

2020 APPLICATION FOR AGENCY FUNDING



The White County United Way mission is to help unite the community in mobilizing its resources to meet human needs. We fight for the health, education, and financial stability of every resident, in every neighborhood in White County. We invest funding in financially sound, well-managed community organizations who support our mission. The financial review provides the organizational information about the financial and operational structure of your organization. The information will be used to determine if your organization meets the criteria for WCUW funding.

United Way Budget & Allocations Committee members will be assigned to review your material. The members will be responsible for sharing their review with other members of the committee. You may be contacted for further information.

Instructions:

- No paper submissions will be accepted.
- No incomplete applications will be accepted. If your application is incomplete, we will notify you of any needed materials, but we will not extend the deadline.
- Provide the general agency information requested. Answer all questions and provide detailed explanations where requested.
- This material is due electronically by May 15th at midnight. If you have questions please contact the WCUW office at 574-583-6544.
- Please report technical difficulties to Nikie Jenkinson, WCUW Director. We cannot retrieve data that is lost in submission, and the deadline will not be extended. Please keep a back up, rough-draft file in case of data loss.
- The WCUW Committee will meet with agency representatives on June 11th for 10-minute presentations about your agency and 5 minutes of questions and answers. Presentations start at 5:00 PM. You will be notified of your assigned appointment at a later date.
- You will need the following file to complete the form. Please attach all supporting documents to your email, alongside this application.
- If you have the proper software, you may combine all of your documents into one PDF.
- You must submit a completed agency agreement with your application. You may find the agreement on our website by following the link below.

ORGANIZATION INFORMATION

LEGAL AGENCY NAME

PRIMARY CONTACT

First

Last

ADDRESS

PHONE NUMBER

Line 1

EMAIL

Line 2

EXECUTIVE DIRECTOR

City

State

First

Last

Zip Code

Country

WEBSITE

TAX ID NUMBER

**THIS REQUEST WAS APPROVED BY A
QUORUM OF OUR BOARD OF
DIRECTORS WHO WERE PRESENT AT
A BOARD MEETING ON THIS DATE:**

TOTAL FUNDING REQUEST FOR 2020

Budget Information Summary 2018

Please upload a copy of your complete budget for 2018 actual, 2019 anticipated, and 2020 proposed.

TOTAL OPERATING SUPPORT AND REVENUE 2018

TOTAL OPERATING EXPENDITURES 2018

Please explain any significant differences between your proposed 2018 budget and your actual income or expenditures.

TOTAL AMOUNT OF OPERATING RESERVES 2018

List fundraising and special events for 2018.

ACTIVITY

ACTIVITY

ACTIVITY

DATE(S)

DATE(S)

DATE(S)

NET EARNINGS

NET EARNINGS

NET EARNINGS

ADDITIONAL FUNDRAISING OR SPECIAL EVENTS:

Programming Reflection and Goals

Briefly explain how WCUW funding supports your programming. Make careful note of any modifications, reductions, or additions to your programming over previous years. How do you hope to enhance your programs in 2020? Please restrict comments to the space below.

Client Report for 2018

List the number of individual, unique people served by your organization by zip code, as follows:

BROOKSTON 47923

CHALMERS 47929

MONTICELLO 47960

BUFFALO 47925

IDAVILLE 47950

REYNOLDS 47980

BURNETTSVILLE 47926

MONON 47959

WOLCOTT 47995

TOTAL PERSONS (UNDUPLICATED) IN OUR SERVICE AREA

HOW MANY PAID EMPLOYEES DO YOU HAVE?

HOW MANY VOLUNTEERS, OTHER THAN BOARD SERVICE, DID YOU USE IN 2018?

BRIEFLY DESCRIBE YOUR SPECIFIC PARTNERSHIPS WITH OTHER HEALTH AND HUMAN SERVICE AGENCIES.

Organization Checklist

Please attach an electronic copy of each of the following documents. Please call WCUW if you have questions or difficulties.

5/Year Dwf i gv'Tgr qt v'423: /4242+

Conflict of Interest Policy

Roster of Officers and Board

Agreements with Affiliates/National Office

501 (c) 3 Determination Letter

Bylaws with Organizational Purpose

Agreement Form (attached above)

IRS Form 990

Marketing and Program Materials

Year-End Audit (Financials and Management)

Agreement and Assurances

WE AFFIRM AND MAKE THE FOLLOWING ORGANIZATIONAL CERTIFICATIONS:

We have on file and consistently implement a conflict of interest policy.

We have on file and consistently implement a non-discrimination policy.

We maintain sufficient insurance and provisions to protect our board of directors, employees, facilities, and agency funds.

We hereby certify that all White County United Way funds and donations will be used in compliance with all applicable anti-terrorist financing and asset control laws, statutes, and executive orders.

Vj g'wpf gtuki pgf "ctg"cwj qtk gf "vq"uwo kv'y ku'cr r rdecvkqp0

Vj ku'qti cpk cvkqp'y km'hwnf "go dtceg'y g'ci gpe{ "ci tggo gpv0

Tj ku'qti cpk cvkqp'y km'gpi ci g'kp"cp"kpvtxky "cpf lqt'ukg'xluk'cu'tgs wguwgf 0

BOARD MEMBER TYPED NAME

SIGNATURE

STAFF MEMBER TYPED NAME

SIGNATURE