



# Steuben County United Way 2019 Agency Funding Application

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Name of Organization \_\_\_\_\_ Years a SCUW Partner Agency \_\_\_\_\_

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Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

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Phone \_\_\_\_\_ Fax \_\_\_\_\_ Website \_\_\_\_\_

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Name of Board Chair \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Program Name \_\_\_\_\_

Program Budget \$ \_\_\_\_\_

Annual Agency Budget (Steuben County Only): \$ \_\_\_\_\_

Total Funding Requested from SCUW for the 2019 cycle: \$ \_\_\_\_\_

Most recent funding provided by SCUW: Year \_\_\_\_\_ \$ \_\_\_\_\_

## AUTHORIZATION

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Printed Name of Executive Director \_\_\_\_\_ Email \_\_\_\_\_



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Signature Executive Director

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.

How many individuals were served by your organization in 2018 and how is that measured? Be specific.

Number of Paid Full Time Staff \_\_\_\_\_

Number of Paid Full Time Staff \_\_\_\_\_

Number of Volunteers \_\_\_\_\_

Does your organization have a strategic plan? YES \_\_\_\_ YEAR \_\_\_\_ NO \_\_\_\_

**Required Documents** (**\*\*Means Only submit if there have been changes or you have never applied for a United Way Grant).** Check what is included at right.

The Steuben County United Way requires the following documentation:

** Letter of 501C3 status	
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**By-laws	
**Statement of Non Discrimination	
Mission Statement	
List of current Board of Directors (include name, contact, employment)	
Year of Most recent 990 filed? <b>Only submit if requested or if you are a new agency applying.</b>	
Most recent financial statement (P&L or Balance Sheet)	
Annual audit or <b>External</b> Financial Review	

## **Financial Information**

**List the fundraising events your organization has conducted in 2018**

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

**Please list ALL fundraising events you are planning for 2019**

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



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		\$	
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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:

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

Who specifically reviews financial reports? (Name, Title, Board Position, and Company).

### **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?



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If yes, please tell us how:

**Please check off ways your organization has partnered with United Way in 2018:**

	Partnered on a specific program
	Attended a UW sponsored event
	Volunteered for a UW event or annual Campaign
	Hosted a UW campaign for your agency.

### SECTION II: PROGRAM INFORMATION

Program Name \_\_\_\_\_

Name of Program Coordinator \_\_\_\_\_ Email \_\_\_\_\_

Program Focus Area: Education \_\_\_\_\_ Health \_\_\_\_\_ Income \_\_\_\_\_



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Describe the program for 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?



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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 many **unique** individuals were served by your program in the past year? Provide measurable outcomes (statistics) associated with those served.

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?



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Describe the impact on service delivery if UW funding is not provided.

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 the organization will sustain this program financially in the future:





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### 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). Please identify a story that could be repeated or used to publicize the successful partnership of United Way and your agency.



## **Steuben County United Way 2019 Agency Funding Application**

**\*\*Please attach a detailed Program Budget here  
(Steuben County only).**



## **Steuben County United Way 2019 Agency Funding Application**

**\*\*Please attach annual Agency Budget as provided as last page. \*\*  
(Steuben County only).**