

**UNITED WAY OF VANCE COUNTY, INC.
FUNDS ALLOCATION**

GRANT APPLICATION

Completed applications must be received in the United Way office by 5 p.m. on April 15, 2019.

AGENCY: _____

ADDRESS: _____

MAILING ADDRESS: _____

CITY, STATE, ZIP: _____

TELEPHONE: _____

FAX: _____

E-MAIL ADDRESS: _____

CONTACT: _____

CONTACT PHONE: _____

For the Fiscal Year
January 1, 2019 through December 31, 2019

Chief Volunteer Officer

Chief Professional Officer

ORGANIZATION

1. Name of Agency _____
Street Address _____
Mailing Address _____
Telephone _____
Fax _____

2. Please attach listing of:
 - a) Names and titles of Officers
 - b) Names of governing body (board) showing address, telephone
 - c) Job titles of staff and salary range

Job title:	Salary range:
Job title:	Salary range:
Job title:	Salary range:

3. How many times did your board meet in the past year and what was the average attendance?

4. Provisions agency has for bonding:
 - a) Employees _____
 - b) Officers _____
 - c) Board _____

5. Does your agency carry Board liability insurance? ___ If so, please state the name of carrier, the amounts and conditions covered.

6. Is your agency licensed by the state of NC to solicit? ___ If not, please state the reason for exclusion.

7. Federal Tax Exempt (501)(C)(3) # _____
State Tax Exempt # _____

8. If your agency is affiliated with a national or state organization to which you are required to remit a portion of your income, what percent of your income does each receive?

What is the relationship between your local board and/or state and/or national organization?

AGENCY: _____

PROGRAM NARRATIVE

A. Program Data

1. What are the agency's specific objectives?

2. What program/services did your agency provide this year?

3. Target population served: (age, sex, special interest, etc.)

4. Geographic area covered:

5. How are agency programs/services assessed for effectiveness?

6. What new or different programs/services does your agency contemplate providing next year?

7. How will these new or different programs/services be financed?

8. What supplementary fund-raising activities has your agency conducted in the last 12 months?

<u>Activity</u>	<u>Net \$ Results</u>	<u>Area Covered</u>	<u>Month</u>
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9. Is your agency and/or program included in NC 211 data?

AGENCY: _____

A. Financial Information

What is your fiscal year? _____ to _____

	July 1 2017 to June 30, 2018 Actual	July 1, 2018 to June 30, 2019 Approved & Operating	July 1, 2019 to June 30, 2020 Estimated
Surplus or (Deficit) Beginning of Year			
Support/Revenue Other than United Way			
Allocation from other United Ways			
Allocation from this United Way			
Total Support/Revenue Available			
Total Expenditures			
Surplus or (Deficit) End of Year			

AGENCY: _____

Support Revenue & Expenses	July 1, 2017 to June 30, 2018 <i>Previous Year</i>	July 1, 2018 to June 30, 2019 <i>Approved & Operating</i>	July 1, 2019 to June 30, 2020 <i>Estimated</i>
Public Support & Revenue			
1. Carryover from previous year.....			
2. Allocation from this United Way.....			
3. Allocations by other United Ways.....			
4. Contributions.....			
5. Fundraising Events.....			
6. Memorials & Honorees Bequest.....			
7. Foundation Grants.....			
8. Grants from Government Agencies.....			
9. Organizational Funding.....			
10. Membership Dues.....			
11. Program Services Fees.....			
12. Sales of Materials.....			
13. Investment Income.....			
14. Miscellaneous Revenue.....			
15. Total Support & Revenue (Add 1-14).....			
Expenses			
16. Salaries.....			
17. Employee Benefits.....			
18. Payroll Expenses, etc.....			
19. Professional Fees.....			
20. Supplies.....			
21. Telephone.....			
22. Postage & Shipping.....			
23. Occupancy (rent or mortgage).....			
24. Equipment (lease & maintenance).....			
25. Printing & Publications.....			
26. Travel.....			
27. Conferences, Conventions, & Meetings.....			
28. Specific Assistance to clients.....			
29. Licenses and special fees.....			
30. Membership dues.....			
31. Awards & Grants.....			
32. Total Expenses (Add 16-31).....			
33. Payments to Affiliated Organizations.....			
34. Board Designations for Specified Activities for Future Years.....			
35. Total Expenses for Budget Period For All Activities (32+33+34).....			
36. Total Expenses For Activities Financed by Restricted Funds.....			
37. Total Expenses for Activities Financed by Unrestricted Funds (35-36).....			
38. Excess (Deficit) of Total Support & Revenue over expenses (15-37).....			
39. 9500 Depreciation of Buildings & Equipment.....			
40. 9900 Major Property & Equipment Acquisition (\$100 +)			

All financial information rounded to nearest dollar.

AGENCY: _____

BENEFICIARY STATISTICS

Fill out a **SEPARATE** sheet for **EACH** program/service.

Program Title: _____

PROGRAM BENEFICIARY CHARACTERISTICS Clients/Patients/Recipients/Other	Fiscal 2017-2018 Last Year Actual	Fiscal 2018-2019 This Year Estimated	Fiscal 2019-2020 Next Year Projected
1. Unduplicated Count of Program Beneficiaries: TOTAL			
a. Total Continuing from Previous Fiscal Year.....			
b. Total New for the Year.....			
c. Total Terminated During the Year.....			
2. Age Group: TOTAL			
a. 0 – 12.....			
b. 13 – 17.....			
c. 18 – 34.....			
d. 35 – 59.....			
e. 60 & over.....			
f. unknown.....			
3. Sex: TOTAL			
a. Male.....			
b. Female.....			
c. Not Known.....			
4. Ethnic Background: TOTAL			
a. White.....			
b. Black.....			
c. Hispanic.....			
d. Asian.....			
e. Other Ethnic Minority.....			
f. Not Known.....			
5. Income Level: TOTAL			
a. Below Poverty Level.....			
b. Above Poverty Level.....			
c. Not Known.....			
6. County of Residence: TOTAL			
a. Vance.....			
b. Warren.....			
c. Granville.....			
d. Franklin.....			
e. Other.....			

AGENCY: _____

EXPLANATION OF BOARD DESIGNATED FUNDS
(For Funds Which Are Not Donor Restricted)

A. Name of Board Designated Reserve: _____ **Amount: \$** _____

1. Date of board meeting at which designation was made: _____
2. Source of funds: _____
3. Purpose for which designated: _____
4. Are the investment earnings available for current unrestricted expenses?
____ Yes ____ No If Yes, what amount? _____
5. Date when board designation became effective: _____
6. Date when board designation expires: _____

B. Name of Board Designated Reserve: _____ **Amount: \$** _____

1. Date of board meeting at which designation was made: _____
2. Source of funds: _____
3. Purpose for which designated: _____
4. Are the investment earnings available for current unrestricted expenses?
____ Yes ____ No If Yes, what amount? _____
5. Date when board designation became effective: _____
6. Date when board designation expires: _____

C. Name of Board Designated Reserve: _____ **Amount: \$** _____

1. Date of board meeting at which designation was made: _____
2. Source of funds: _____
3. Purpose for which designated: _____
4. Are the investment earnings available for current unrestricted expenses?
____ Yes ____ No If Yes, what amount? _____
5. Date when board designation became effective: _____
6. Date when board designation expires: _____

AGENCY: _____

EXPLANATION OF RESTRICTED FUNDS
(Source Restricted Only-Exclude Board Restricted)

A. Name of Restricted Fund: _____ **Amount: \$** _____

1. Restricted by: _____
2. Source of funds: _____
3. Purpose for which restricted: _____
4. Are the investment earnings available for current unrestricted expenses?
____ Yes ____ No If Yes, what amount? _____
5. Date when restriction became effective: _____
6. Date when restriction expires: _____

B. Name of Restricted Fund: _____ **Amount: \$** _____

1. Restricted by: _____
2. Source of funds: _____
3. Purpose for which restricted: _____
4. Are the investment earnings available for current unrestricted expenses?
____ Yes ____ No If Yes, what amount? _____
5. Date when restriction became effective: _____
6. Date when restriction expires: _____

C. Name of Restricted Fund: _____ **Amount: \$** _____

1. Restricted by: _____
2. Source of funds: _____
3. Purpose for which restricted: _____
4. Are the investment earnings available for current unrestricted expenses?
____ Yes ____ No If Yes, what amount? _____
5. Date when restriction became effective: _____
6. Date when restriction expires: _____

SUPPORT AND REVENUE CATEGORIES

1. **Carryover from previous year.**
2. **Allocation from this United Way**
3. **Allocations by Other United Ways (Total)**
Allocated by Unassociated and Non-Federated Fund-Raising Organizations
Allocations from specialized fund-raising organizations as a result of an independent non-federated campaign for multiple-agency support
4. **Contributions**
Individual contributions
Corporate and other business contributions
Fraternal, civic, social, and other unrelated groups
Other direct contributions, excluding those raised through organized campaigns
Sustaining membership
5. **Fundraising Events**
Support and incidental revenue derived from all of an organization's special fund-raising events, net of costs to hold the events
6. **Memorials & Honoraries**
Monies given in memory of or in honor of an individual(s), business, organization, etc.
7. **Foundation Grants**
All grant monies received for support and revenue excluding government
8. **Government Grants**
Governmental agencies: All support and revenue received by the agency from governmental sources
9. **Organizational Funding**
Associated Organizations – The portion of a national or state fund-raising campaign which is allocated to the local agency.
Churches; Circles; Guilds and other organizations closely associated with the agency
10. **Membership Dues – Individuals**
Assessments and Dues
Local Member Units: Amounts received by an organization from its member agencies for general membership benefit
11. **Program Service Fees**
Program Service Fees – Fee payments charged in return for an agency's professional services
Program Incidental Revenue – Revenue from activities that, although administered by it, a voluntary agency regards as incidental to its primary services
12. **Sales of Materials**
Sales of publications and supplies to the general public, net of applicable costs
13. **Investment Income**
All investment income, other than capital gains
14. **Miscellaneous/Carry-over Revenue**

EXPENSE CATEGORIES

16. Salaries

Existing and additional staff in all programs

17. Employee Benefits

Accident Insurance Premiums
Life Insurance Premiums
Medical and Hospital Plan Premiums
Pension or Retirement Plan Premiums
Supplemental Payments to Pensioned Employees
Payment to Annuitants
Employment Termination Expenses

18. Payroll Expenses

FICA Payments
Unemployment Insurance
Workmen's Compensation Insurance
Disability Insurance Premiums

19. Professional Fees and Contract Service Payments

Legal Fees
Audit Fees
EDP or Computer Services
Other Contract Payments to Independent Professional Consultants
Other Purchased Services (i.e. bonding)
Insurance (i.e. bonding, liability, hazard insurance)

20. Supplies

Medicine and Drugs
Prosthetic Appliances
Recreational, Vocational, Craft Supplies
Food and Beverages
Laundry, Linen, and Housekeeping Services
Office Supplies
Paper, Ink, Film, and Other Printing and Duplicating Materials
New Goods Purchased
Raw Materials Purchased
Manufacturing Supplies

21. Telephone

Yearly Telephone Cost
Leasing of Telephones
Other expenses directly related to Telephone Cost

22. Postage and Shipping

Postage and Parcel
Freight
Messenger and Delivery
Service

23. Occupancy

Rental of office space, other building and parking lot
Janitorial and other maintenance Service under contract
Licenses and Permits (Occupancy Related)
Building and Grounds maintenance supplies
Miscellaneous Occupancy Costs

24. Equipment (Lease and Maintenance)

Equipment Lease
Equipment Maintenance Expense
Service Contracts

25. Printing and Publications

Printing
Artwork
Photography
Recording

Films and Videos
Subscriptions to Periodicals and Other Publications
Purchase of Publications
Media Use Charges – Advertising

26. Travel (Employees and Volunteers on Business)

Leasing Costs – Company Vehicles
Gas and Oil – Company Vehicles
Repairs – Company Vehicles
Insurance – Company Vehicles
Licenses and Permits – Company Vehicles
Tires – Company Vehicles

27. Conferences, Conventions, Meetings, Training

Hotels and Meals, and incidentals
Transportation
Registration Fees and other related costs

28. Specific Assistance to Clients

Cost of services directly rendered to your client

29. Licenses and Special Fees

30. Membership Dues

31. Awards & Grants

33. Payments to Affiliated Organizations

34. Board Designations for Specified Activities for Future Years

39. Depreciation of Buildings & Equipment

40. Major Property & Equipment Acquisition