For consideration for this year’s funding cycle, funding applications and all required documentation must be submitted to the ***Greene County United Way office at 748 East High Street, Waynesburg, PA 15370*** no later than **3:00 PM ON MONDAY, MARCH 2, 2020**.

**NO APPLICATIONS WILL BE ACCEPTED AFTER THIS TIME.**

If you are exempt from any of the following, please provide documentation of exemption status.

**Required Documentation –NO STAPLES, no coversheets, no folders and no altering application**

**Part 1 –Clip all 3 items into one packet and submit 6 copies of each packet (Print one sided)**

\_\_\_\_\_ Request for Program Allocation

\_\_\_\_\_ Budget Comparison and Narrative

**Part 2 -- Clip one copy of each in the order provided below**

\_\_\_\_\_ Checklist (Include in application... filled out)

\_\_\_\_\_ 501(c)(3) Certification

\_\_\_\_\_ Current Board of Directors roster with officers noted

\_\_\_\_\_ Current BCO or application for renewal

\_\_\_\_\_ ***\*\*NEW\*\****Statement of Partnership Agreement (Signed & Initialed)

\_\_\_\_\_ Most recent Annual Report (if appropriate)

\_\_\_\_\_ Most recent agency brochure, letterhead and/or other printed material that depicts  
 partnership with United Way

**Part 3 – Email or Dropbox one copy of each document**

\_\_\_\_\_ Most recent Annual Financial Audit

\_\_\_\_\_ Most recent IRS Form 990

\_\_\_\_\_ Balance Sheet from your most recent fiscal year

\_\_\_\_\_ Profit and Loss report from your most recent fiscal year

**Date:**

**Name of Agency:**

**EIN Number:**

**Contact Person(s):**

**Title(s):**

**Phone Number(s):**

**Fax Number:**

**Mailing Address:**

**Street Address** *(if different)***:**

**Email Address:**

**Agency Website:**

**Is your Agency a Chapter of a State or National Agency:** \_\_\_\_\_ Yes \_\_\_\_\_ No

* Official Name of Agency’s Governing Body:
* Would you like your correspondence sent to the local office or headquarters?

Address if different from above:

* Where would you like your allocation checks sent?

Address if different from above:

**Describe any significant organizational changes in the last 12 months** *(i.e. Leadership/staffing changes, new programs or funding, cut programs or funding).*

**Briefly describe (in one or two paragraphs) your agency’s mission and services. What do you do? How do your programs and/or services impact Greene County?**

**What is your percentage of overhead expenses?** *(Calculate using most recent IRS Form 990)*:

Part IX Statement of Functional Expenses

Line 25 – Total functional expenses, Column C: $

Plus +

Column D: $

Total: $

Divided by:

Part VIII Statement of Revenue

Line 12 – Total Revenue, Column A: $

= Total \_\_\_\_\_\_\_\_\_\_%

**Will your agency lose any funding this year? If so, how much and what impact will it have on your agency?**

**Demographic Information**: *(Approximate)*

1. Ages served:
   1. 0-18
   2. 19-62
   3. 63+
2. Racial & ethnic population served - % of each of the following (must equal 100%):
   1. African American
   2. Asian American
   3. White
   4. Hispanic/Latino
   5. Native American
   6. Other
3. Percentage of low-income individuals served by your United Way-funded programs:

**Did your agency conduct a United Way employee campaign?** \_\_\_\_\_ Yes \_\_\_\_\_ No

**If not, why?**

**Did you give a pledge form to each employee?** \_\_\_\_\_ Yes \_\_\_\_\_ No

**If not, why?**

**Did you give a pledge form to each board member?** \_\_\_\_\_ Yes \_\_\_\_\_No

**If not, why?**

**Do you display United Way information at your sites?** \_\_\_\_\_ Yes \_\_\_\_\_ No

**If not, why?**

**List any events/functions that you volunteered to help Greene County United Way?**

**Is there any additional information you would like Greene County United Way to consider in determining your allocation?**

**When did you last update 211?** *(It is mandatory you register on the PA 211 website)*

**Agency Service Report**

Please provide average statistics for a 12 month period, preferably your most current fiscal year.

SERVICES/PROGRAMS PROVIDED # OF CLIENTS SERVED

|  |  |
| --- | --- |
| 1. |  |
| 2. |  |
| 3. |  |
| 4. |  |
| 5. |  |
| 6. |  |
| 7. |  |
| 8. |  |
| 9. |  |
| 10. |  |

TOTAL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# OF VOLUNTEERS (Greene County):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# OF STAFF (Greene County):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Utilizing the figures above, list by School Districts where your clients reside.

SCHOOL DISTRICT #OF CLIENTS SERVED

|  |  |
| --- | --- |
| 1. Carmichaels School District |  |
| 2. Central Greene School District |  |
| 3. Jefferson School District |  |
| 4. Southeastern Greene School District |  |
| 5. West Greene School District |  |
| 6. Other\* |  |

TOTAL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NOTES: Please make sure the “totals” coincide. If you marked “other”, please define.

**Program Name:**

**Amount Requested** ***($5,000 maximum request)***:

**Which of the Impact Areas does this program support?** *(Only choose one)*

\_\_\_\_\_ Education \_\_\_\_\_ Income \_\_\_\_\_ Health

**Program Description**

**Describe the program for which you are requesting funding. Is this a new or established program?**

**What need does your program address? What is the extent of the unmet need?**

**How is your program unique from other, similar programs offered in the community?**

**Describe how your program is working with (or can work with) other organizations to better serve clients. Include partnerships with community organizations and programs.**

**Indicate the number of unduplicated people served in Greene County with this program.**

|  |  |  |  |
| --- | --- | --- | --- |
|  | 2019 Actual | 2020 Projected |  |
| Children 0-18 |  |  |  |
| Adults 19-59 |  |  |  |
| Senior Citizens 60+ |  |  |  |

**Describe how your agency determines eligibility for this program.**

**What percentage of your clients are considered “at risk,” and how do you recruit “at risk” clients?**

**Define your program’s service goals.**

**What is your 3-5 year plan for this program?**

**How do you handle demands for services that cannot be immediately met? What is the average duration of time on your waiting list, if applicable?**

**Does the agency charge a fee for this program? If yes, please attach the fee schedule.**

**Of the total funding for this program, what percentage comes from Greene County United Way?**

**List any other sources of funding for the program which you are requesting funding.**

**Program Goals & Outcome Measurement**

Please respond to the following points regarding program outcomes using the order and format listed *(maximum of 2 pages.)*

**Program Goal:**

**Actual Population Served:**

**Proposed Outcomes:** *(Proposed outcomes are the anticipated benefits or changes for participants as a result of the program).* Include timeframe in which change is expected to occur *(e.g. after 6 months, at the end of the program, etc.).*

**Outcome Findings:**

What **program indicator(s)** will you use to determine if you achieved the outcome(s)?

What percentage of clients do you think will reach the specified indicators?

**Measurement:**

Describe data collection sources, tools and methods used to measure outcomes.

**Impact of the program based on your outcome findings:***(current programs only)*

How effective is the program?

What, if any, program changes (design or implementation) are being planned?