

UNITED WAY
Funding Application
Criteria & Application



CRITERIA FOR APPLICATION

A. Organizations must be incorporated as a nonprofit, with IRS tax exempt status, or must be sponsored by such an agency (sponsorship includes fiscal responsibility) or an instrumentality or political subdivision of a state not subject to Federal income tax pursuant to Section 115 of the Internal Revenue code and must provide health or human services in the United Way service area of McDonald County.

B. The amount of money available for grants is established by the United Way Board of Directors and dependent upon the amount of money raised in McDonald County during the annual United Way campaign.

C. To assure equity and fairness in the decision making process, proposals are to be evaluated by the following criteria:

- Potential for success if funded, as defined by the objectives of the project itself and as indicated by the capabilities of the organization.
- Potential for positive impact on service recipients.
- The degree of non-duplication with other services or programs currently available.
- The extent and completeness to which the need for the program is substantiated.
- The extent of collaborative involvement with other agencies and use of volunteers.

The United Way Committee reserves the right to make funding decisions on the basis of this application only. It may, however, request an on-site visit or presentation.

PROCEDURE

Any agency interested in applying should fill out the below application.

The application is available online www.unitedwaynwa.org under the McDonald County tab. Please download the application. Proposal must not include additional pages, exclusive of the following listed forms:

- Application Cover Sheet**
- Letter of support signed by a Board Officer.**
- Board Roster, including work affiliation and title.**
- Current year operating budget.**
- A copy of the agency's IRS 501 (c)(3) determination letter.**

UNLESS SPECIFIED OTHERWISE, APPLICATIONS IN EXCESS AND NOT TYPED ON OUR FORMS WILL NOT BE CONSIDERED FOR FUNDING.

Please mail six hard copy applications to:

**Tara Cosgrove
ARVEST Bank, Anderson Branch
P.O. Box 795
Anderson, MO 64831**

**Please email one copy to
Holly Sparks Hill, United Way of Northwest Arkansas
hsparks@unitedwaynwa.org**

If you have any questions, please feel free to contact me, Holly Sparks Hill, United Way of Northwest Arkansas, 877-750-1221

United Way Application Cover Sheet



Organization Name:		
Program Name:		
Address:		
City, State, Zip		
Employer Identification Number (EIN):		
CEO:		
Fax:	Phone:	Email:
Contact person regarding this application:		
Title:	Phone:	Email:
Board Chair:	Phone:	Email:
Fiscal Year:	Website:	
Program Name:		
Is you agency an IRS 501 (c)(3) not for profit? Yes NO		
If NO, list name ad address of fiscal agent:		

PROPOSAL INFORMATION

Please give a 2-3 sentence summary of request:	
Unduplicated number to be served:	Geographic area served:
Dollar Amount Requested:	\$
Total Program budget:	\$
Total annual organization budget:	\$

AUTHORIZATION

Signatures CEO/Executive Director

Board Chair

NAME OF AGENCY: _____

AGENCY DESCRIPTION AND PROGRAM SUMMARY:

Briefly describe, in one page or less, the agency's current programs and this proposed program's goals, targeted population, numbers to be served and evaluation methods of the success of this program.

NAME OF AGENCY: _____

COMMUNITY PROBLEM:

The community problem statement should describe, on one page or less, the circumstances or conditions in the community that the programs seek to change. Often the condition is a problem that your program is trying to reduce or eliminate. Examples include substance abuse, school drop-out, etc. It is important to include numerical descriptions of the extent and scope of the problem.

AGENCY: _____

PROGRAM BUDGET – DIRECT EXPENSES

Please provide a detailed line-item budget of the requested program’s direct expenses, specific to this program only (not total agency budget)
 “Direct Expenses” are those expenses that are directly related to providing program services. Columns B and C MUST total Column A.

	Column A	Column B	Column C
	Total Program Budget	Other Funding & In Kind Cont.	United Way Request
Direct Expenses			
Salaries & Wages			
Employee Benefits			
Contract Services			
Supplies			
Telephone			
Equipment			
Postage			
Occupancy			
Rent/Maint. Equipment			
Printing/Publications			
Travel			
Conference/Meetings			
Assistance to Individuals			
Membership Dues			
Awards & Grants			
Local Transportation			
Miscellaneous			
Equipment Purchases			
Insurance			
Dues to Natl. Org.			
Other			
Total Direct Expenses	\$	\$	\$

AGENCY: _____

PROGRAM BUDGET- OTHER FUNDING/IN-KIND CONTRIBUTIONS

Itemize all other funding sources and in-kind support for the requested program as identified in “Column B” in your program budget. Please indicate whether or not funding has been committed. The “TOTAL AMOUNT” must equal “Column B’ of Total Program Expenses.”

SOURCE	COMMITTED (YES OR NO)	AMOUNT	PURPOSE
Total Amount		\$	

FUTURE FUNDING

Describe how the program will be funded on an ongoing basis after the United Way grant has ended. Indicate funding sources and activities to be pursued.

AGENCY NAME : _____

PROGRAM GOALS:

State the general purpose, in the space provided below, of the program and the intended outcomes as related to the agency mission. The program goals should also define the expected achievements of the program as they relate to the agency's mission. Examples include:

- ...Every homeless person in XYZ neighborhood uses the shelters provided for three days and nights.
- ...Every individual attending the workshop should know how to write a resume.
- ...Every teenager will be able to list ten negative consequences from substance abuse.

AGENCY NAME: _____

EVALUATION:

Please describe, in the space provided below, the methods that will be used to document how well the program is reaching intended target clients. Include data collection methods to document the delivery of program services and methods used to measure program results.