



United Way of Williams County

2017 Community Investment Grant Application

Directions: Please read through the application thoroughly. All forms must be completed in full in order to be considered for a grant.

Applications are due by noon on Friday, March 31st.
Applications MUST be three-hole punched.

This is not a postmarked date; the application must be in the United Way office by the above time and date.

Please submit one (1) original set plus four (4) copies (**all must be three-hole punched**) of the following:

	1. Cover Sheet – Signed by Agency Director and Board President
	2. Organization Information
	3. Request for Funding (Please fill out a separate “Request for Funding” for each program for which you are requesting funds.)
	4. Evaluation
	5. Program Financial Report

Please submit two (2) copies (**all must be three-hole punched**) of the following attached to the original application:

	1. Budget
	2. Current year-to-date financial statements
	3. Year-end financial statements, audit and Sources of Income Table
	4. Board of Directors Roster
	5. 501(c)(3) Certification
	6. Most Recent IRS 990
	7. Counterterrorism Certification Sheet
	8. Ohio Attorney General's Verification must be completed on-line at: http://charitableregistration.ohioattorneygeneral.gov/Charities/Research-Charities.aspx

Section 1: Cover Sheet

Agency Name: _____

By signing below, we certify that the information in this funding request application is true and correct to the best of our knowledge, complete and has been approved by our board of directors on (date):

Chief Professional Officer

Name (please print or type)	Signature	Date

President, Board of Directors

Name (please print or type)	Signature	Date

Agency Contact Information

Contact Name:

Mailing Address:

Federal EIN #

Email:

Phone #:

Web-site:

FaceBook:

Board President Contact Information

Address:

Phone:

Email:

Grant Funding Request Summary

A document used to summarize agency funding requests by program.

AGENCY NAME:	
Program Name	Amount Requested
Total amount requested:	

2017 Community Investment Grant Application

Section 2: Organization Information

1. Agency Mission Statement:	
2. Briefly describe the services your agency offers. How do they benefit residents within Williams County?	
3. Total Number of Employees	
4. Total number of full-time employees	
5. Total number of part-time employees	
6. <u>Board/Governance</u> : Describe the role of the Board of Directors in advancing the mission of the organization. Include key issues to Board effectiveness that are being addressed this year. How often does your Board meet?	
7. <u>Optional</u> : If there is additional organizational information that is vital to convey in this proposal, do so here. Explain the opportunities and challenges facing the organization in the next 3 – 5 years.	

Section 3: Request for Funding

Note: Please provide a "Request for Funding" for each different program for which you are requesting grant funding. Grants can only be used for specific programs and cannot go into a general agency fund.

Program Title: _____

Select One: New Program
 Existing Program – Years in Existence: _____
 Expanded Program

Amount Requested: \$ _____

1. Describe the program for which you are requesting funding.	
2. What community area of focus does this program address: Education, Income, Health or Essential Services?	
3. <u>Collaboration:</u> Please describe how your program is working with (or can work with) other organizations to better serve clients. Include partnerships with other community organizations and programs.	
4. Is this program preventive or corrective? Explain.	
5. What populations are targeted by this program?	

6. Explain how your request for funding was calculated or determined.	
7. When will this program be available? On what days and during what hours:	
8. Client requirements for eligibility:	
9. Client fee for service:	
10. Percentage of clients paying a fee:	
11. How do you identify clients and/or how do clients find out about your services?	
12. Are there limits/caps to the services your clients can receive? Please explain.	
13. Please define the Williams County unit(s) of service for this program <i>(examples include: hour, day, visit, class, meal, unduplicated client, etc.)</i>	
14. <u>Program Outcomes:</u> Please describe the proposed benefits or changes as a result of this program.	
15. <u>Outcome Story:</u> Please provide us with a moving story so that we may convey the importance of your program to the public. This may be used during our campaign.	

Section 4: Evaluation

<p>1. Discuss the extent to which outcomes were or were not met in the past year programming as well as any proposed adjustments to future programming.</p>	
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Name of Community	Units of Service FYE ended in 2016	Units of Service FYE ended in 2015	Units of Service FYE ended in 2014
Alvordton			
Blakeslee			
Bryan			
Edgerton			
Edon			
Kunkle			
Montpelier			
Pioneer			
Stryker			
West Unity			

<p>What is the percent of agency administrative cost? <i>Using your most recent 990, add line 14 "management & general" plus line 15 "fundraising" divided by line 12 "total revenue".</i></p>	
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Attachments

Label each attachment and provide in the order listed.

Financial Attachments

Note: Provide explanations for items that may raise questions in any of the attached financial documents. The explanations can be written onto the documents themselves or included as an additional page.

1. Budgets

Include revenues and expenses.

Include the organization's budgets for the two most recent cycles (fiscal or calendar years).

2. Current (year-to-date) financial statements

Include a Statement of Financial Position (Balance Sheet) and Statement of Activities (Income and Expense Statement) through the most recently completed operating month available (must be within the past three months). Provide the Statement of Activities in a budget-to-actual format if the organization uses that format.

3. Year-end financial statements, audit, and Sources of Income Table

Include the most recent fiscal year-end financial statements, audited if available. If the organization has an audit, but it is not available for the most recent fiscal year-end, also include the most recent audit.

4. Board of Directors Roster

Include each board member's name, phone number, employer, & board term.

5. 501(c)(3) Certification

6. Most Recent IRS 990

7. Counterterrorism Certification Sheet

Required by United Way Worldwide

8. Ohio Verification of Registration with Ohio Attorney General's Office

This needs to be completed on-line at:

<http://charitableregistration.ohioattorneygeneral.gov/Charities/Research-Charities.aspx>