

# 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 3, 2012. No applications will be accepted after that time. **Incomplete applications will not be processed.** The review period is February 13 through April 12, 2012. Funding notification is scheduled for June 4, 2012. 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) copies of the completed application.**

## Application Checklist (please return with your submission)

Please check off and make sure your application (*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 only 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.



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 2012 – 2013: \$ \_\_\_\_\_

Amount of funding **received** for FY 2011 – 2012: \$ \_\_\_\_\_

**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:

2009 \_\_\_\_\_ 2010 \_\_\_\_\_ 2011 \_\_\_\_\_  
(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 in those counties.
- XI. Do you charge fees for any of your services? If so, please list services and applicable fees.
- XII. Did your organization conduct a 2011 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.

<b>Revenue</b>	<b>% of most recent budget</b>	<b>2010(Actual)</b>	<b>2011 (Actual or Estimated)</b>
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			
<b>Total Revenue</b>			
<b>Expenses</b>			
Management			
Fundraising			
Program			
Other			
<b>Total Expenses</b>			

**Agency Personnel Roster**



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

<b>Fundraising Activities</b>
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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