

Organization & Financial Profile Questions	
Section 1: General Partner Information	
Question	Response Details
Official Organization Name*	
Website Link*	
Primary/Headquarter Address (Line 1) *	
Primary/ Headquarter Address (Line 2) *	
City*	
State*	
Phone Number*	
Mission Statement*	
Vision Statement*	
Description of Organization/Services Provided*	
What are the focus areas of your organization? *	Multiple Selection Option Response – Choices include: Education K-12, Workforce Development (including Adult Education), Civic Engagement (Voter Rights, Registration, Turnout), Public Transportation, Healthcare (including Behavioral Health & Substance Use), Food Security, Housing, Early Childhood Education, Financial Well-Being, Other (Please Specify)
Please indicate the county or counties that your organization provides service in: *	Multiple Selection Option Response – Choices include Wayne, Oakland, Macomb
Does your organization have diversity, equity, and inclusion policy? *	Yes/No Response Option. If yes, please upload.
Section 2: Agency Contact Information	
Question	Response Details
CEO /Executive Director First Name*	
CEO/ Executive Director Last Name*	
CEO/Executive Official* Title	
CEO/Executive Director Email*	
CEO/Executive Director Phone Number*	
CFO/Financial Director First Name*	
CFO/Financial Director Last Name*	
CFO/Financial Director Official Title*	
CFO/Financial Director Email*	
CFO/Financial Director Phone Number*	
Please Upload Board Roster*	
Section 3: Budget, Tax, and Audit	
Question	Response Details
Federal Tax ID*	
Upload W-9 Form*	
How is your organization incorporated under the laws of the State of Michigan? *	Multiple Selection Option Response – Choices include: Non-Profit (501c3), For Profit, School

	District or School, LLC, S Corp, B Corp, Other (Please Specify)
Upload IRS Designation Letter*	
What is the end date of your organization's fiscal year?	Month and Day response option
Does your organization have an annual audit prepared by an independent certified public accountant? *	Yes/No Option
Total Operating Budget*	
Include your top three (3) revenue sources along with associated amounts. *	3 row grid response for revenue source description and associated \$ amount.
Download, sign, and upload a copy of the counter terrorism form. *	Blank form is available for download.
Section 4/5: 2021/2022 Audit Upload (Optional)	
Question	Response Details
Upload your audited financials for the fiscal year end 2021/2022.	
Upload the management letter associated with your audit for the fiscal year end 2021/2022.	
Did your organization receive more than \$750,000 in federal funding during the fiscal year ending in 2021/2022?	Yes/No response option.
Please provide date audit was completed.	
Section 6: Volunteerism	
Question	Response Details
Does your organization engage volunteers?	Yes/No response option.
What role(s) do volunteers serve in your organization?	
Approximately how many volunteers do you engage annually?	
Would you be interested in engaging volunteers within the programs/projects you are applying for?	
Are you registered on United Way's volunteer portal?	Yes/No response option.
Is your organization interested in conducting a United Way Fund raising campaign?	