



Steuben County United Way 2023 Agency Funding Application

Name of Organization

Years a SCUW Partner Agency

Address

City, State, Zip

Phone

Fax

Website

Name of Board Chair

Phone

Email

Program Name _____

Program Budget \$ _____

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

Total Funding Requested from SCUW for the 2023 cycle: \$ _____

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

AUTHORIZATION

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:

Briefly describe the major accomplishments, activities, significant issues, changes, and or barriers for your organization in the past 2 years.

Please describe your adaptations to continue operations through the pandemic.

How many individuals were served by your organization in 2022 and how is that measured? Be specific.

Number of Paid Full Time Staff _____

Number of Paid Part Time Staff _____

Number of Volunteers _____

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	
**By-laws	
**Statement of Non-Discrimination	



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**Mission Statement	
A list of current Board of Directors (including name, contact, employment) Must be included	
Year of Most recent 990 filed? Only submit if requested or if you are a new agency applying.	
Most recent financial statement (P&L or Balance Sheet)	
Annual audit or External Financial Review	

Financial Information

List the fundraising events your organization has conducted in 2022

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

Please list ALL fundraising events you are planning for 2023

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



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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

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 ways your organization has partnered with United Way in the last 2 years:

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

*If you don't participate in a UW campaign, why not?

SECTION II: PROGRAM INFORMATION

Program Name _____

Name of Program Coordinator _____ Email _____

Program Focus Area: Education _____ Health _____ Income _____

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:



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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, immediately and long-term from your program?

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



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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.

*Please email a testimonial video if possible! This can be a basic cell phone video. Keep it simple.

Financial

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

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?



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Is there a fee for 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:

***Please include a Program Budget (Steuben County Budget Only) & and an annual Agency Budget (Steuben County Budget Only). A template is available on our website and must be utilized. The Affirmation of Nondiscrimination document must be received with the funding application.**