

**LIVE UNITED**



**OF SCREVEN COUNTY**

P.O. Box 27  
Sylvania, Georgia 30467  
(912) 564-5770  
Fax (912) 564-9392

**Agency Application/Allocation Request Form**

Agency Name \_\_\_\_\_

Address \_\_\_\_\_ Requested Allocation for Year 2015 \_\_\_\_\_

\_\_\_\_\_ 2014 Allocation was \_\_\_\_\_

\_\_\_\_\_ (+ or -) % Change \_\_\_\_\_

Agency Contact Person \_\_\_\_\_ Phone # \_\_\_\_\_

Email Address: \_\_\_\_\_

United Way funding is paid on a quarterly basis beginning in April of each calendar year.

Agency category (1, 2, or 3) \_\_\_\_\_

Category Descriptions:

1. Basic Needs: Program designed to provide food, shelter, clothing, security, basic medical care, or assists individuals in accessing such services.
2. Prevention/Intervention: Activities designed to promote healthy, productive lifestyles, prevent the occurrence of a problem or reduce the future need for services.
3. Enhancement: Activities that enrich the community and contribute to a higher quality of life.

1. List the service(s) that your agency provides.
  
2. Number of people served in the last 12 months \_\_\_\_\_
  
3. State goals for the funding year.
  
  
4. Explain problems your agency encountered in the past year with providing service/ or meeting goals. What changes were made to alleviate these problems?
  
  
  
  
5. Name specific programs for which United Way funds will be used. Also, indicate the dollar amount to be allocated to the program versus dollar amount for administrative general operating costs, etc.
  
  
  
  
6. Indicate the number of people to be served through this funding request. \_\_\_\_\_
  
  
  
  
7. Describe how United Way funds may assist your agency in carrying out its identified program and/or goals.
  
  
  
  
8. A) Identify other sources of funding your agency receives in addition to United Way?

- B) Identify your service plans in the event that 100% of this request from United Way is not funded?
9. Explain changes projected in your budget for the year 2015. Indicate areas of increases or decreases and reasons for these changes.
  10. Indicate any changes in your agency over the past year. (Affiliation, region, area served, etc.)
  11. How many 2014 United Way Campaign presentations did your agency participate in? \_\_\_\_\_ Did your agency participate in any fundraising campaign events that United Way may have held? \_\_\_\_\_
  12. When advertising or promoting your agency, did you state that you are a United Way funded agency?
  13. In order to receive funding from United Way of Screven County your agency Must be a 501c3 non- profit organization. Please attach to your application, if under a school or government agency please attach letter.
  14. Please provide a year-end audit/financials from your latest full fiscal year.

## **Criteria for Receiving Funding**

1. A United Way representative may make an on-site visit to your agency.
2. A representative from your agency will be scheduled to make a panel presentation to the United Way Board during a monthly board meeting.
3. Your agency will be required to provide the United Way of Screven County with pictures and updates on your agency/program throughout the funding year. Your Agency will be asked to participate, volunteer in needs of the United Way if and when they are putting on fundraising events, such as golf tournament, Bike Ride and other fundraisers that may be done throughout the year.
4. Requests for quarterly allocations must be filed in a timely manner to assure that you will receive your check, allocations and schedule of when they are expected is included in your application when you are approved for funding. Along with your approval you will also receive your first quarter disbursement. We (United Way) will send out a reminder that allocation report is due one time, you may fax, email or mail your report.

### **The Agency Agrees:**

- 1. To support and abide by the policies and procedures established by the United Way. Campaign starts in September and Continues through December you as an agency are asked to refrain from doing any fundraising at this time however, you are asked to volunteer, participate and hold mini drives for the United Way Campaign. It is your responsibility to let the community know what you are doing with their financial support.**
- 2. To enthusiastically support and assist in the United Way fundraising campaign in all appropriate ways, supporting fundraising events informing supporters of the importance of the campaign via newsletters, ads, newspapers, etc., and encouraging support by encouraging their respective Board of Directors, staff, and volunteers to strive for 100% participation in the campaign presentations, and offering tours of the agency where possible to employee groups.**
- 3. To engage in an effective public relations program in which the objectives, services, are adequately publicized; to cooperate with and assist the United Way in its public information program; to consistently use the United Way logo on letterheads, publications, and at public functions.**
- 4. To notify the United Way immediately of any changes in its non-profit status or management of the agency.**

Provide the following information for the person(s) responsible for publicity and/or public relations within your agency.

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date Submitted

\_\_\_\_\_  
Executive Director's or President's Signature

\_\_\_\_\_  
Date of Review