FY25 Joint Funding Application

Guide for eCImpact

Log In

To log in, go to: https://agency.e-cimpact.com/login.aspx?org=17300U

- **If you already have an agency account, enter your username and password for login.**
- **If you forget your password, click the "Forgot your Password?" Link to reset.**
- **If you already have an account, skip to Page 11 of this guide.**

- **If you do not have an agency account, you may create an account by clicking on the Create new account link.**

Agency Registration

UNITED WAY OF JOHNSON & WASHINGTON COUNTIES

Thank you for your interest in applying for funding.

In order to complete an application, you must register your agency and programs. Click the "next" arrow in the bottom right corner to continue.

If your agency has applied before, there is already a profile in the online system and you will not be allowed to make a duplicate profile.

If you have any questions during the process or need to know your agency profile login information, please contact:

Wendy Nolan at wendynolan@unitedwayjwc.org or 319-338-7823.

Next

Cancel and Return to Login Page

You will go through a series of pages with information for setting up your account. After reading, click the next arrow.

EIN

ℹ Fields marked with an * are required fields.

All required information for the Agency Profile must be provided in order to be approved.

Agency Account Information

EIN:*

Agency Name:*

Website URL:

Account Information

Description:

Limit up to 750 characters (0 used).

Enter the Employer Identification Number (EIN) for your Organization, and Agency Name, and click "Next".

Agency Information

All required information for the Agency Profile must be provided in order to be approved.

Agency Account Information

EIN Number:*

Agency Name:*   UNITED WAY OF JOHNSON COUNTY IOWA INC

Website:

Description:

Limit up to 750 characters.

Mission Statement:

Limit up to 750 characters.

Address

Address Type:*   Main

Complete each field with information about your organization.

Password & Username

Preferred Login

Enter your Password then retype the Password to ensure that you have entered it correctly. Your Password must be between 6 and 15 characters in length and contain at least 1 character from 2 of the groups of alpha, numeric, or special characters. Your Password may not contain the following characters: ", %, or any white-space.

Password Examples:

-- abcdefg2 (valid, contains letters and numbers)
-- pa$$word (valid, contains letters and numbers)
-- 1234567# (valid, contains letters and numbers)
-- abcdefgh (invalid, contains only letters)
-- abc23 (invalid, less than 6 characters)

Preferred User Name:*

Password:*

Confirm Password:*

Previous   Next

Cancel and Return to Login Page

- At the bottom of the page, you will be prompted to create a username and password to access your account.

- When ready, click the "Next" button to cont

Choose FY25 Application

- **Once you have completed the agency information, select the funding application for which you are applying**

- **Choose 'FY25 Joint Funding Application'**

- **Click the 'Next' button to continue.**

Impact Funding

Joint Application

The FY24 Joint Funding Application is a cooperative application for organizations providir to request funding from **City of Iowa City, City of Coralville and United Way of Johnson &** Counties.

Organizations will be able to request funding and provide supporting information for each funders through one application.

A FY24 Joint Application Training Workshop has been scheduled for anyone who wants more instruction on the application and/or have a question and answer time:
Wednesday, August 24, 2022 2-3 pm

Join Zoom Meeting
https://us06web.zoom.us/j/84303963812?pwd=VGN4aFE2d0FFL2JENnB2cGdjNTdFQT(

Meeting ID: 843 0396 3812
Passcode: 312297

Complete submission of all application materials and supporting documents is 5:00 pm on September 15, 2022.

Continue

Qualifying Agencies

- **To apply for FY25 Joint Funding, you must be a group or nonprofit organization that serves Johnson County.**

- **Select 'Yes' to the qualifying question.**

- **Click the 'Next' button to continue.**

Complete Registration

- **Once you have completed the necessary information, please review and click**

  "Complete Registration".

Review and Complete Registration

Review and submit your request. Review the information below, then click 'Complete Registration'

Program Name:	**Food and Fun**
Request For Participation In:	**Joint Application**

The FY25 Joint Funding Application is a cooperative application for organizations providing services to request funding from **United Way of Johnson & Washington Counties and Johnson County.**

Organizations will be able to request funding and provide supporting information for each of the local funders through one application.

A FY25 Joint Application Training Workshop will be scheduled for anyone who wants to receive more instruction on the application. This will include a question and answer time.

Complete submission of all application materials and supporting documents is due by 5:00 pm on September 22, 2023

Program Qualification Form

Existing Programs

If you already have an existing program for this application, please use that program.

DO NOT CREATE A DUPLICATE PROGRAM FOR AN EXISTING PROGRAM.

Only create a new program profile for a new program related to this application.

Previous   Complete Registration

Starting Your Application

Start Your Application
Request Funding Application

- **Each agency has a profile home page. On the left-hand side, select 'Request Funding Application.'**

Start Your Application

Select FY25 Joint Application

⊚ **Please review the list of currently available funding Applications below.**

Please complete all required information for application submission.

Community Impact Funding

FY25

⊙ **Joint Application**

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[Continue]

- **Select the circle next to Joint Application and click the 'Continue' button.**

Start Your Application

Qualifying Agencies

- **To apply for FY25 Joint Funding, you must be a group or nonprofit organization that serves Johnson County.**

- **Select 'Yes' to the qualifying question.**

- **Click the 'Next' button to continue**.

Request For Participation

Please complete the following Form and click the "Next" button located at the bottom of this page.

Request For Participation In: **Joint Application**

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FY25 Joint Application Qualification

Is your group a nonprofit organization that serves Johnson County?

Previous   Next

Start Your Application

Complete Registration

- **Once you have completed the necessary information, please review and click**

  "Complete Registration".

Review and Complete Registration

Review and submit your request. Review the information below, then click 'Complete Registration'

Program Name: **Food and Fun**

Request For Participation In: **Joint Application**

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Previous   Complete Registration

Assign Programs

Assign Programs to this Application

At least one program is required for this application for funding.

To add a program to this application, select a program from the drop down (if available), or if there is no drop-down displayed, select 'Create a new Program.'

Click the link to 'Create a New Program and Assign it to this Application' to proceed to the Add new program profile page. Do not create duplicate programs.

Please ensure to click 'Complete Registration' on the Review page to successfully add your program to the application. When the Program Profile registration is complete, all of the forms for that program will display in your list of forms below.

Select a Program:

➡️ Assign Selected Program to the Form Packet

➕ Create a New Program and Assign it to this Form Packet

View Printable Version of this Entire Application 🖨️

To complete all of the forms associated with this application, you will need to assign at least one program to the application.

- **Current Programs: Select a program from the dropdown list and click "Assign Selected Program to the Form Packet."**

- **New Programs: If you would like to add a program that is not associated with your account, select "Create a New Program and Assign it to this Form Packet." Please do not create duplicate programs.**

Complete new Program Registration

• **When you have assigned at least one program, select "Complete registration" and continue.**

• **Later in the application, you will complete 'Form D: Performance Measurement.' A program must be assigned to access this form.**

supporting information for each of the local funders through one application.

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https://us06web.zoom.us/j/84303963812?pwd=VGN4aFE2d0FFL2JENnB2cGdjNTdFQT09

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Application Homepage

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City of Coralville: Any organization serving Coralville may apply. Please contact Ellen Habel with any questions: ehabel@coralville.org

United Way of Johnson & Washington Counties: Only Affiliated Partner Agencies may apply. If you have questions on your status as a United Way Partner Agency: Please contact Patti Fields at patti.fields@unitedwayjwc.org.

Application Status

View Printable Version of this Entire Application 🖨

| Not Started | In Progress | Ready To Submit | Submitted |

FY25

Item (* indicates Required Item)	Last Updated	Status	Options
⭐ ***Test		Not Started	🖨
FY24 Joint Funding Application*		● Not Started	
FY24 Form A: Agency Salaries & Benefits*		● Not Started	
FY24 Form B: Agency Demographics*		● Not Started	
FY24 Form C: Agency Budget*		● Not Started	
Supporting Documents		● Not Started	
⭐ Education		Not Started	☑ Include? 🖨
Form D: FY24 Performance Measures*		● Not Started	

Questions? Please contact Patti Fields at patti.fields@unitedwayjwc.org.

- **The FY25 Joint Application homepage will give access to all the required forms.**
- **Click the form link for each required form.**
- **Start with the FY25 Joint Funding Application Link**

FY25 Application Form – Agency Info & Funder Questions

- **Complete the basic information about your organization**

- **Answer all questions that apply to your application.**

Agency Name* ***Test
Limit up to 150 characters (7 used).

Executive Director Name* Big Outcomes

Board President*
Limit up to 100 characters (0 used).

Requestor*
Limit up to 100 characters (0 used).

Phone (319) 338-7823

Email info@unitedwayjc.org

Address 1150 5th Street, Suite 290, Coralville, IA, 52241, US

Website

Agency Mission Statement*

To spread joy and goodwill.

Limit up to 2000 characters (27 used).

Number of Years in Operation*

Year Org Established*
Limit up to 4 characters (0 used).

United Way Community Priorities

🔆 Please indicate the United Way Priority Areas that your agency services support:

Income ☐

Education ☐

Limit up to 3000 characters (0 used).

4. Provide a description of services that will be provided with the Coralville funding requested. Specific informat

Limit up to 2500 characters (0 used).

5. Please describe how Organization and your services have been impacted by COVID-19? Please include any pla
to describe how COVID-19 has continued to impact your budget and expenses.*

requested. Specific inform

quested. Specific informat

FY25 Application Form – Character Limits

- **Each section has a character limit identified.**

- **As you enter information, you can view how many characters you have used, and how many are remaining.**

2. Provide a description of services that will be provided with the United Way fund

Limit up to 4000 characters (0 used).

3. Provide a description of services that will be provided with the Iowa City fundin

Limit up to 3000 characters (0 used).

4. Provide a description of services that will be provided with the Coralville fundin

Limit up to 2500 characters (0 used).

5. Please describe how Organization and your services have been impacted by CC to describe how COVID-19 has continued to impact your budget and expenses.*

eCImpat Basics

Additional Information Available

- **Items that have a Green Question Mark have more information available to help for the question.**

- **Hover over the question mark to view additional info**

Limit up to 4000 characters (0 used).

❓ **Client Information Area Median Income**

💡 10. Organization serves clients wh

Household Size	30% AMI	50% AMI
1	$22,900	$38,150
2	$26,200	$43,600
3	$29,450	$49,050
4	$32,700	$54,500
5	$35,350	$58,900
6	$337,950	$63,250
7	$40,550	$67,600
8	$43,200	$71,950

<30% AMI ☐

<50% AMI ☐

<80% AMI ☐

>80% AMI ☐

Please explain :*

Saving Your Work

Switch Forms

Limit up to 4000 characters (0 used).

Save My Work

Save My Work And Return To Previous Page

Save My Work and Mark as Completed

Return To Overview Page

Export This Form To HTML

Export This Form To Adobe PDF

Export This Form To Adobe PDF (Large Font)

- **You can save your work regularly while you complete the application. Save Options:**
  - **Top right-hand corner of**
  - **Bottom left-hand of page**

Export to PDF

Limit up to 4000 characters (0 used).

Save My Work

Save My Work And Return To Previous Page

Save My Work and Mark as Completed

Return To Overview Page

Export This Form To HTML

Export This Form To Adobe PDF
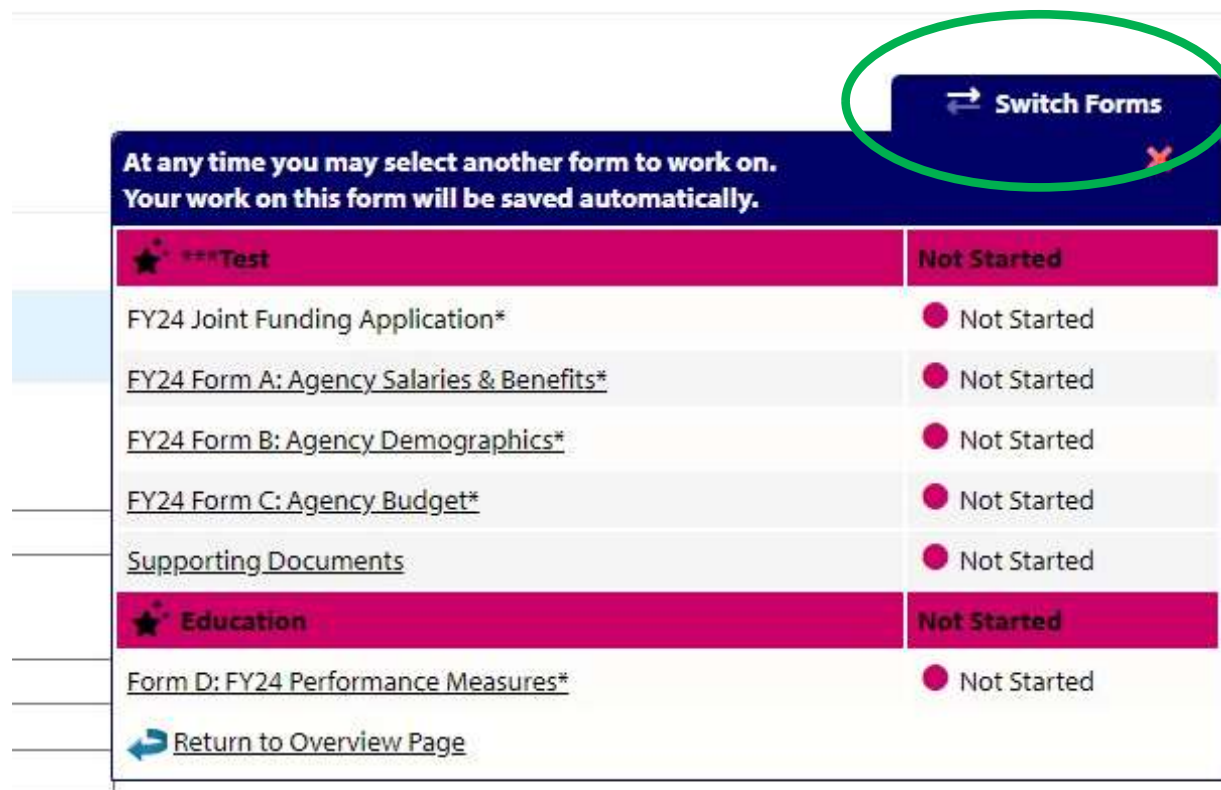
Export This Form To Adobe PDF (Large Font)

At any point, you can export the form to a pdf to review, print and/or save.

Navigating through Forms

- **Navigate through the forms by clicking the "Switch Forms"** link on the right side of the page.

- **If you navigate to a different form this way, your work will** be automatically saved.

⇄ **Switch Forms**

At any time you may select another form to work on. Your work on this form will be saved automatically.

★ ***Test	Not Started
FY24 Joint Funding Application*	● Not Started
FY24 Form A: Agency Salaries & Benefits*	● Not Started
FY24 Form B: Agency Demographics*	● Not Started
FY24 Form C: Agency Budget*	● Not Started
Supporting Documents	● Not Started
★ Education	Not Started
Form D: FY24 Performance Measures*	● Not Started
↩ Return to Overview Page	

Application Forms

Form A: Salaries & Benefits

Iowa City bases its funding decisions on criteria established by the Housing and Community Development Commission. The Legacy Aid to Agency scoring criteria is posted at www.icgov.org/actionplan. Contact Cassy Gripp with any questions at 319.356.5237 or at cgripp@iowa-city.org.

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Supporting Documents		● Not Started	
⭐ Education		Not Started	☑ Include? 🖨
Form D: FY24 Performance Measures*		● Not Started	

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Form A: Salaries & Benefits

Listed Positions

FY25 Form A: Agency Salaries & Benefits

ℹ️ Fields marked with an * are required fields.

💡 Please provide the information for employees and volunteers in your organization. If you do not find the position on the list, please add the position in the "other" section. You will need to individually add positions in "other" category.

Average Salary: Average salary of all staff in this position. If only one staff person holds this position, the Average Salary will be the individual's salary.
Paid Leave, Health Insurance, Retirement: If the position provides any of these benefits, place a "1" in the column of the benefit(s) they receive.
FTE (Last Year, This Year, Next Year): Indicate the number of employees in this position for the periods noted. If there are part time position, you may use .25, .5, etc. as needed.

Employees

Position	Average Salary	Paid Leave	Health Insurance	Retirement Plan	FTE (Last Year)	FTE (This Year)	FTE (Next Year)
Executive Director / President / CEO							
Director of Operations /COO							
Director of Development							

- **Enter information for employees in your organization. A list of positions is in the right-hand column.**

- **Identify benefits for the positions by entering a "1" in the paid leave, health ins or retirement columns, if they are offered for that position.**

Form A: Salaries & Benefits

Other Positions

- **If the available options do not match a position at your organization, you may create a new position.**

- **Click 'Other' to add your specific position information.**

Status: ● Not Started

FY24 Form A: Agency Salaries & Benefits

ℹ️ Fields marked with an * are required fields.

💡 Please provide the information for employees and volunteers in your organization. If you do not find the position on individually add positions in "other" category.

Please indicate if the position provides paid leave, Health Insurance or Retirement by playing a "1" in the box if the p

Employees

Position	Paid Leave	Health Ins	Retirement Plan	Average Salary	FTE (Last Year)
Executive Director / President / CEO					
Director of Operations /COO					
Director of Development					
Business Manager/CFO					
Program Director / Manager					
Program/Services Coordinator					
Direct Services Worker					
Administrative/Clerical staff					
Other	0	0	0	0	0
Total					

Volunteers

💡 Please indicate the number of volunteers active with your Agency.

	Last Year	This Year
Volunteers*		

Form B: Agency Demographics

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Supporting Documents		● Not Started	
⭐ Education		Not Started	☑ Include? 🖨
Form D: FY24 Performance Measures*		● Not Started	

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Form B: Agency Demographics

Client Data

- **Please provide two years of historical data and one year of projected data for clients served.**

- **This should be self-identified information**
- **If you do not collect data in any of the categories, enter '0'.**

- **Please do not leave any boxes empty**

Provide the Agency summary of how clients served self-identified during last two years and one projected enter "0" in that box. DO NOT LEAVE ANY BLANK.

(unduplicated client count)

Gender

	FY21	FY22	FY23
Male*			
Female*			
Non-binary*			

Race

Please indicate how clients self-identified.

	FY21	FY22	FY23
Asian*			
Black or African American*			
American Indian or Alaska native*			
Multiple Races*			
White*			
Other*			
Native Hawaiian or Other Pacific Islander*			

Ethnicity

Form B: Agency Demographics

Unduplicated Data

- **Please include only unduplicated numbers.**

- **Example: if a client accesses your services 5 times throughout the year, this counts as 1 unduplicated client.**

Form C: Agency Budget

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Form D: FY24 Performance Measures*		🔴 Not Started	

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Form C: Agency Budget

Overview

- **Please indicate one of the three budget types by entering the corresponding number.**

- **Enter all budget information into this form.**

- **An excel spreadsheet cannot be accepted as an alternative to this form.**

- **Please do not leave any boxes blank. Enter '0's as needed**

For the items that require itemization, click the link to enter specific information in the itemization form.

Budget Type

Please enter in a corresponding number to indicate your Budget type:

1 = Agency Level
2 = Program Specific
3 = County Specific

Budget Type*

Agency Revenues

	FY21	FY22	FY23
Coralville Funding*			
Iowa City Funding*			
Johnson County Block Grant Funding*			
Other Johnson County Funding (non-Block Grant Funding)*			
East Central Mental Health Region*			
UWJWC Allocation*			
UWJWC Designations*			
Community Foundation of Johnson County*			
Grants-Federal, State, Foundation*			
Fees for Services*			
Fundraising Events*			

Form C: Agency Budget

Auto Calculations

- **Some fields will auto-calculate.**

- **If there is not a box for you to enter information, this is an auto-calculated field.**

- **Once data is entered into the corresponding boxes, your calculated date will appear.**

- **To activate the calculated fields, you may need to save your entries.**

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Budget Type

Please enter in a corresponding number to indicate your Budget type:

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Budget Type*

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	FY21	FY22	FY23
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UWJWC Designations*			
Community Foundation of Johnson County*			
Grants-Federal, State, Foundation*			
Fees for Services*			
Fundraising Events*			

Supporting Documents

Attach files by clicking 'Choose File' and uploading from your computer

- **There are two required supporting documents:**
  1. **Board of Directors List**
  2. **Audit or Financial Review**

- **You may upload additional supporting documents as needed. This could be photos, client testimonials, etc.**

Form D: Performance Measures

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Note: To access this form, a program must be assigned to your application.

If you have not added a program, refer to slides 13 & 14 for instructions

Form D: Performance Measures

Selecting a Focus Area

- You must select at least one Outcome Statement in an area of Education, Income **or** Health that best fits the work that you will measure and report.

- Click the blue "+" to review the outcome statement of each area.

You are required to select at least one area of Education, Income & Health to provide measurements.

You may choose more than one area.

To select an area, click the BLUE Cross next to section.

In each area, there will be Percent (%) Indicator section and a Number (#) Indicator section. The sections are separated in order to use the approp

You must choose at least one Number (#) Indicator and one Percent (%) indicator for measurement and reporting.

Community Goals

Education

(+) Select a New Outcome Statement
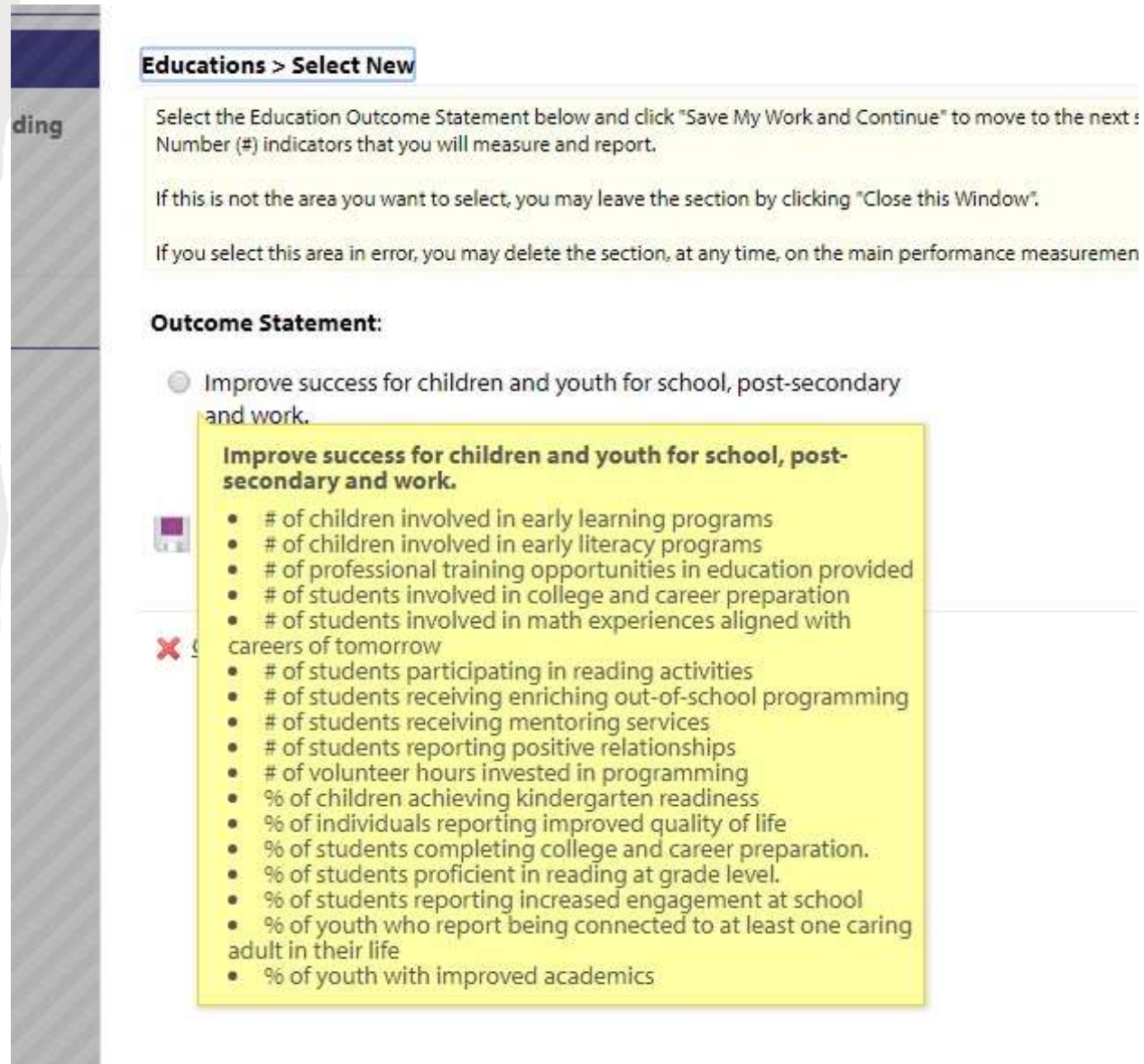
Income

(+) Select a New Outcome Statement

Health

(+) Select a New Outcome Statement

Form D: Performance Measures

Review Outcome Statements

Example

- If you click the blue '+' button for Education, a page with an income statement will appear.

- Hover over the outcome statement to view the performance measures available with this outcome statement

Educations > Select New

Select the Education Outcome Statement below and click "Save My Work and Continue" to move to the next s Number (#) indicators that you will measure and report.

If this is not the area you want to select, you may leave the section by clicking "Close this Window".

If you select this area in error, you may delete the section, at any time, on the main performance measuremen

Outcome Statement:

○ Improve success for children and youth for school, post-secondary and work.
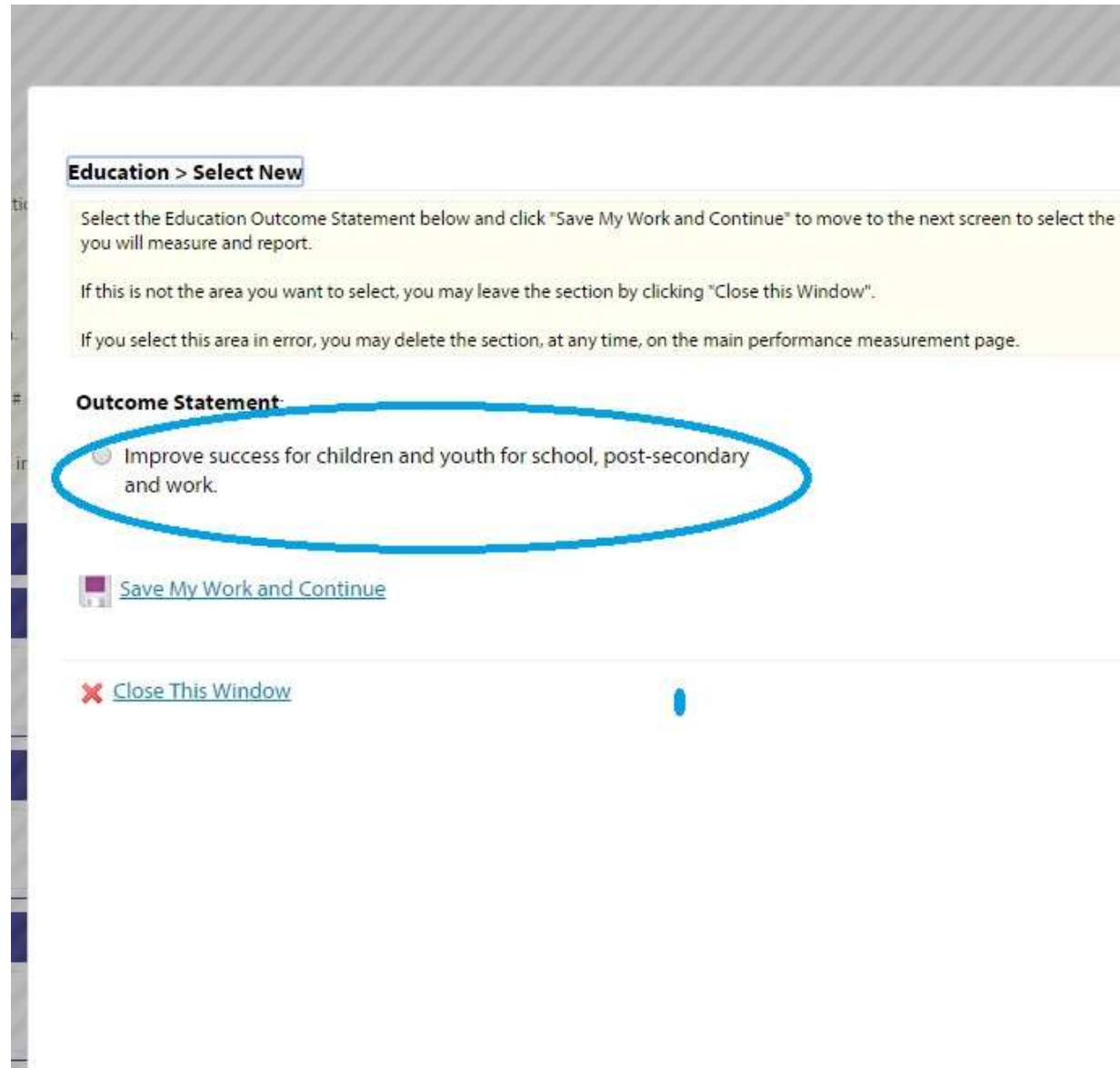
Improve success for children and youth for school, post-secondary and work.

- # of children involved in early learning programs
- # of children involved in early literacy programs
- # of professional training opportunities in education provided
- # of students involved in college and career preparation
- # of students involved in math experiences aligned with careers of tomorrow
- # of students participating in reading activities
- # of students receiving enriching out-of-school programming
- # of students receiving mentoring services
- # of students reporting positive relationships
- # of volunteer hours invested in programming
- % of children achieving kindergarten readiness
- % of individuals reporting improved quality of life
- % of students completing college and career preparation.
- % of students proficient in reading at grade level.
- % of students reporting increased engagement at school
- % of youth who report being connected to at least one caring adult in their life
- % of youth with improved academics

Form D: Performance Measures

Choose an Outcome Statement

- **If this is the area you want to choose, check the circle next to the statement and "Save My Work and Continue."**

- **If this is not the area you want to choose, click "Close this Window" to go back to the main Performance Measurement page where you can select a different focus area**

Education > Select New

Select the Education Outcome Statement below and click "Save My Work and Continue" to move to the next screen to select the you will measure and report.

If this is not the area you want to select, you may leave the section by clicking "Close this Window".

If you select this area in error, you may delete the section, at any time, on the main performance measurement page.

Outcome Statement:

○ Improve success for children and youth for school, post-secondary and work.

Save My Work and Continue

✖ Close This Window

Form D: Performance Measures

Performance Indicators

- **Once you have chosen an Outcome Statement, you will then choose two performance indicators associated with that outcome:**
  - **% Indicator – circled in red**
  - **# Indicator- circled in green**
- **Click each link to choose your indicators**

If this is not the area you want to select, you may leave the section by clicking "Close this Window".

If you select this area in error, you may delete the section, at any time, on the main performance measurement page.

> ⚠ Requirements:
> - **% Indicators**: Minimum of 1 required. Please enter 1.
> - **# Indicators**: Minimum of 1 required. Please enter 1.

Outcome Statement: Improve success for children and youth for school, post-secondary and work.

% Indicators

⊕ Select a New % Indicator

Indicators

⊕ Select a New # Indicator

Indicator Question

Data Collection

Please identify how you will collect data.*

Limit up to 500 characters (0 used).

Form D: Performance Measures

Choose Your Performance Indicators

Educations > # Indicators > Select New

Outcome Statement: Improve success for children and youth for school, post-secondary and work.

ⓘ Please select one or more # Indicators from the list below.

 # Indicator:

☐ # of children involved in early learning programs

☐ # of children involved in early literacy programs

☐ # of professional training opportunities in education provided

☐ # of students involved in college and career preparation

☐ # of students involved in math experiences aligned with careers of tomorrow

☐ # of students participating in reading activities

☐ # of students receiving enriching out-of-school programming

☐ # of students receiving mentoring services

☐ # of students reporting positive relationships

☐ # of volunteer hours invested in programming

- For each type, choose the statement you will monitor and report on during the funding cycle.

- Check the box for your chosen indicator, and then click "Save work and continue"

Form D: Performance Measures

Enter Your Target

- For each indicator you select, enter your target for the year.

- You will report on these areas in your Quarterly reports

- Enter targets for both % and # indicators

- For every indicator you select, you will enter a target

# of students participating in reading activities

Actual Measurement Quarter and Total

💡 USE THIS FORM FOR # MEASUREMENTS ONLY.

Please provide your projected # for the indicator for FY22 in the Total column.

You will need to "Save My Work and Mark as Complete" in order to submit the form.

	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Year Total
Projected #*					75

➕ Select a New # Indicator

% Indicators

➕ Select a New % Indicator

Indicator Question

Form D: Performance Measures

Data Collection

- For each target, identify how you will collect data

- Once all your information is complete, select "Save My Work and Mark as Completed."

Please enter a total year projection for quarter 4, if you receive funding you will provide reports on the indicators in qua

You will need to "Save My Work and Mark as Complete" in order to submit the form.

	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Total for Year
Projected # of participants					
Projected # of Achieving					
Projected Percent Achieving					

➕ Select a New % Indicator

 # Indicators

➕ Select a New # Indicator

Indicator Question

Data Collection

Please identify how you will collect data.*

Form D: Performance Measures

Dashboard View

On the main Performance Measurement page, you will see a dashboard view of the information you entered. You may edit and/or delete it at any time until you submit the application.

If you would like to choose more than one outcome statement, you will select the next area. You also have the option in the upper right of the page to view the information as a diagram or to print.

Form D: Performance Measures

Save & Continue

- **Once all of the Performance Measurement information is complete, click "Save My Work and Mark as Completed" at the bottom left corner of the main Performance Measurement page.**

Submit Your Application

Submit Application

Nice work, your Application is now Ready to Submit! **Would you like to Submit This Application Now?**

By entering the name of the Executive Director, you are validating that the information in the application is accurate and the Executive Director has reviewed it. Make sure the confirmation email is correct to receive confirmation of submission. Please save or print a copy of your FY24 application for your records.

Application Submission Details

Executive Director*: [   ]

Send Submission Confirmation Email To:* [info@unitedwayjc.org]

I certify that the information submitted in this application is true and correct to the best of my knowledge [ ]

☁ **Submit This Application Now!**

- **Once all forms are complete and marked "Save My Work and Mark as Completed", the status of your application will change to 'Completed' and a RED submit button will appear.**
- **If the Executive Director has reviewed the information, enter their name, make sure the email for confirmation is correct, and click the RED submit button.**

Confirmation

- **Once your application is submitted, you will be directed to a confirmation page.**

- **All colors will turn to green.**

- **You view and print your application, but once submitted you will not be able to edit the application.**

- **Please save a copy of your application for your records.**

If you need to make changes to a submitted application before the deadline, please contact Emily Meister at emily.meister@unitedwayjwc.org for assistance.

Funding Questions?

Each of the funding partners in the FY25 Joint Funding Application will review applications through their own timeline and processes.

United Way of Johnson and Washington Counties

Emily Meister

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Wendy Nolan

Wendy.nolan@unitedwayjwc.org

Johnson County

Lynette Jacoby

ljacoby@johnsoncountyiowa.gov

Please contact the specific partner with questions regarding that funding.

Application Questions?

For questions regarding the application process or eCImpact, please reach out to United way of Johnson and Washington Counties

Emily Meister, Director of Community Impact and Engagement

Emily.meister@unitedwayjwc.org

Wendy Nolan, Community Impact & 55+ RSVP Coordinator

Wendy.nolan@unitedwayjwc.org

319-338-7823

Thank you for all you do to serve our community!