

United Way of Moore County Annual Request for Funding

General Information

Funding applications and all required documentation must be submitted to the United Way of Moore County office, 375-D Southeast Broad Street, PO Box 207, Southern Pines, NC 28388 no later than 3:00 P.M. on February 5, 2010. No applications will be accepted after that time. **Incomplete applications will not be processed.** The review period is February 12 through April 9, 2010. Funding notification is scheduled for June 4, 2010. For further information, contact the United Way at (910) 692-2413.

- All questions must be answered completely.
- Use the agency's fiscal year in reporting information.
- Application materials should be arranged in the order provided in the checklist.
- Attachments should also be arranged in the order provided in the checklist.
- **Submit one (1) original and ten (10) 3-hole punched copies of the proposal.**

Application Checklist

Please make sure your proposal (*1 original plus 10 copies*) includes each of the following:

- _____ Annual Request for Funding (includes):
 - _____ -Program Outcome Measurement Information
 - _____ -Agency Personnel Roster
 - _____ -Fundraising Activities
 - _____ -Expense & Revenue History
- _____ Participation Agreement
- _____ Anti-Terrorism Compliance
- _____ Agency/Program Budget Information
- _____ Agency Board Roster
- _____ Agency Annual Report (if applicable)
- _____ Donor Restricted Funds Disclosure
- _____ Community Impact Statements

Required Documentation. In addition to the above, please submit one (1) copy of the following:

- _____ **Most Recently Completed Agency Financial Audit** (Agencies with gross revenue in excess of \$250,000 are required to submit a full audit report. Agencies with gross revenues less than \$250,000 are required to submit a letter of financial review by a CPA.)
- _____ Most Recently Completed IRS 990.
- _____ Most Current Balance Sheet Listing Assets & Liabilities.
- _____ 501 (c)(3) Certification unless _____ already on file with United Way of Moore County.
- _____ Current State Solicitation License.
- _____ Agency By-Laws.



United Way
of Moore County

AGENCY: _____

MAILING ADDRESS: _____

LOCATION ADDRESS: _____

TELEPHONE NUMBER: _____

FAX NUMBER: _____

AGENCY CONTACT PERSON: _____

CONTACT PERSON EMAIL ADDRESS: _____

COMMUNITY IMPACT FOCUS AREA (check one)

- YOUTH
- FAMILY
- MEDICAL OR EMERGENCY ASSISTANCE

PROGRAM FUNDING INFORMATION

Amount of funding **requested** for FY 2010 – 2011: \$ _____

Amount of funding **received** for FY 2009 – 2010: \$ _____

PROGRAM PROPOSAL AUTHORIZATION

I, _____, am the duly appointed representative of _____ authorized to certify and affirm all enclosed statements included with this application. This submission was considered and approved by _____ (both signatures are required):

Executive Director/Date

Chair, Board of Directors/Date

Printed Name: Executive Director

Printed Name: Chair, Board of Directors

IV. Please state your objectives and how they are measured. Include quantitative as well as qualitative measures.

V. What are your objectives for the coming year? Please provide justification for your current request.

VI. If you received United Way of Moore County funding last year, please list the specific programs, etc. to which last year's United Way dollars were applied and how.

VII. Please indicate the number of individuals served through your agency:

2007 _____ 2008 _____ 2009 _____
(if available)

VIII. If there is a waiting list for services, indicate the latest number of clients on the list and the length of time a person would normally have to wait for services to be provided.

IX. If United Way funding is less than the amount requested, how will it impact your agency and what will be your plan of action?

X. Do you serve other counties? If so, please list them and indicate the numbers served.

XI. Do you charge fees for any of your services? If so, please list services and applicable fees.

XII. Did your organization conduct a United Way employee/board campaign?

XIII. How has your organization participated in the United Way of Moore County campaign or other United Way events? Please be specific.

XIV. When does your fiscal year begin? _____ **Please attach your most recent agency budget.**

XV. Out of your organization's total budget, what percentage goes toward overhead costs (including administrative and fundraising costs combined)? _____%.

EXPENSE & REVENUE HISTORY

Complete the following chart listing your organization's two-year expense and revenue history.

Revenue	% of most recent budget	2008(Actual)	2009 (Actual or Estimated)
Federal			
State			
County			
Municipal			
Private Contributions			
Contributions from Affiliates			
Foundations			
United Way of Moore			
Other United Ways			
In-kind Support Dollar Value			
Investment Income			
Program Service Fees			
Sales of Materials			
Fundraising/Special Events			
Membership Dues			
Miscellaneous			
Total Revenue			
Expenses			
Management			
Fundraising			
Program			
Other			
Total Expenses			

Agency Personnel Roster

XVI. Please attach the current roster of your Board of Directors. How often does your Board of Directors meet?

Fundraising Activities

XVII. During the blackout period of September 1 through October 31, the agency may hold no event nor make any direct or indirect solicitation for any event, fundraiser or initiative for which the agency is a beneficiary. In addition, no agency shall support in any way, the solicitation(s) made by and through others on behalf of the agency, to include written or verbal advertising or communication in any media outlet, discussion in public or private forums, and/or marketing materials of any kind. Any exceptions to the aforementioned must be with the prior consent of the United Way Board of Directors.

Violation of this Section will result in notification to the Chair of the Board of Directors of the agency in violation, and any or all of the sanctions as outlined in the United Way Blackout Period Policy up to and including termination of the agency as a United Way Partner.

Please provide your organization’s plan for fundraising activities.

Name of Fundraiser	Brief Description	Monetary Goal	Exact Solicitation Period	Person(s)/Group Responsible