

**Steuben County United Way
2010 Agency Funding Application
COVER SHEET**

| | |
|-----------------------------------|------------------------------------|
| <i>Name of Organization</i> | <i>Years a SCUW Partner Agency</i> |
| <i>Address</i> | <i>City, State, Zip</i> |
| <i>Phone</i> | <i>Fax</i> |
| | <i>Website</i> |
| <i>Name of Executive Director</i> | <i>Email</i> |
| <i>Name of Board Chair</i> | <i>Phone</i> |
| | <i>Email</i> |

2010 PROPOSAL INFORMATION

Name of Program _____

Please give a **brief** summary of your 2010 program(s) request (100 words or less)

Estimated number of people to be served by program in 2010 _____

2010 BUDGET

Total 2010 Organizational Budget \$ _____

Total Steuben County United Way Funding Requested \$ _____

Program Budget \$ _____

AUTHORIZATION

| | | |
|----------------------------|-----------|------|
| Name of Executive Director | Signature | Date |
|----------------------------|-----------|------|

SECTION I GENERAL AGENCY INFORMATION

Organization Name: _____

Give a *brief* overview of your agency in Steuben County, including the date your organization was established and its purpose:

Briefly describe the major accomplishments, activities, significant issues, changes and or barriers for your organization in the past 12 months.

Number of Paid Staff _____ Number of Volunteers _____

Does your organization have a strategic plan? YES NO

Has your organization conducted a needs assessment in the past 2 years? YES NO

Documents

The Steuben County United Way requires the following documentation:

| | |
|--|--|
| Confirmation letter of 501(c) 3 status | |
| By-laws | |
| Statement of Non Discrimination | |
| Mission Statement | |
| List of current Board of Directors (include name and employment) | |
| Strategic Plan (if applicable) | |
| Most recent 990 filed with IRS | |
| Most recent financial statement | |

Financial Information

List the fundraising events your organization has conducted in 2009

| Name of Event | Month held | \$ Raised | Reoccurring Event? Yes or No |
|---------------|------------|-----------|---------------------------------|
| | | \$ | |
| | | \$ | |
| | | \$ | |
| | | \$ | |
| | | \$ | |

Please list any NEW fundraising events you are planning for 2010.

| Name of Event | Month to be held | \$ Expected | Reoccurring Event? Yes or No |
|---------------|------------------|-------------|---------------------------------|
| | | \$ | |
| | | \$ | |
| | | \$ | |
| | | \$ | |
| | | \$ | |

List or describe the most significant financial issues that have affected your agency over the past year or that are expected to affect the agency during the next funding cycle:

Most recent (2009) funding provided by Steuben County United Way: \$ _____

Total funding requested from SCUW for the 2010 funding cycle: \$ _____

Annual Agency Budget (Steuben County only): \$ _____

In the past 2 years has your agency ended a fiscal year with an operating deficit? _____
If you answered yes, explain your strategies to eliminate the deficit:

Is a deficit projected for this year or the upcoming year? _____ If yes, explain your strategies to eliminate the deficit:

How are your financial reports generated? In House Bookkeeping Service CPA

Fill out the Agency Budget Form included in this Grant Kit.

Collaborations/Partnerships

Are you currently engaged in any active partnerships with other agencies to provide services to Steuben County residents? If so, what organizations? How specifically are you collaborating?

Do you currently share staff, office space, back office functions, etc. with any other organizations? _____

If yes, please tell us how:

Please check off the ways your organization has partnered with United Way in 2009:

| | |
|--|---|
| | Partnered on a specific program |
| | Gave a presentation at an Employee Campaign Kick-off # presentations |
| | Coordinated UW Employee Campaign with agency staff or Board of Directors |
| | Displayed UW logo on Agency literature or informed public of SCUW funding |
| | Attended a UW sponsored event |
| | Volunteered for a UW event or annual Campaign |

SECTION II PROGRAM INFORMATION

Name of Program _____

Total Funding Request for this program \$ _____

Name of Program Coordinator _____ Email _____

Check the United Way focus area that your program falls under:

| | |
|--------------------------|----------------------------|
| <input type="checkbox"/> | Education |
| <input type="checkbox"/> | Health |
| <input type="checkbox"/> | Income/Financial Stability |

Describe the program in which you are seeking UW funding:

Define the community issue that this program addresses and specify what this program will do to address the issue:

How does this program distinguish itself from other agencies addressing the same issue?

What is the specific target population for this program?

Outcomes

What outcomes do you anticipate initially, intermediately and long term from your program? You may submit a logic model if you so choose.

How will you measure these outcomes? What indicators will be used? Be specific.

If this is an existing or continuing program submittal to UW, how do the current outcomes compare to those in a previous application?

How are those outcomes communicated to constituents and to the public?

How does this program align with the agency's mission statement?

Financial:

Does United Way funding leverage additional financial support for the program?

Describe the impact on service delivery and/or program infrastructure if funds are reduced:

How is UW funding applied to this program? Is it to provide core administration so other resources support the program? Is it direct funding to assist clients?

Is there a fee to clients for this service? YES NO

If yes, does UW funding allow reduced fees, a sliding scale or scholarships for income eligible clients for this program? (If yes, please include a copy of your fee schedule with your application)

Explain how you will sustain this program financially if possible, in the future:

Please include or attach a detailed Program Budget.

Program Success Story

Provide a success story within Steuben County related to this program that has occurred in the past 12 months. Include how the program benefited the client(s).