

## United Way of Scotland County Grant Application 2021-2022 Program Years

In applying for United Way of Scotland County funding, all agencies must complete the enclosed forms for **each** program.

- All Applications must be received by noon on **Thursday, April 22, 2021**.
- If an application is late, it will not be considered for funding.
- Faxed or Email copies not accepted.
- Please bring or mail your application packet to:  
United Way of Scotland County, 205-B Lauchwood Drive, Laurinburg, NC.

Application Packet must include the following:

<input type="checkbox"/>	Program Grant Application	<b>9 Copies</b>
<input type="checkbox"/>	Agency Agreement (MOA) <small>(Original signature page needs to be provided to United Way)</small>	1 Copy
<input type="checkbox"/>	Non-Discrimination & Anti-Terrorism <small>(Original signature page needs to be provided to United Way)</small>	1 Copy
<input type="checkbox"/>	Most recent budget (agency & program)	1 Copy
<input type="checkbox"/>	Solicitation License	1 Copy
<input type="checkbox"/>	Annual Audit (or Board Certified financial review) <small>(Audit required for budgets exceeding \$350k or partners who receive funds in excess of \$15k from UWSC)</small>	1 Copy
<input type="checkbox"/>	Most recent 990 (within last 18 months)	1 Copy
<input type="checkbox"/>	Current Board of Directors List	1 Copy
<input type="checkbox"/>	Previous Year Funding Detail	1 Copy
<input type="checkbox"/>	List of Annual Fundraisers & Anticipated Revenue	1 Copy

FOR NEW PARTNER APPLICANTS (that have not received UWSC funds in the last 5 years):

- 1) The applicant agency shall furnish a copy of its Bylaws and a copy of its Articles of Incorporation.
- 2) Attach a copy of the agency's 501 (c)(3)

**PLEASE NOTE: Formats other than what is provided here will not be accepted or considered.**

**United Way 2021-2022 Program Grant Application**

<b>Community Partner General Information:</b>	<b>Community Partner Information</b>
	Name:
	Mailing Address:
	Street Address:
	Primary Phone:
	Primary Email:
	Website URL:
	EIN:
	Solicitation License #:
	<b>United Way Funding Information</b>
	Total Amount of Funding Requested:
	Amount of Funding Received Last Year:
	<b>Community Partner Executive Director</b>
	Name:
	Email:
Phone:	

<b>Organization Information:</b>	Mission Statement:
	Organization Description to be included in United Way brochure:
	On which date does the Organization's Fiscal Year begin?
	On which date does the Organization's Fiscal Year end?
	Number of years in operation:
	Total Organizational Budget:

**United Way 2021-2022 Program Grant Application**

	Will your agency participate in United Way fundraising events?
	Does your agency identify itself as a United Way Community Partner through The display of our logo and name on letterhead, newsletters, brochures, Websites, physical location and marketing materials, as well as in news releases, public service announcements, public affairs programs, community presentations and other events which would be beneficial to both partners? (if you need United Way signage, please contact our Executive Director)
	Will your agency provide a project for United Way Day of Caring on September 4, 2020? (If not, please provide in detail why)
<b>Volunteer Information:</b>	Total number of volunteers:
	Total number of volunteer hours per calendar year:
	Volunteer Roles:
<b>Employee Information:</b>	Total number of full time employees:
	Total number of part time employees:
	Do you conduct a United Way Campaign with your employees? (If no, please explain)
	Percent of Employees that contribute to United Way Campaign?
<b>Board Information:</b>	Total number of Board Members:
	Do you conduct a United Way Campaign with your board? (If no, please explain)
	Percent of Board that contribute to United Way Campaign?

# Section II: Program Information

Please complete the following for each program  
in which you are requested funding

## United Way 2021-2022 Program Grant Application

<b>Program Information &amp; Description:</b>	Program Name:
	Requested Amount of Funding for Program:
<b>Program Description:</b>  <i>Please briefly describe the specific need the program addresses in Scotland County. Be sure to include specific local data that demonstrates the need in the community. Include any relevant local trends or external factors that are affecting that need. Provide program background, year started and a few accomplishments.</i>	
<b>Program Budget Annually:</b>	
<b>Target Population:</b>	
<b>Additional Sources of funding for this program:</b>	

## United Way 2021-2022 Program Grant Application

### How will United Way funds be used:

*Please explain specifically how UW funding will be used, include whether the funding will help add new services or supplement funding to maintain current service levels)*

### PROGRAM INFORMATION

How have you incorporated previous United Way recommendations (if applicable) into making your program stronger?

How is this program uniquely qualified to help address day-to-day challenges in Scotland County?

What else would you like us to know about your program?

**CLIENT CHARACTERISTICS** - *Provide client beneficiary characteristics data for the total number of unduplicated individuals that were served by your program last fiscal year and that you are projecting for the current and next fiscal year. Total for each section must match total number of program clients.*

#### Total Clients Served by the Program

	Last FY(2020) Actual	Current FY (2021) Projected	Projected Next FY – (2022)
# of Unduplicated Served			
Estimated # of potential clients not served due to limited resources			

## United Way 2021-2022 Program Grant Application

### COLLABORATIONS & REFERRALS

Is the program being done in collaboration with other nonprofits, private businesses, governments, schools, or service organizations? If no, please explain the resources available to support the proposed program.

Please list the major collaborator(s) that the program works with regard to program service delivery:

#### Referrals / Stability

When there are more participants than the program offers, what are the top three external referrals this program makes and what assistance are they're seeking?

### OUTCOMES

#### Program Outcomes

Please list the desired outcomes for this program (initial, intermediate and long term):

How do you measure the effectiveness of this program?

*How does your organization/agency use outcome data for continuous improvement of your program?*

## United Way 2021-2022 Program Grant Application

Please list any influencing factors that may affect the program's results:

**Outcomes Success Story** – Provide attach a brief success story based on one successful outcome. The success story must be available for public use by United Way. The story should illustrate your program's effect on a SINGLE CLIENT. Limit your response to NO MORE THAN TWO PARAGRAPHS.

United Way is granted permission to use the information provided on this form publicly:    **YES**            **NO**



# United Way 2021-2022 Program Grant Application

**PROGRAM BUDGET FORM** – Be sure you are detailing the program budget and not the agency budget. This form should be specific to the revenue and costs of the program.

**Program Name:** \_\_\_\_\_ **Organization Fiscal Year:** \_\_\_\_\_

**Organization Name:** \_\_\_\_\_ **Dates of Program Operation:** \_\_\_\_\_

<b>Program Revenue:</b> <i>**specific to the program for which you seek funding</i>	<b>2020 Budget</b>	<b>2021 Projected Budget</b>	<b>\$ Changed</b>	<b>% Changed</b>
UW Designations				
UW Allocations				
Gov. Funding – City				
Gov. Funding – County				
Gov. Funding – State				
Gov. Funding – Federal				
Foundation/Corporate Support				
Contributions/Donations				
Special Events				
Membership Dues Received				
Investment Income				
Other United Ways				
Other Income:				
<b>Total Program Revenue</b>				
<b>Program Expenses:</b> <i>**specific to the program for which you seek funding</i>	<b>2020 Budget</b>	<b>2021 Projected Budget</b>	<b>\$ Changed</b>	<b>% Changed</b>
Salaries (program staff)				
Employee Benefits				
Payroll - Taxes				
Professional Fees & Contracts				
Occupancy				
Supplies / Equipment				
Other Expenses				
<b>Total Program Expenses</b>				
	<b>2020 Budget</b>	<b>2021 Projected Budget</b>	<b>\$ Changed</b>	<b>% Changed</b>
<b>Surplus or Deficit</b>				

## United Way 2021-2022 Program Grant Application

### Affirmations

We affirm that the information in this application is true, to the best of our knowledge.

YES NO

We understand there is a blackout period for conducting fundraiser during United Way campaign season (September – December).

YES NO

We understand that we can submit for approval fund raising requests, during this period, that may or may not be given approval from United Way's Board of Directors.

YES NO

We understand that United Way funds are to be used only for the programs in this application.

YES NO

We understand that United Way funds are not to be used for overhead, including rent, salaries, etc

YES NO

### **United Way of Scotland County:**

\_\_\_\_\_  
UWSC Executive Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
UWSC Board President

\_\_\_\_\_  
Date

### **Funded Partner Agency:**

\_\_\_\_\_  
Agency Executive Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency Board President

\_\_\_\_\_  
Date

### **Please provide the following information for where the allocation check should be sent:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_

Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_