**Application for Funding**

**January 1, 2020-December 31, 2020**

**United Way of Stanly County**

**Post Office Box 1178**

**Albemarle, North Carolina 28002**

**Phone: 704-982-6916 Email: staylor@unitedwaystanly.org**

Funding applications are due Friday, **June 28th 2019 at noon** to United Way of Stanly County office.

No late applications will be accepted. There are no exceptions!

**Successful applicants will meet the following minimum requirements:**

* Operate as non-profit charitable educational, civic, social welfare, or health service organization.
* Operate under written Articles of Incorporation and By-Laws or other written documents or statutes that define the applicant’s purpose, membership, management and operation.
* Operate on a non-discriminatory basis in employment, recruitment of volunteers and delivery of services.
* **Demonstrate effective program community impact, financial responsibility, and accountability.**
* Operate or provide service within Stanly County service area.
* Must have been in operation minimum for one year prior to time of application.
* Certify that all United Way of Stanly County funds and donations will be used in compliance with all applicable anti-terrorist financing and asset control laws, statutes and executive orders.
* Funding must provide for services or activities that align with the United Way of Stanly County priority areas of education, financial stability, health and/or basic needs.

**The following basic operating guidelines shall apply:**

* Funds can be requested on annual basis and shall be used solely for the Program to which funds were allocated. Funded activities shall commence in a timely manner. Funds not expended shall be returned to United Way of Stanly County
* No funds will be given for any purpose that would jeopardize the tax-exempt status of the United Way of Stanly County or the applicant organization.
* All funding applications will be reviewed by a team of community volunteers who will make a recommendation on proposed funding to the United Way of Stanly County Board of Directors.
* All funding shall be approved by the Board of Directors of the United Way of Stanly County.
* Organizations will receive written notification of the Board’s decision no later than 28th of February 2020.
* Funding recipients shall conspicuously acknowledge United Way of Stanly County in promotional materials, activities, and programs funded with money allocated by United Way.

**Submission Requirements:**

* **Application forms are available via our website; www.unitedwaystanly.org. Please contact United Way of Stanly County office for details:** [**staylor@unitedwaystanly.org**](mailto:staylor@unitedwaystanly.org) **or 704-982-6916**
* Complete packet must include:
  + The signed application, include program, budget information, any additional pages that were added by the organization, Organization Annual Report and Non-Profit Board Roster. (No Handwritten Applications Will Be Accepted)
  + **One Copy** of most recent IRS Form 990.
  + **One Copy** 501(C)(3) Certification
  + **One Copy** of Tax Exempt status from State of North Carolina
  + **Once Copy** Non-Profit By-Laws
  + **One Copy** Most Recent Audit Review
* Please submit the following if the organization is a new non-profit applying for funding from United Way of Stanly County
  + One copy of the organization’s discrimination policy

**ORGANIZATION INFORMATION FORM**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Legal Name of Organization

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address for correspondence relating to this application

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City, State, Zip Telephone Fax

**INDIVIDUALS RESPONSIBLE:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Executive Director (or top paid staff) Direct dial phone #

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email of Executive Director

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Local Contact Person (if different) Title Direct dial phone #

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email of Local Contact Person

**MISSION STATEMENT**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NUMBER OF STAFF**

**\_\_\_\_\_\_\_**Full Time \_\_\_\_\_\_\_Part Time \_\_\_\_\_\_\_Volunteers

**DATE OF ORGANIZATION’S ESTABLISHMENT:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ANTI-TERRORISM COMPLIANCE MEASURES**

In compliance with the USA Patriot Act and other counterterrorism laws, the United Way of Stanly County requires that each organization certify the following:

“I hereby certify on behalf of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (insert organization name) 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.”

Print name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Counterterrorism Compliance**

In compliance with the spirit and intent of the USA PATRIOT Act and other counterterrorism laws, the United Way of Stanly County (“UWSC”)requests that each funded agency (“Organization”) certify that it is compliant with the UWSC and the United Way Worldwide (“UWWW”) compliance program.

**Organization Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |
| --- | --- | --- |
| **Check the Appropriate Box to Indicate Your Compliance With Each of the Following:** | **Comply** | **Do Not**  **Comply** |
| This Organization is not on any federal terrorism “watch lists,” including the list in Executive Order 13224, the master list of specially designated nationals and blocked persons maintained by the Treasury Department, and the list of Foreign Terrorist Organizations maintained by the State Department. |  |  |
| This Organization does not, will not and has not knowingly provided financial, technical, in-kind or other material support or resources\* to any individual or entity that is a terrorist or terrorist organization, or that supports or funds terrorism. |  |  |
| This Organization does not, will not and has not knowingly provided or collected funds or provided material support or resources with the intention that such funds or material support or resources be used to carry out acts of terrorism. |  |  |
| This Organization does not, will not and has not knowingly provided financial or material support or resources to any entity that has knowingly concealed the source of funds used to carry out terrorism or to support Foreign Terrorist Organizations. |  |  |
| This Organization does not regrant to organizations, individuals, programs and/or projects outside of the United States of America with out compliance with IRS guidelines. |  |  |
| This Organization takes reasonable, affirmative steps to ensure that any funds or resources distributed or processed do not fund terrorism or terrorist organizations. |  |  |
| This Organization takes reasonable steps to certify against fraud with respect to the provision of financial, technical, in-kind or other material support or resources to terrorists and terrorist organizations. |  |  |

\* In this form, “material support and resources” means currency or monetary instruments or financial securities, financial services, lodging, training, expert advice or assistance, safe houses, false documentation or identification, communications equipment, facilities, weapons, lethal substances, explosives, personnel, transportation, and other physical assets, except medicine or religious materials.

I certify on behalf of the Organization listed above that the foregoing is true. This statement should be signed by the Board President and Chief Professional Officer.

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PROGRAM FUNDING FORM**

Please fill out the following form to show what programs are requesting funding from United Way of Stanly County. Attach additional pages if necessary.

**Use the following key to complete the “FOCUS AREA” column. Please choose one focus area that most closely relates to each program.**

**E = Education**: Early childhood development; after-school and summer childcare; supportive relationships with caring adults; skill-building through structured development programs, providing tools for learning, improving school readiness, promoting literacy

**FS = Financial Stability**: Supporting basic needs while increasing financial education, maximizing income, increasing savings

**H = Health:** Increasing access to critical healthcare services, reducing substance abuse, child abuse, and domestic violence, increasing health education and preventative care

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **PROGRAM NAME** | **FOCUS AREA** | **PROGRAM BUDGET** | **2016 FUNDS RECEIVED** | **2017 REQUEST** |
|  |  | $ | $ | $ |
|  |  | $ | $ | $ |
|  |  | $ | $ | $ |

**AMOUNT OF FUNDING REQUESTED**

Total dollar amount being requested $\_\_\_\_\_\_\_\_\_\_\_\_\_

This total funding request amount is per year. The UWSC Board of Directors may award additional or reduced funding upon review of program reports and impact on community needs.

**If not fully funded, will your program still be implemented? Circle one: YES NO**

**In order to be a funded agency, you must comply with donating Six hours per fiscal year of volunteer time to events, writing donor thank you notes, or any other volunteer needs with United Way of Stanly County. Agency is strongly encouraged to present during Campaign Presentations at Executive Directors discretion Funded agencies will also be required to submit progress reports every 6 months documenting measurable impact made in the community.**

**\_\_\_\_\_\_\_\_\_\_\_\_ Agency has completed \_\_\_\_\_\_\_\_ Community Service Hours for United Way of Stanly County.**

**AUTHORIZATION**

Name of top paid staff and/or Board Chair (please indicate position):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PROGRAM NARRATIVE**

Please fill out one narrative for each program requesting funding from United Way of Stanly County. When responding to the questions, please use as much or as little space as needed to completely and accurately answer each question. Attach supporting/additional pages and documentation if needed.

**AGENCY NAME:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PROGRAM NAME:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Focusing on program outcomes is a systematic process for an organization to obtain information on the effectiveness of its work so that it can improve its activities and describe its accomplishments.*** Please be detailed in your responses.

United Way of Stanly County is now focusing on the number of individuals you serve during the funding period. Funding will be based upon the community need your program is focused on addressing, how you are addressing it, the measurement tools you use to review the effectiveness of your program’s impact and your collaboration with other resources to be more effective. We know some programs are based only upon providing direct services to people and consideration will be given, but stronger funding will be focused on the answers to the following:

1. What is the demonstrated need for your program in your impact area? Please give specific details.
2. How do you continue to continue to monitor the level of need?
3. What specific goals does your program have in making a lasting impact on the community issue you are trying to resolve?
4. How are you measuring your success and effectiveness in the resolving the community issue? Please provide any historic measurement data that may be useful in establishing the need for or effectiveness of your program.
5. How often do you review the success and effectiveness of your program? How have you adjusted your efforts in the past as a result of this information?
6. What other organizations/resources are you collaborating with to be more effective in attaining your program goals and meeting the community need you described earlier?
7. What is the impact to the community if your program does not receive funding? Please be specific. If your answer is a reduction in services, please give specific information about what that means.

**PROGRAM BUDGET**

**Please include a budget for each program requesting funding if possible.**

**The organization’s budget may be submitted as a substitution that would be compliable to this.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **PUBLIC SUPPORT & REVENUE**  **ALL SOURCES** | **Dates:**  **\_\_\_\_\_\_\_\_to**  **\_\_\_\_\_\_\_\_** | **Current**  **Year’s**  **Budgeted** | **Following**  **Year’s**  **Proposed** | **$**  **Amount**  **Increase** |
| Allocation from UWSC |  |  |  |  |
| Contributions |  |  |  |  |
| Special Events: |  |  |  |  |
| Legacies & Bequests (Unrestricted) |  |  |  |  |
| Contributions from Associated Org. |  |  |  |  |
| Allocations from other United Ways |  |  |  |  |
| Fees/Grants from Govt. Agencies |  |  |  |  |
| Membership Dues |  |  |  |  |
| Misc. Revenue (Detail) |  |  |  |  |
| **TOTAL SUPPORT & REVENUE** |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **EXPENSES** | **Dates:**  **\_\_\_\_\_\_\_\_to**  **\_\_\_\_\_\_\_\_** | **Current**  **Year’s**  **Budgeted** | **Following**  **Year’s**  **Proposed** | **$**  **Amount**  **Increase** |
| Salaries -including employee benefits |  |  |  |  |
| Payroll Taxes, etc. |  |  |  |  |
| Professional Fees |  |  |  |  |
| Supplies |  |  |  |  |
| Occupancy |  |  |  |  |
| Rental & Maintenance of Equipment |  |  |  |  |
| Marketing |  |  |  |  |
| Training |  |  |  |  |
| Specific Assistance to Individuals |  |  |  |  |
| Membership Dues |  |  |  |  |
| Awards & Grants |  |  |  |  |
| Miscellaneous |  |  |  |  |
| Other Expenses: *(please detail)* |  |  |  |  |
| **TOTAL EXPENSES** |  |  |  |  |
| **ADMINISTRATION FEE**  Provide % of budget for administration. |  |  |  |  |
| ***Provide any explanation if you deem necessary. Explain any items that may be irregular or raise questions. Detail is appreciated and additional sheets may be submitted to offer complete information.*** |  |  |  |  |

**2020 AGREEMENT BETWEEN**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(Referred to hereinafter as the Agency)

**UNITED WAY OF STANLY COUNTY, INC.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(Referred to hereinafter as the UWSC)

This agreement is entered into in the mutual beliefs of the above named parties who recognize that (a) the participation of representative citizens in community-wide planning, allocations, communications and fund-raising, for local agencies is essential; (b) a combined fundraising approach is the most effective way to provide for the financial needs of Agencies; and (c) consideration of the total needs of the community in the establishment, continued maintenance, and improvement of effective and necessary human services forms the basis for this working relationship.

**IN FURTHERANCE OF THESE MUTUAL BELIEFS,**

1. ***Both UWSC and the Agency Agree*** (Having been determined incorporated, not-for-profit, tax-exempt or having a 501 (c)(3) purpose).
2. To maintain an active, rotating volunteer structure which assumes and fulfills the responsibility of managing its affairs within the scope and spirit of respective by-laws and this agreement;
3. To provide needed services on a non-discriminatory basis;
4. To strive to increase the public’s understanding and appreciation of and participation in human service programs; and
5. To consult and work together on matters of common interest in an effort to achieve the best interests of the community as a whole.
6. ***The Agency Agrees:***
7. To support and assist in the United Way annual fundraising campaign in all appropriate ways;
8. To engage in an effective public relations program in which the objectives, services and accomplishments of the Agency, and the United Way support of such services are adequately publicized; to cooperate with and assist the United Way in its public information programs; and to make use of the United Way logo on letterheads and at public functions;
9. To submit its proposed budget request each year to the United Way and to cooperate with the Allocations Committee in accordance with review procedures;
10. To prepare and adopt a balanced budget based upon the available funds from the United Way and other sources;
11. To keep accurate and complete records of financial and program information and submit them to United Way as necessary;
12. To conduct its operation in accordance with its budget;
13. To carry out the programs of the Agency in such a manner as will best meet the needs of the community and will be consistent with standards of service, efficiency and economy;
14. To cooperate with other Agencies and coordinate services to best meet the needs of the community;
15. To submit for discussion by the United Way, all proposals for program expansion that require United Way financial support now or in the future; and
16. Agency boards and staff are encouraged to offer their full support of the annual United Way campaign and assist in solicitation efforts.
17. ***The UWSC Agrees:***

1. To respect the Agency’s prerogative of determining its own policies and programs within the community;

2. To develop its recommendations for the campaign objectives for the annual fundraising campaign with due regard for the requirements of all participating Agencies, fundraising realities and other pertinent considerations to raise the maximum of funds;

3. To use its best efforts to achieve the campaign objectives;

4. To provide a reasonable and comprehensive volunteer allocations review for the Agency;

5. To act as a responsible steward of funds publicly contributed to the United Way by fully informing contributors of the allocations/designation and use of such funds; and

6. To submit all its financial records to an audit by an independent public accountant.

This agreement shall remain in effect for one year from date of signing until modified by mutual agreement of the parties or until revoked by either party. This agreement may be revoked by either party by such party giving notice in writing to the other party 30 days before its desire to terminate this agreement or anytime by the Board of Directors of the United Way for breach of any of the conditions of the Agreement or any rule or regulation adopted by the Board or for any reason by two/thirds (2/3) vote of the members of the Board of Directors at the end of any fiscal year of the Agency.

This agreement has been read and approved at a meeting of the governing body of this Agency held on and at a meeting of the United Way governing board on\_\_\_\_\_\_\_\_\_\_\_\_.

**PARTNER AGENCY UNITED WAY OF STANLY COUNTY**

Signed: Signed:

Chief Professional Officer Chief Professional Office

Chief Volunteer Officer Chief Volunteer Officer

Date: Date:

**(Revised 04-19)**