

June 27, 2021

To: United Way Agencies of Guernsey, Monroe, and Noble Counties.

**UNITED WAY  
GRANT APPLICATION**

AGENCY: \_\_\_\_\_

Please submit **one copy** AND THE ORIGINAL for a total of 2 copies of your application, approved by your Board of Trustees and signed by the Board President or Chair, **by July 28, 2021**. Feel free to include any current promotional material with your application.

Thank you!



Marynell Townsend  
Executive Director



# Grant Application

I. Agency Name:

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Physical Address:

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Mailing Address:

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Counties you serve:

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Phone:

Website:

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Email:

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EIN#:

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Director:

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Board President:

Phone:

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Board Treasurer:

Phone:

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II.

	AMOUNT REQUESTED
UW Grant Request	\$

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<b>Total Operating Budget for program UW funds will be used for</b>	\$
<b>UW % of Program Operating Budget</b>	%
<b>UW Allocation Received last cycle</b>	\$

**III United Way funds will be used for:**

<input type="text"/> %	General Operating Support	<input type="text"/> %	Emergency Programs
<input type="text"/> %	Family Programs	<input type="text"/> %	Health Programs
<input type="text"/> %	Youth Programs	<input type="text"/> %	Elderly Programs

The undersigned officers certify that the Board of Directors of the above organization has approved this application at a meeting held on \_\_\_\_\_, 2020.

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Executive Director

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Board President or Authorized Officer

**IV. Briefly describe how United Way funds will be used and the need (program name, overview, target population and geographic area served) . Reference the United Way Three Pillars of Health, Education and Financial Stability where applicable.**

**V. How many, unduplicated, individuals will be served, per county, with United Way funds and tell us how your Board of Directors measures the success of the program?**

- VI. **Please describe your overall agency goals for the program UW is being asked to fund and specifically how UW funding will be used.**
- VII. **Has COVID-19 created extraordinary circumstances altering your operations or affecting the program you are requesting funds for?**
- VIII. **Please provide a success story that we may use in promoting your work. Detail specifics on how an individual or family has been helped. How has this program changed a client's life? Please send a photo reflective of this success story. Do you have permission to use the real names/photos of this client?**
- IX. **If you received funds last year, please share an impact story with funds provided.**

**X. Please list any fundraising activities and dates (if known) scheduled.**

**XI. Will your agency/staff run a United Way campaign or fundraiser? If not, why?**

**XII. How does your agency promote United Way and our partnership?**

**Appendices (Please attach a copy of each to be kept on file and updated yearly or if and when any information changes.)**

**a. Current list of your Board Members**

**· Copy of most recent financial audit/review (within the last two years) that includes a balance sheet, income statement, and cash flow statement. If the audit or review does not meet generally accepted accounting principles (GAAP) then Attachment C must be completed.**

- b. **Non-Discrimination Policy/Statement**
- c. **Signed Anti-Terrorism Form (attached)**

**Please complete only if your agency does not have an audit or review or does not meet generally accepted accounting principles.**

The United Way of Guernsey, Monroe and Noble Counties wishes to streamline its funding application and review process, however, financial accountability among recipients of United Way funds remains a crucial factor. In the interest of containing costs, while maintaining accountability, the following statement must be signed and submitted with the United Way Allocation Application for those agencies that do not have an audit or financial review that conforms to U. S. Office of Management and Budget Circular A-133 (or A-110), Audits of State and Local Governments, and Non-Profit Organizations.

To the best of our knowledge,

(Agency Name) \_\_\_\_\_, has operated in a conservative fiscal manner and that:

- Financial statements provided with this application accurately represent the current position of the agency
- All financial transactions are recorded in an agency-approved manner/system
- More than one person reviews each transaction
- Access to financial records are shared freely with the governing board when requested
- The governing board regularly receives financial statements that reflect the agency's financial position
- Barring any unforeseen events, the agency has, or will have, sufficient funds to operate for the period of time needed to carry out this proposal
- The agency has no plans of dissolving the corporation during the period covered by this proposal, and
- The agency uses United Way funds to perform the services as described in our application

\_\_\_\_\_  
Executive Director

\_\_\_\_\_

Date

\_\_\_\_\_  
Board President (or authorized Officer)

\_\_\_\_\_

Date

\_\_\_\_\_  
Board Treasurer

\_\_\_\_\_

Date