



Moffat County  
United Way

P. O. Box 995, Craig, CO 81626 970.824.6222-voice 970.824.7909-fax

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## 2008 FUNDING APPLICATION GUIDELINES

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- ❖ Enclosed is the 2008 United Way funding application.
- ❖ **Applications** are accepted by mail or in person until 5:00 p.m. on **Friday, January 11, 2008**.
- ❖ The Allocations Committee will meet in **mid February 2008**.  
You will be notified no later than **one week** before the hearings of the timeline to make a presentation to the Allocations Committee.
- ❖ **Please provide the original and eight unbound three hole-punched copies.**
- ❖ Your application should be in 12 font, business style type.
- ❖ Please **DO NOT** use binders, folders or notebooks when putting together your application.
- ❖ **Applications received late, improperly completed, faxed or emailed will not be accepted.**

### COMMITTEE

Jeanine Vallejos, Chairperson  
Janette Harris, Member  
Lila Herod, Member  
Sandra King, Member  
Jaime Pearce, Member  
Lynn Villard, Member  
Todd Young, Member  
Rena Olsen, Ad Hoc Member

### STAFF

Corrie Scott-Ponikvar, Executive Director

### MISSION

*Moffat County United Way is committed  
to serve the health and humanitarian needs of our community.*

The Moffat County United Way allocation process is based on accountability to donors and responsiveness to the needs of people and agencies. It is based on a rational assessment of needs and resources, and it relates this assessment to voluntary and public expenditures to avoid duplication of community services.

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Moffat County United Way  
2008 Funding Application Guidelines  
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TYPES OF GRANTS

Generally, our grants will be of the following types:

Program support	Project support
Technical assistance	Operating support
Matching	Venture Grants

Grants will fall generally within the \$1,000 - \$60,000 range.

STANDARDS FOR ADMISSION

The following standards establish the basic accountability and relationship between Moffat County United Way and funded agencies. Any charitable, health, youth, social welfare and like agency may be considered for membership in United Way if, upon application, the agency provides such evidence as may be required to satisfy Moffat County United Way of the following:

- a. Its objective, purpose, services and program serve an established and well-recognized need of the residents of Moffat County in the fields of health, welfare, and social services.
- b. It is, to the extent possible under existing state and federal law, qualified as an organization exempt from taxation so that contributions are deductible under the guidelines of 501(c)(3) regulations.
- c. It will, if admitted, furnish United Way with adequate data as to contributions received from the public in the recent past, and a financial statement as required by United Way as to receipts and expenditures. The financial statement will be submitted in accordance with the current Moffat County United Way procedures.
- d. It does not materially overlap or conflict with program or service being rendered by any other agency in Moffat County.
- e. It is actively governed by a responsible group of citizens known as a Board of Directors.
- f. It is financially sound and operated in an efficient and economic manner.
- g. It will, if admitted, sign, execute and comply with a contract with Moffat County United Way.
- h. It has an affirmative action process that complies with local, state and federal laws and executive orders, including statements of nondiscrimination based on race, color, religion, ethnic origin, handicap, sex or age.
- i. If an agency does not use the total funds allocated for a specific program, whether through a Venture Grant or Member Agency allocation, the unspent portion will be returned to Moffat County United Way at the end of the United Way fiscal year.

# Moffat County United Way 2008 Funding Application

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## **ATTACHMENTS:**

**1. SUMMARY OF APPLICANT ORGANIZATION:** (refer to attachment 1)

**2. NARRATIVE:**(not to exceed three pages)( mark attachment 2)

1. Agency Information. (including corporate)
  - a) Current years goals and or objectives;
  - b) Brief summary of organization's history;
  - c) Description of current programs, activities, and accomplishments.

**3. PURPOSE OF GRANT:** (refer to attachment 3) fill out attachment 3 and attachment I & II of attachment 8 for each project/program you are applying for.

**REMAINING ATTACHMENTS:** Please **mark and attach** accordingly the following:

4. Board of Directors
  - a) Anti-discrimination statement adopted by board;
5. List of names and titles of key staff;
6. Most recent fiscal year-end financial statements (**audited if available, provide one copy**);
7. Current agency budget;
8. Program/project budget; (refer to attach. 8 part I & II) (if applicable include per unit cost)
9. Annual report; (**if applicable, provide one copy**)
10. Copy of the original IRS determination letter indicating 501(c)(3) or 509(a) tax exempt status;
11. Copy of Good Standing from Secretary of State.
12. Copy of liability insurance.

**12. EVALUATION:** Please discuss: (**mark attachment 12**)

- a) Expected results during the funding period;
- b) How you would define and measure success;
- c) How will the project results be used and or disseminated?

For further information or clarification regarding this application you may call United Way Executive Director, Corrie Scott-Ponikvar at 824-6222.

**2008 Funding Application  
Attachment 1**

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**SUMMARY OF APPLICANT ORGANIZATION**

NAME OF ORGANIZATION: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

EXECUTIVE DIRECTOR: \_\_\_\_\_

CONTACT PERSON (OTHER THAN EXECUTIVE DIRECTOR): \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ WEB SITE ADDRESS: \_\_\_\_\_

WOULD YOUR AGENCY LIKE A PERSONAL INTERVIEW WITH THE ALLOCATIONS COMMITTEE? \_\_\_\_\_

MISSION STATEMENT: \_\_\_\_\_

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

ORGANIZATION BUDGET:\$ \_\_\_\_\_

FISCAL YEAR \_\_\_\_\_

PROGRAM BUDGET:\$ \_\_\_\_\_

FISCAL YEAR \_\_\_\_\_

(should equal total budget, attach. 8 part II)

AMOUNT OF REQUEST:\$ \_\_\_\_\_

FISCAL YEAR ENDS \_\_\_\_\_

\_\_\_\_\_  
**Signature, President Board of Directors**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature, Agency Director (if applicable)**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature, Agency Liaison (only if currently a United Way agency)**

\_\_\_\_\_  
**Date**

**2008 Funding Application  
Attachment 3**

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**PURPOSE OF GRANT**

❖ NAME OF PROJECT/PROGRAM: \_\_\_\_\_

❖ **BRIEF** OVERVIEW OF INTENDED USE OF UNITED WAY FUNDS:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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❖ APPROXIMATE NUMBER OF PEOPLE **DIRECTLY** SERVED BY UNITED WAY FUNDS:

\_\_\_\_\_ 2006 Actual                      \_\_\_\_\_ 2007 Estimated                      \_\_\_\_\_ 2008 Projected

❖ TARGET POPULATION: \_\_\_\_\_

❖ HOW WILL THEY BENEFIT? \_\_\_\_\_

❖ TIMETABLE FOR IMPLEMENTATION (Program specific or capital projects only): \_\_\_\_\_

❖ LIST OTHER AGENCIES, IF ANY, PARTICIPATING IN THE PROJECT: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

❖ ARE THERE OTHER AGENCIES IN MOFFAT COUNTY WHICH OFFER THE SAME OR SIMILAR SERVICES? \_\_\_\_\_ YES \_\_\_\_\_ NO

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**IF YES, PLEASE IDENTIFY THE ORGANIZATION AND HOW YOU DIFFERENTIATE YOUR ORGANIZATION'S SERVICES.**

\_\_\_\_\_

\_\_\_\_\_

**2008 Funding Application  
Part I Attachment 8**

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**FUNDING SOURCES**  
(FOCUS ONLY ON THIS PROJECT OR PROGRAM)

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❖ **New Project/Program** \_\_\_\_\_ **yes** \_\_\_\_\_ **no**  
(Fill out 2008 Budget only)

❖ **On going Project/Program** \_\_\_\_\_ **yes** \_\_\_\_\_ **no**  
(Must fill out all of Budget)

2006	2007	2008	
\$ _____	\$ _____	\$ _____	General Funds (Allocated from your organization)
\$ _____	\$ _____	\$ _____	Grants
\$ _____	\$ _____	\$ _____	Total Government Funding
			\$ _____ Local
			\$ _____ Federal/State
\$ _____	\$ _____	\$ _____	Donations/Contributions
\$ _____	\$ _____	\$ _____	Agency Fund-raisers ***
\$ _____	\$ _____	\$ _____	Other
\$ _____	\$ _____	\$ _____	<b>SUBTOTAL - REVENUE</b>
\$ _____	\$ _____	\$ _____	United Way Funding
\$ _____	\$ _____	\$ _____	<b>TOTAL REVENUE</b>
<hr/>			
\$ _____	\$ _____	\$ _____	In-Kind
<hr/>			

Percentage of total revenue provided by M.C.U.W. \_\_\_\_\_ %

**\*\*\*Please attach list of possible fundraisers and timetable for 2008.**

**2008 Funding Application  
Part II Attachment 8**

**EXPENSES ASSOCIATED WITH  
THIS PROJECT OR PROGRAM**

**ADMINISTRATIVE EXPENSES:**

<u>2006</u>	<u>2007</u>	<u>2008</u>	<u>United Way</u> (funds requested)	
\$ _____	\$ _____	\$ _____	\$ _____	Total Salaries, Taxes & Benefits
_____	_____	_____	\$ _____	Professional/Consulting Fees
_____	_____	_____	\$ _____	Training/Meetings
_____	_____	_____	\$ _____	Promotional/Advertising
_____	_____	_____	\$ _____	Overhead (Rent, utilities, etc.)
_____	_____	_____	\$ _____	Supplies
_____	_____	_____	\$ _____	Other
\$ _____	\$ _____	\$ _____	\$ _____	<b>TOTAL ADMINISTRATIVE EXPENSES</b>

**PROGRAM EXPENSES: (non-related to gen. admin)**

_____	_____	_____	\$ _____	Equipment Purchases
_____	_____	_____	\$ _____	Contracted Services
_____	_____	_____	\$ _____	Direct Services to Client
_____	_____	_____	\$ _____	Supplies for Program/Project
_____	_____	_____	\$ _____	Other
\$ _____	\$ _____	\$ _____	\$ _____	<b>TOTAL PROGRAM EXPENSES</b>

\$ _____	\$ _____	\$ _____	<u>100%</u>	<b>TOTAL BUDGET</b>
_____ %	_____ %	_____ %	_____ %	<b>OF ADMINISTRATIVE EXPENSES</b>

(Total administrative expenses divided by total budget)

**ADMINISTRATIVE EXPENSES:**

Using the formula below, please provide the **organization's** actual percentage of costs for fundraising and administration. \_\_\_\_\_%.

From IRS Form 990: line 14 (Management & General) + line 15 (Fundraising)  
line 12 (Total Revenue)

**Date your agency file your most recent 990?** \_\_\_\_\_