|  |
| --- |
| **FULL APPLICATION FORM** |

|  |
| --- |
| **Required Documents - Organization** |

Please upload the following:

**General Documents**

1. 501(c)(3) determination letter (Invited government entities may supply written proof of their tax-exempt status as a government entity, such as a government affirmation letter provided by the IRS.)
2. Strategic plan (if available)
3. Organizational chart
4. List of board members and terms served
5. Signed Certificate of Compliance and Standards of Accountability

**Financial Documents**

1. Most current 990 form
2. Most recent audit, including opinion and management letters (full audit for those with budgets over $750,000, review for those with budgets $750,000 or less).
3. Financial statement of actual income and expense for the most recently completed fiscal year (if this is included in the audit, you do not need to provide this information again).
4. Year-to-date financial statement of actual income and expense for the current fiscal year.
5. Organization budget for prior fiscal year, including income and expenses, using your agency’s existing budget format.
6. Organization budget for current fiscal year, including income and expenses, using your agency’s existing budget format.
7. Organization budget for next FY, including income and expenses, using your agency’s existing budget format.
8. If your organization has had a significant (+ or – 10%) financial change in the past year, please upload a budget narrative explaining the variance)

|  |
| --- |
| **Proposal Narrative: Organizational Information** *(This section and related information is weighted at 15 percent of total rating form)* |

1. Organization history (including why and when the organization was created, significant changes during the history of the organization) (250 word limit)

{10:96}

1. Mission statement:

{10:118}

1. Goals of organization (200 word limit)

{10:99}

1. Current programs (brief summary descriptions) (350 word limit)

{10:100}

1. With what organizations do you collaborate to leverage resources and eliminate duplication of services? How have the collaboration(s) reduced duplication and improved service? (200 word limit)

{10:101}

1. Identify one or two local organizations that are most similar to your organization. What differentiates you from them? What makes your organization stand out? (150 word limit)

{10:102}

1. Number of board members:

{10:104}

1. Number of full-time paid staff:

{10:119}

1. Number of part-time paid staff:

{10:120}

1. Number of volunteers:

{10:121}

1. Describe volunteer activities and responsibilities:(100 word limit)

{10:103}

|  |
| --- |
| **Proposal Narrative: Program Information** *(This section and related information is weighted at 25 percent of total rating form)* |

1. Program history (why and when the program was created, significant changes during the history of the program).(300 words)

{2:98}

1. Program description (purpose/activities/strengths/challenges/accomplishments of the program). (400 words)

{2:122}

1. Statement of need (what is the community need/challenge/issue the program addresses, what population is served, what difference the program will make in addressing the need). (300 words)

{2:123}

1. How does this program work with other programs or community groups that meet similar needs? What makes your program unique? (200 words)

{2:124}

1. How does the program contribute to UWGD’s identified funding target area(s) and Community Wide Goals? (200 words)

{2:125}

1. Please list the program outcomes that were identified on your last application (if this is your first application to United Way, please disregard).(150 words)

{2:174}

1. Describe the progress made to achieve the outcomes listed above. What has gone well? What would you do differently? (250 words)

{2:175}

1. In the past year, what trends have you noticed affecting your service provision? (150 words)

{2:126}

1. Describe program outreach and marketing (How do clients find out about your program, how does your program identify individuals and families that need your program/service, what access challenges do you face?) (200 words)

{2:127}

1. What is your long-term funding strategy for sustaining the program (describe your long-term fundraising efforts and how you plan to diversify funding)? (150 words)

{2:128}

1. How will United Way funds be used to support your program/service? (200 words)

{2:129}

|  |
| --- |
| **Required Documents - Program** |

1. Program budget for prior FY, including income and expenses, using your agency’s existing budget format.
2. Program budget for current FY, including income and expenses, using your agency’s existing budget format.
3. Program budget for next FY, including income and expenses, using your agency’s existing budget format.
4. If your program has had a significant (+ or – 10%) financial change in the past year, please upload a budget narrative explaining the variance)
5. Program Funding Sources worksheet:

*You will need to download this blank template from the application website, input your data, then save and re-upload the saved form with your program information (each program needs one form).*

|  |  |  |  |
| --- | --- | --- | --- |
| **Funding Sources Worksheet** | |  |  |
| **Agency:** |  | **Program:** |  |
| |  | | --- | | List the program funding sources for your next fiscal year in the chart below. Please note the combined total amounts should equate to your entire program budget of the fiscal year for which you are seeking UW funding (this total should equate to the answer provided for question 3 under Budget Information on the pre-application form) . Please include all grants, program fees, fundraising events/activities, corporate gifts, etc. | | | | | | |
|
| *Planned* = Planning to submit a request for funding | | |  |
| *Pending* = Request for funding submitted but not awarded | | |  |
| *Committed* = Funding awarded | |  |  |
|  |  |  |  |
| **Source** | **Requested Amount** | | |
|  | Planned | Pending | Committed |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **TOTAL** | **$0** | **$0** | **$0** |
|  |  |  |  |
|  |  | **GRAND TOTAL\****:* | $0 |
|  |  | *\*(should equate to proposed program budget of the fiscal year for which you are seeking UW funding)* |  |
|  |  |  |
|  |  |  |

|  |
| --- |
| **Key Program Staff** |

1. Please list the number of full-time equivalent program staff in the Greater Duluth area: {11:143}
2. List key program staffing, both paid and volunteer (name, title, % of time in program, qualifications). You may list up to five key program staff.
   1. Name: {11:131}
      1. Title: {11:132}
      2. % time in program: {11:133}
      3. Qualifications: (50 words) {11:134}
   2. Name: {11:135}
      1. Title: {11:136}
      2. % time in program: {11:137}
      3. Qualifications: (50 words) {11:138}
   3. Name: {11:139}
      1. Title: {11:140}
      2. % time in program: {11:141}
      3. Qualifications: (50 words) {11:142}
   4. Name: {11:144}
      1. Title: {11:145}
      2. % time in program: {11:146}
      3. Qualifications: (50 words) {11:147}
   5. Name: {11:148}
      1. Title: {11:149}
      2. % time in program: {11:150}
      3. Qualifications: (50 words) {11:151}