



Moffat County United Way  
P. O. Box 995 Craig, CO 81626

970.824.6222-voice

## 2012 FUNDING APPLICATION GUIDELINES

*Please read the guidelines completely and carefully; it may save you time and frustration. Use the checklist on page 4 prior to submission.*

- ✓ **Applications** are accepted by mail or in person until 5:00 p.m. on **Friday, January 13, 2012.**
- ✓ The Allocations Committee will meet in **February 2012.**
- ✓ You will be notified no later than **one week** prior to the committee meeting to make a presentation to the Allocations Committee.
- ✓ Your application should be in 10 to 12 font business style type.
- ✓ **Please provide the original and eight (a total of 9) unbound three holed-punched copies of the actual grant. Do not include the instruction sheets.**
- ✓ Please **DO NOT** put in binders, folders or notebooks when putting together your application.
- ✓ **Applications received late, improperly completed, faxed or emailed will not be accepted.**

### **COMMITTEE**

Amy Knights, Chairperson  
Kathy Larson, Member  
Steve Martin, Member  
Jaime Pearce, Member  
Dan Severson, Member  
Jeanine Vallejos, Member  
Michelle Tucker, Member  
Joel Sheridan, Board President, Ad Hoc Member

### **STAFF**

Corrie 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.

### **FUNDING LEVEL**

Program Funding only and grants generally are within the \$1,000 - \$60,000 range.

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## TYPES OF GRANTS

Moffat County United Way will **only** provide **program** funding.  
Moffat County United Way funding grants range from the 1,000 to 60,000 dollar range.

## FUNDING CYCLE

Moffat County United Way is a community-driven organization. Each fall, fundraising is conducted through employee campaigns and direct mail solicitation for the purpose of helping to meet the health and human service needs of our community. If your agency is funded you will begin receiving funds April 15<sup>th</sup> on a quarterly basis.

## REAL CHANGE

What difference will this program make in the lives of the client? In Attachment 17 you are asked to provide measurable outcomes that you expect clients in the program to experience. Remember, outcomes are changes in client knowledge, attitude, behavior, skills, values, condition or status. The program must also have effective tools and methods in place, addressing both the quantity and quality of services provided, that enable program evaluation.

## STANDARD FOR ADMISSIONS

Agency's 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.

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.

Agency does not materially overlap or conflict with programs or services being rendered by any other agency in Moffat County.

Agency is actively governed by a responsible group of citizens known as a Board of Directors.

Agency is financially sound and operated in an efficient and economic manner.

Agency will, if admitted, sign, execute and comply with a contract with Moffat County United Way.

Agency 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.

## COMMITTEE VISIT

It can be difficult to describe the scope of your program's impact on people's lives simply through the written word, no matter how eloquent the grant writer! The United Way fund allocations process includes a visit with the committee. You will be contact in February to schedule a visit. Between careful review of the written application information presented and further evaluation with a committee visit, the committee hopes to get a complete picture of your program, the needs being addressed and the level of appropriateness for United Way funding.

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**ATTACHMENTS:**

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

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

- a) Describe the program. Include pertinent information about the program, including but not limited to: date of program inception, description of program services, target population, program service limitations (if any), parameters for client eligibility, geographic service area, fees paid by clients.
- b) Document the need for your program. Cite sources to support your statement of need (i.e. community needs assessments, government reports). State specifically how your program meets the identified need.
- c) How does the program fulfill the overall mission of the sponsoring organization?
- d) Does another program in Moffat County provide a similar service? If ye, why is there a need for more than one program? How is your program unique?
- e) Describe the staffing of the program, both paid and unpaid. Discuss the qualifications of staff providing direct services to clients.
- f) Describe volunteer involvement in the program, including the general functions they perform.
- g) Discuss the involvement of your Board of Directors/Council with the organization as a whole.

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

3. Board of Directors
  - a) Role of Board of Directors and percent that contribute financially
  - b) Anti-discrimination statement adopted by board
4. List of names and titles of key staff;
5. Sources of income table **see attachment 5**
6. Program Budget
7. Current fiscal year Agency Budget
8. Most recent fiscal year-end financial statements

**17. LOGIC MODEL – Two pages**

Intended Outcomes – Please complete the attached Outcomes/Logic Model form, use one form for each program or project for which you are requesting funding.

**Provide one copy of the following attachments:**

9. Most recent annual audit or review
10. Annual report; **(if applicable)**
11. Copy of the original IRS determination letter indicating 501(c)(3) or 509(a)
12. Copy of Good Standing from the Colorado Secretary of State
13. Charitable Solicitation Act **renewed** number
14. Copy of liability insurance certificate (just the certificate, not the entire policy)
15. List of possible fundraisers and timetable for 2012
16. Copy of most recent IRS form 990

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***Checklist for Submission***

		<i>Quantities Needed</i>		
<i>✓ Check box</i>		<i>Original</i>	<i>Copies</i>	<i>Total</i>
	<b>Program Funding Application:</b> Be sure it is <b>signed</b> . Please clearly mark the original as “original”.	1	8	9
	<b>Attachments 1 - 8</b>	1	8	9
	<b>Attachments 10 – 15</b>	1	0	1
	<b>Program Logic Model (Attachment 17, two pages)</b>	1	8	9
	<b>Audit</b> for most recently completed fiscal year. Please include the management letter. If annual revenue is \$250k, a financial review is sufficient. Just one per agency, if applying for more than one program. <b>(Attachment 9)</b>	1	0	1
	<b>IRS Form 990 or 990EZ</b> for your most recently completed fiscal year. Just one per agency, if applying for more than one program. <b>(Attachment 16)</b>	1	0	1

***Remember to make a copy of your application for your own records. Deliver the completed application to the United Way office no later than 5:00 p.m., Friday, January 13, 2012. No late applications will be accepted.***

*Questions? Contact:*

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