United Way of moore county  
request for funding

2020

Funding application and all required documentation must be submitted to the United Way of Moore County office, 780 NW Broad Street, Suite 110; PO Box 207 Southern Pines, NC 28388 no later than 3:00 PM on Friday, February 21, 2020. No applications will be accepted after that time. Incomplete applications will not be processed. The review period is March 23rd to April 24th 2020. Funding notification is scheduled for June 1, 2020. For further information contact the United Way at (910) 692-2413.

Your completed application should include **one** copy of the following items unless otherwise requested in parentheses:

|  |  |  |  |
| --- | --- | --- | --- |
| Fully Completed and Signed Request for Funding Application (original & 10 copies) |  | Donor Restricted Funds Disclosure (plus 10 copies) |  |
| UWMC Anti-Terrorism Compliance Form |  | Community Impact Statements (plus 10 copies) |  |
| Most Recently Completed Audit Or Audit Letter From CPA\* |  | Copy of 501(c)(3) Certification letter or certificate |  |
| Copy of Most Recently Completed IRS 990 |  | Copy of Current State Solicitation License |  |
| Most Current Balance Sheet (plus 10 copies) |  | Agency By-laws |  |
| Partnership Agreement |  | Partnership Self-Assessment (plus 10 copies) |  |

**\* 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.**

# section I: general inforMation

Please provide the contact information for your agency.

|  |  |
| --- | --- |
| AGENCY |  |
| MAILING ADDRESS |  |
| LOCATION ADDRESS |  |
| TELEPHONE NUMBER |  |
| FAX NUMBER |  |
| AGENCY CONTACT PERSON |  |
| CONTACT PERSON EMAIL |  |

## Funding Request

|  |  |
| --- | --- |
| Amount received in 2019: | $ |
| Amount requested for 2020: | $ |

## Community Impact Focus Area (Choose Only One)

**Please select your area of focus. The three areas of Education, Income and Health are the primary areas in which the United Way of Moore County hopes to improve the lives of people in our county and help our communities thrive.**

* **Education**: **Make sure children and youth can start school ready to succeed, become proficient readers at a young age, stay on track in middle school, earn their high school diploma and pursue a higher education.**
  + Improving access to and providing quality, affordable child care
  + Partnering with schools and parents to improve graduation rates
  + Providing before and after-school care, recreation or mentoring programs for youth deemed at-risk
  + Enhancing peoples education to help them obtain employment
  + Providing alternative education programs for youth to prevent unhealthy behaviors during unsupervised times
  + Providing parenting skills or parent education
  + Engaging youth to develop good work ethics
* **Income: Sustained Financial Independence.** **Empower people to get on stable financial ground with proven methods like job training, financial wellness classes and more.  Community-change strategies to help families meet their basic needs while gaining the financial capability to plan for and accomplish their long-term financial goals.** 
  + Supporting basic/emergency needs
  + Increasing access to services, support coordination of care though information and referral
  + Helping people obtain job training, placement and family-sustaining wages
  + Increasing affordable housing for seniors and families
  + Provide financial education/budgeting
  + Providing access to employment, i.e. transportation
  + Eliminating barriers and creating accessible pathways to success for economically disadvantaged
* **Health**: **Build healthier, more resilient communities by promoting healthy eating and physical activity, expanding access to quality and total health care and integrating health into early childhood development. Resources to improve health and well-being.**
  + Increasing access to services, support coordination of care though information and referral
  + Increasing access to critical healthcare services
  + Integrated Service Delivery approach to health & social service care
  + Reducing substance abuse, child abuse and domestic violence
  + Increasing health education and preventive care
  + Providing access to healthcare, i.e., transportation
  + Providing resources to health and well-being (healthy eating, nutritious foods, preventing obesity or promoting healthy lifestyles)

## Program Proposal Authorization & Acknowledgment of Focus Period

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, am the duly appointed representative of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ authorized to certify and affirm all enclosed statements included with this application.

During the Focus 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 imitative 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, including 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 outlines in the United Way Focus Period Policy up to and including termination of the agency as a United Way partner.

This submission was considered and approved by (both signatures required):

|  |  |  |
| --- | --- | --- |
|  |  |  |
| *Executive Director* |  | *Chair, Board of Directors* |
|  |  |  |
| *Printed Name* |  | *Printed Name* |
|  |  |  |
| *Date* |  | *Date* |

# section II: program narrative

Please use this section to describe your organization’s mission and provide more information about how you will use United Way funds to further your mission. Please keep your responses brief (no more than 300 - 400 words).

1. What is your organization’s mission?
2. What have you achieved in the last three years to advance your mission?
3. What is the need/issue you are trying to address? How many individuals or groups within your focus area are affected by it?
4. Describe the outcomes expected for the proposed project/program.
5. Describe how you will measure and report on key activities and outcomes.
6. What additional resources are needed to carry out this work?
7. Who in your area is working to address this need or operating a program/project similar to the one you are proposing? How are you engaged with them?

# section III: financial disclosures; organization structure & governance

## Financial Disclosures

* How many years has your organization operated in Moore County?
* What percent of your funding is from the United Way of Moore County (% of revenue & expenses)?
* What are your agencies plans for financing 2020-2021 programs? What are your plans to financially support your agency?

**REVENUE AND EXPENSE HISTORY**

|  |  |  |  |
| --- | --- | --- | --- |
| REVENUE | % of most Recent Budget | 2019 (Actual) | 2020 (Actual or Estimate) |
| Federal |  |  |  |
| State |  |  |  |
| County |  |  |  |
| Municipal |  |  |  |
| Private Contributions |  |  |  |
| Contributions from Affiliates |  |  |  |
| Foundations |  |  |  |
| United Way of Moore County |  |  |  |
| Other United Ways |  |  |  |
| In-Kind Support Dollar Value |  |  |  |
| Investment Income |  |  |  |
| Program Service Fees |  |  |  |
| Sales of Materials |  |  |  |
| Fundraising/Special Events |  |  |  |
| Membership Dues |  |  |  |
| Misc. (Please Explain) |  |  |  |
| Total Revenue |  |  |  |
|  |  |  |  |
| **EXPENSES** |  |  |  |
| Management/Personnel |  |  |  |
| Fundraising |  |  |  |
| Program |  |  |  |
| Other |  |  |  |
| Total Expenses |  |  |  |

## Organization Structure & Governance

* Please attach a current roster (name/address/email) of your staff and Board of Directors (**please include board member occupation**).
* How often does your Board of Directors meet?
* What are the most critical issues facing your agency?