

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 1, 2021.**
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 both items into one packet and submit 6 copies of each packet (Print one sided)

- _____ Checklist (Include in application... ONLY one completed copy)
- _____ Request for Program Allocation
- _____ Budget Comparison and Narrative

Part 2 – Email or Dropbox a copy of each in the order provided below

- _____ 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?



REQUEST FOR PROGRAM ALLOCATION - 2021

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)*

- a. Ages served:
 - 1) 0-18
 - 2) 19-62
 - 3) 63+

- b. 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

- c. 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?

Greene County
United Way



REQUEST FOR PROGRAM ALLOCATION - 2021

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)*



REQUEST FOR PROGRAM ALLOCATION - 2021

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.



REQUEST FOR PROGRAM ALLOCATION - 2021

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.

	Current Year Actuals	Coming Year 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?