

Jennings County United Way 2011 Grant Application

Agency Program Information

Agency's mission as defined in by-laws or other legal documents: _____

List program(s) and service(s) your agency provides: _____

Target population (*age, sex, special interests, disability, etc.*): _____

Number of unduplicated units of service (**# of individuals**) provided in Jennings County:

3 years ago _____ (*actual*)

Individual= one person counted once in a year.

2 yrs ago _____ (*actual*)

Define "unduplicated units of service" below:

Previous Yr. _____ (*actual*)

Current year _____ (*projected*)

Percentage of administrative and fund-raising expenses for the past year is: _____

This percentage must be computed from information most recent IRS form 990 by this formula . Old 990- line 14 and line 15 and divide by "total revenue" (line 12). 2008 990 forward - Part 9 lines 25C and 25D and divide by "total revenue" (line 12).

What specific program(s) or service are you requesting this United Way grant for? _____

Which Jennings County United Way Impact Areas or goals does this program address? _____

What are the specific outcomes or results of this program? (How are lives improved?) _____

How do you measure these results? Please attach survey results and any outcomes measurement tools and findings you have. _____

How are your programs assessed for effectiveness, for meeting your goals or objectives? _____

Please list board development or training your agency has participated in during the year. _____

How does your agency participate during the annual United Way campaign? _____

How does your agency participate in the United Way Day of Caring? _____

List other United Way events your Board Members or Agency participated in the past year. _____

Beneficiaries - Please list the top 3 companies the majority of your clients (or their parents) work for:

1. _____
2. _____
3. _____

What else would you like us to know? (*Any special needs or circumstances your agency might have etc.*) _____

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Agency History & Budget

These financials are to include complete agency financials and should reconcile with IRS form990. An Agency serving more than Jennings County should also include an additional copy of this sheet reflecting ONLY Jennings County's numbers.

- Each column is to reflect a complete year (12 months).
- Breakdown all Misc. Expenses or In-Kind amounts in detail on pg 6 if necessary
- You may modify line names and include an explanation detailing what is included in lines if you'd like to clarify

Indicate Cycle: <input type="checkbox"/> Calendar year <input type="checkbox"/> Fiscal year ending: _____	20_____	20_____	20_____
Income	2 years ago actual year end	Last year actual year end	Budget (Current year)
4000 Contributions -- General			
4200 Special Events (net)			
4300 Legacies and Bequests			
4600 Contributed by Assoc. Organ's			
4700 Allocated by Other United Ways			
4800 Other Fund Raising			
5000 Fees/Grants from Government			
5100 Membership Dues -- Individuals			
5300 Program Service Fees			
5500 Sales To Public (net)			
5600 Investment Income			
5700 Miscellaneous Revenue			
6000 Jennings County United Way Grant			
Total Income			
Expenses	2 years ago actual year end	Last year actual year end	Budget (Current year)
7000 Salaries			
7100 Employee Benefits			
7200 FICA, Payroll Taxes, Etc.			
8000 Professional Fees			
8100 Supplies			
8200 Telephone			
8300 Postage and Shipping			
8400 Occupancy (Building/Grounds)			
8500 Rental/Maintenance of Equipm't			
8600 Printing and Publications			
8700 Travel, Conferences and Meetings			
8800 Insurance			
8900 Specific Assistance to Individuals			
9000 Membership Dues			
9100 Awards and Grants			
9400 Miscellaneous			
9450 Advertising			
9500 Payment to Affiliated Organ's			
9900 Equipment (\$500 or more)			
Total Expenses			
Net Gain / (Loss)			

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Assets & Liabilities Worksheet

This information should correlate with IRS Form 990.

* **Note-** Agencies who's 990 reflects more than Jennings County must also complete both columns.

Year ending _____ (date)

Assets	Jennings County Only	* Column 3- Whole Agency
Cash		
Checking		
Savings		
Investments		
Property, Plant & Equipment		
Endowment		
Other Assets (explain)		
Total		

Liabilities	Jennings County Only	* Column 3- Whole Agency
Property & Plant Loan (explain)		
Equipment Loan (explain)		
Loan (explain)		
Other Debts (explain)		
Total		

Balance Sheet _____ (year) Form 990

	Jennings County	2007 < 990 line:	2008 > 990 line:	* Column 3- Whole Agency
Net Assets at the beginning of yr		19	22(A)	
Gain or Loss		18+20	21	
Net Assets at the end of year		21	22(B)	

Explanations of line items, miscellaneous expenses or "In-Kind" amounts Explain any miscellaneous expenses or in-kind amounts included in the figures throughout this grant application below. Please note the page number and line being referenced. If desired, you may also explain what's contained in line items here.

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Program funding request

This page is next year's budget- demonstrate what you're asking for and what you intend to do with it.

This application becomes part of your agency agreement. If awarded, funds must be spent for the purpose requested or returned.

Submit a copy of this page for each individual program- Program requests combined equal the total request on the front page.

Program Proposal <i>(next year)</i>	How will these funds be spent? Summarize the objectives for use of funds, primary focus, need, target population, numbers served
Type here.	

Total Program Budget <i>(modify line item belows as needed)</i>	Agency Contribution	+	Requested from United Way	=	Total Cost
Salaries & Wages					
Travel					
Equipment					
Program Materials					
Office Supplies					
Software					
Other					
Rent					
Utilities / Telephone					
Other-					
Other-					
Other-					
Total		+		=	
Funding Sources <i>(list all sources)</i>	Duration	Amount			
Jennings County United Way	1 calendar year				
Total Funding					

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Jennings County United Way Agency Certifications

Organization _____

Address _____

City _____ State _____ ZIP _____

Principle Contact Person: Name _____

Phone _____ Email _____

PART I VERIFICATION OF CHARITABLE USE OF FUNDS

Select 1 box (one)

We the undersigned as duly appointed representatives of the above named organization,

Verify that even though the organization is not a 501(c)(3) organization (as determined by the Internal Revenue Service), we will use the funds received through Jennings County United Way entirely for charitable purposes.

Verify that the organization is a 501(c)(3) organization (as determined by the Internal Revenue Service). We will use the funds received through Jennings County United Way entirely for charitable purposes.

Federal Tax Identification Number- _____

If at anytime, the Board of Directors of the Jennings County United Way, Inc. determines that the funds distributed to our organization were not used for charitable purpose, we agree to repay those funds immediately.

This agreement is in effect as of _____, 20_____ for a maximum period of 12 months.

PART II ANTI-TERRORISM COMPLIANCE MEASURES

In compliance with the USA PATRIOT Act and other counter terrorism laws, the Jennings County United Way requires that each agency certify the following:

“I hereby certify on behalf of the above named organization that all United Way funds and donations will be used in compliance with all applicable anti-terrorist financing and asset control laws, statutes and executive orders.”

Signature of Representative (Volunteer)

Signature of Representative (Staff)

Title

Title

Printed Name

Printed Name