

## **Important Allocation Application Information**

### **What We Fund**

- \* Specific projects focusing on education, health, and financial stability within Beaverhead County
- \* Projects that ideally can be accomplished within the 12-month grant period
- \* Projects that leave, or support, a lasting positive impact on the community

### **What We Don't Fund**

- \* Salaries/Wages
- \* Overhead Costs
- \* Administrative Costs
- \* Capital Campaigns
- \* Building/Remodel Projects (special exceptions may be made for projects with a broad community impact)

**Please submit at least two projects for the board to consider.**

If you should have any questions, please do not hesitate to reach out to us!

***Beth Storey***

Executive Director

406-683-4269

[info@beaverheadunitedway.org](mailto:info@beaverheadunitedway.org)

2023 United Way Allocation Application

Agency Name: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Address City State Zip

Phone Number: \_\_\_\_\_ Alt Phone Number: \_\_\_\_\_

Agency Contact: \_\_\_\_\_  
Name Phone Email

Mission Statement:

Describe the basic services provided by your agency and the population target you serve:

Principal Officers:

President: \_\_\_\_\_  
Name Phone

Vice President: \_\_\_\_\_  
Name Phone

Secretary: \_\_\_\_\_  
Name Phone

Treasurer: \_\_\_\_\_  
Name Phone

Does your agency have a board of directors?  YES  NO

To what extent is your board involved with the following functions:

Day to Day Operations: \_\_\_\_\_% Policy Decisions: \_\_\_\_\_% Financial Oversight: \_\_\_\_\_%

How often does your board meet? \_\_\_\_\_ Are your meetings open to the public? \_\_\_\_\_

List dates, times and places of meetings for the 2022 FY:

How many paid employees and volunteers does your agency have:

Paid Full-Time Employees \_\_\_\_\_ Paid Part-Time Employees \_\_\_\_\_ Volunteers \_\_\_\_\_

IRS Tax Status:

Recognized and approved 501c3 Organization EIN: \_\_\_\_\_

Agency qualifies for tax exempt status because of an affiliation with a tax-exempt organization.

Agency provides community, educational, recreational, welfare or other services which may or may not be considered tax exempt approved project. UWBC reserves right of approval.

Does your agency file an IRS Form 990? \_\_\_\_\_

If Yes, what portion of your budget was spent this year for administrative costs? \_\_\_\_\_%

To calculate this percentage, sum line 14 plus line 15 of the 990 and divide by the number on line 12.

What target population do you serve?

How do you determine who needs or is eligible for the services your program offers?

If other organizations provide the same or similar types of service as offered by this program, explain your relationship with that organization and how your organization will avoid duplicating services.

Do you have a waiting list for your services beyond what you are capable of handling? If so, how many are on your waiting list and how long is the wait?

Do you charge a fee for program services? \_\_\_\_\_ If yes, attach a copy of your fee schedule.

Provide a summary of the results of the the previous year's United Way Funding for this program.

Provide a brief financial report for the previous year's United Way Funding.

	Project 1	Project 2	Project 3
Amount Received:	\$ _____	\$ _____	\$ _____
Uncommitted Balance:	\$ _____	\$ _____	\$ _____

**Agency Financial Information**

Fiscal Year End Date: \_\_\_\_\_

	<b>FY 2020</b>	<b>FY 2021</b>	<b>FY 2022</b>
<b>Agency Revenue Sources</b>			
United Way of Bvhd. Cty.	\$ _____	\$ _____	\$ _____
Government Grants/Funds	\$ _____	\$ _____	\$ _____
Non-Government Grants/Funds	\$ _____	\$ _____	\$ _____
COVID-19 Funding/PPE Loan	\$ _____	\$ _____	\$ _____
User Fees/Service Income	\$ _____	\$ _____	\$ _____
Membership Dues	\$ _____	\$ _____	\$ _____
Donations	\$ _____	\$ _____	\$ _____
Other Fundraising Activities	\$ _____	\$ _____	\$ _____
Other Money Received	\$ _____	\$ _____	\$ _____
<b>Total Revenue</b>	\$ _____	\$ _____	\$ _____
<b>In-Kind Donations</b>	\$ _____	\$ _____	\$ _____
<b>Agency Expenses</b>			
Salaries/Wages/Benefits	\$ _____	\$ _____	\$ _____
Administrative/Office Expenses	\$ _____	\$ _____	\$ _____
United Way Project(s)	\$ _____	\$ _____	\$ _____
Other Project(s)	\$ _____	\$ _____	\$ _____
<b>Total Expenses</b>	\$ _____	\$ _____	\$ _____
<b>Net Surplus/(Deficit)</b>	\$ _____	\$ _____	\$ _____

Please explain any significant increase or decrease in the budget line items.

Please provide current balances: \_\_\_\_\_ As of: \_\_\_\_\_ (date of balances)

- Checkings Account(s) \$ \_\_\_\_\_
- Savings Account(s) \$ \_\_\_\_\_
- Endowment(s) \$ \_\_\_\_\_
- Certificate(s) of Deposit \$ \_\_\_\_\_
- Cash on Hand \$ \_\_\_\_\_

Are any of the balances encumbered or designated? \_\_\_\_\_ If yes, please explain below.

# Project 1 Funding Request

Project:     New             Ongoing             Expanded

Project Description:

Why should UWBC fund this project.

Number of individuals directly impacted by this project: \_\_\_\_\_

Are other sources of funding for this specific project pending? \_\_\_\_\_ If yes, please explain below.

**Project Budget:**

Budget Category/Item	Total Estimated Cost of the Project	UWBC Funds Requested
1. _____	\$ _____	\$ _____
2. _____	\$ _____	\$ _____
3. _____	\$ _____	\$ _____
4. _____	\$ _____	\$ _____
5. _____	\$ _____	\$ _____
6. _____	\$ _____	\$ _____
7. _____	\$ _____	\$ _____
8. _____	\$ _____	\$ _____
<b>TOTAL</b>	<b>\$ _____</b>	<b>\$ _____</b>

# Project 2 Funding Request

Project:     New             Ongoing             Expanded

Project Description:

Why should UWBC fund this project.

Number of individuals directly impacted by this project: \_\_\_\_\_

Are other sources of funding for this specific project pending? \_\_\_\_\_ If yes, please explain below.

**Project Budget:**

Budget Category/Item	Total Estimated Cost of the Project	UWBC Funds Requested
1. _____	\$ _____	\$ _____
2. _____	\$ _____	\$ _____
3. _____	\$ _____	\$ _____
4. _____	\$ _____	\$ _____
5. _____	\$ _____	\$ _____
6. _____	\$ _____	\$ _____
7. _____	\$ _____	\$ _____
8. _____	\$ _____	\$ _____
<b>TOTAL</b>	<b>\$ _____</b>	<b>\$ _____</b>

# Project 3 Funding Request

Project:     New             Ongoing             Expanded

Project Description:

Why should UWBC fund this project.

Number of individuals directly impacted by this project: \_\_\_\_\_

Are other sources of funding for this specific project pending? \_\_\_\_\_ If yes, please explain below.

**Project Budget:**

Budget Category/Item	Total Estimated Cost of the Project	UWBC Funds Requested
1. _____	\$ _____	\$ _____
2. _____	\$ _____	\$ _____
3. _____	\$ _____	\$ _____
4. _____	\$ _____	\$ _____
5. _____	\$ _____	\$ _____
6. _____	\$ _____	\$ _____
7. _____	\$ _____	\$ _____
8. _____	\$ _____	\$ _____
<b>TOTAL</b>	<b>\$ _____</b>	<b>\$ _____</b>

**In compliance with the spirit and intent of the United Way Worldwide we request that each agency seeking including a copy of the following with their application:**

- 1) Program Funding Application
- 2) Current Board Roster with contact information
- 4) 501(c)3 Letter with Federal ID number (or Tax Exempt Letter)
- 5) Copy of most current IRS 990\*\*
- 6) Counterterrorism Compliance Form

**This application for United Way of Beaverhead County Funding was considered and APPROVED FOR SUBMISSION at a meeting of this agency's board of directors on:**

Printed name of person completing the funding request	Signature	Date

Printed name of Board Chair	Signature	Date

**\*\* If you are not required to file a 990, you are still required to fill out the front page of the form a and submit it with your application packet in order to be considered for funding**



## Compliance Certificate

In compliance with the spirit and intent of the USA PATRIOT Act and other counterterrorism laws, the United Way of Beaverhead County requests that each agency seeking funding certify that it is in compliance with the United Way of County and the United Way Worldwide's compliance program at the time an application for funding is submitted.

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.	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>
This Organization does not regrant to organizations, individuals, programs and/or projects outside of the United States of America without compliance with IRS guidelines.	<input type="checkbox"/>	<input type="checkbox"/>
This Organization takes reasonable, affirmative steps to ensure that any funds or resources distributed or processed do not fund terrorism or terrorist organizations.	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>

\* In this form, "material support and resources" means currency or monetary instruments or financial securities, financial services, lodging, training, expert advice or assistance, safehouses, 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.**

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

Title: \_\_\_\_\_

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

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