Application to become a Participating Member Agency of United Way

Each year area non-profit organizations providing human services are invited to apply for funding from the United Way. Agencies must focus around education, financial stability, and healthy lives. Applications are reviewed by the Allocation Committee for consideration of membership and funding. Applications for funding and all documents are required to be completed by March 30th.

Agency Name \*

Agency Director \*

Director E-mail \*

Agency Address \*

City, St, Zip \*

Agency Phone Number \*

Website \*

EIN \*

Application Contact Name \*

Application Contact E-mail Address \*

Applicant's Phone Number \*

\_\_ I certify I have the authority to submit this application on behalf of the organization \*

Share the organization's mission and vision statements. \*

Provide a 25 word summary of your agency (that can be used for promotional purposes). \*

How many dollars are you applying for from the United Way of the Mark Twain Area? \*

Are you currently receiving dollars from the United Way of the Mark Twain Area? \*

\_\_ Yes

\_\_ No

Have you ever received dollars from the United Way of the Mark Twain Area? \*

\_\_ Yes

\_\_ No

Which United Way focus area(s) does your organization's work align to? \*

\_\_ Education

\_\_ Financial Stability

\_\_ Healthy Lives  
  
Give a brief overview of the program(s) your organization implements. \*

What program/project are you requesting United Way dollars for (can simply say "General Operating Costs")?

Which United Way focus area(s) does this program align to? \*

\_\_ Education

\_\_ Financial Stability

\_\_ Healthy Lives  
  
Explain how United Way funding would be utilized and the details of that program. \*

What community need would United Way funding work to address? How does the program work to address that need? Include community statistics and data that shows the need for the program/evidence the program will work to address that need. \*

How will United Way funding empower individuals to achieve their potential through education, financial stability, and/or healthy lives? \*

Describe the demographic makeup of the clients you serve with this program. \*

Please share a success story from the program you are requesting dollars from the United Way to fund and/or a program United Way dollars were used to fund last year. By sharing this story, it can be used in United Way promotions (please leave out names as needed because of this).

Dollars from the United Way of the Mark Twain Area can ONLY be used to support programs in Marion, Monroe, Ralls, Lewis, and Shelby Counties in Missouri. If you serve additional counties, how can you prove dollars are only used to support the work of these counties? \*

What other revenue streams are utilized to support the program you are applying to the United Way to receive funding for? \*

If United Way wasn't to approve your funding request, what would happen to the program/agency? \*

If United Way gave you more dollars than anticipated, how would you use those dollars? \*

Explain any collaborations with other agencies. \*  
**DOCUMENTS TO UPLOAD:**  
\_\_ Number of Individuals Served - Form found on Website - Save as Excel Document and Upload   
\_\_ Organization Budget - form found on website - Save as Excel Document and Upload  
\_\_ Program/Project Budget - form found on website - Save as Excel Document and Upload

\_\_ Most Recent IRS 990  
\_\_ Federal IRS 501(c)3 Tax Exempt Certification - Not required for returning applicants

\_\_ State IRS 501(c)3 Tax Exempt Certification - Not required for returning applicants  
\_\_ For budgets over $100,000 please upload your most recent fiscal year's audit (or bring one to the United Way Office)  
\_\_ For budgets of $20,000-$100,000 please upload a Compilation Report prepared by a CPA (or bring a copy to the United Way Office if no full audit)  
\_\_ For budgets under $20,000 please upload most recent approved financial statement  
\_\_ Board Member Listing - form found on website - Save as Excel Document and Upload  
\_\_ Organization's most recent Annual Report (if applicable)  
\_\_ Upload Agency's Bylaws - Required for new applicants, required for returning applicants if any changes have been made in past year.

\_\_ Signed Anti-Terrorism Compliance and Charitable Status Form - form from website