annual Meeting.
7. Allow Great Rivers United Way staff, designated board members, or other designated representatives to conduct a site visit with notice.
8. Annually update your Agency Profile with Great Rivers 211.

Great Rivers United Way commits to:

1. Educate resource development volunteers about the importance of United Way and how to effectively secure gifts to the Community Investment Fund.
2. Develop criteria for grant awards for community investment volunteers that represent our assessment of community needs, local priorities, equitable impact, application evaluation, and available funding.

3. Promote a positive relationship among grantees and the communities they serve to nurture and cultivate support for vital health and human service programs.
4. Develop opportunities for grantee networking and education.
5. Inform the community about the opportunities for collaboration to address the resolution of health and human service needs in our community.
6. Communicate year-round to educate residents in our service area of the projects, programs, and services that grantees provide with the funds received from United Way.
7. Personally communicate matters concerning policy or grantee relations to both the grantee's Executive Director and Board President.
8. Distribute 1/12th of the grant award on the 15th of each month beginning July 15, 2025 through June 15, 2026.
9. Be responsible stewards of community investment funds.

Compliance with this Agreement:

Should a grantee be considered out of compliance due to the inability to deliver programming as described in its proposal United Way will work with the agency to rectify the problem. Action that may be taken may include program/project modification, coaching, monitoring, suspension of funds for the affected program, termination of funds for the affected program/project, and/or requesting a return of funds.

Should a grantee be considered out of compliance due to missing reports, monthly payments may be suspended for the affected program(s)/project(s) until report(s) are received.

Acknowledgement:

I acknowledge that I have read this agreement and understand all the terms and conditions.

_____   _____
Agency Board President   *Date*

_____   _____
Agency Executive Director   *Date*

_____   _____
GRUW Board President   *Date*

_____   _____
GRUW Executive Director   *Date*

Appendix 5:Citations

1. Substance Abuse and Mental Health Services Administration. (2022). Key substance use and mental health indicators in the United States: Results from the 2021 National Survey on Drug Use and Health (HHS Publication No. PEP22-07-01-005, NSDUH Series H-57). Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. https://www.samhsa.gov/data/report/2021-nsduh-annual-national-report

2. 2024 Compass Now, Navigating Toward Stronger Communities. How is your community faring?. (2024). Great Rivers United Way. www.compassnow.org

3. Wisconsin Youth Risk Behavior Survey Summary Report 2023 (2024). Wisconsin Department of Public Instruction. https://dpi.wi.gov/sspw/yrbs

4. Mental Health at the Center, A Roadmap for Strategic Investment (Accessed 2025). www.mindfulphilanthropy.org