

# UNITED WAY OF COLES COUNTY

## FUNDING APPLICATION 2024-2025



Fields will expand as you type. Please be thorough but concise with your responses.

Submit signed original and four (4) hard copies of completed application. Follow instructions in Section C for required attachments. Also submit a PDF of the original with each attachment separately and clearly named.

**Applications are due by Tuesday April 2, 2024 at 11:59 p.m.** Mail or deliver to our office at 114 N 16<sup>th</sup> Street (P.O. Box 868), Mattoon, IL 61938. There is a large mail slot in the door for after hours delivery. Email PDF with the subject heading "Funding Application" to [unitedway@consolidated.net](mailto:unitedway@consolidated.net).

### SECTION A: AGENCY INFORMATION

<b>Full Agency Name</b>	
<b>Address</b>	
<b>City, State, Zip</b>	
<b>Phone &amp; Website</b>	
<b>Agency Leader/Title</b>	
<b>Contact Name/Title</b> <small>(For application questions)</small>	
<b>Contact Phone</b>	
<b>Contact Email</b>	

<b>Amount Requested</b>	\$
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**POPULATION(S) SERVED**    Youth    Seniors    General    Other (Describe.)

**SERVICES PROVIDED** - Data should reflect outcomes related **ONLY** to the specific program for which you are requesting United Way of Coles County funding, not your entire organization.

Population	# of <u>Unduplicated</u> Clients Served	# of Units of Service Provided*
Youth		
Seniors		
General		
Other		

Data is for most recently completed fiscal year \_\_\_\_\_ through \_\_\_\_\_.  
mm-yy                      mm-yy

\*A "Unit of Service" will be specific to your organization. Clearly describe how you measure the service you are reporting (e.g. an hour, a meal, a contact).

## SECTION B: NARRATIVE

1. PROVIDE A BRIEF DESCRIPTION OF AGENCY MISSION AND SERVICES.

2. DESCRIBE THE SPECIFIC PROGRAM(S) FOR WHICH YOU ARE REQUESTING UNITED WAY OF COLES COUNTY (UWCC) FUNDING.

3. WHAT ARE THE ELIGIBILITY CRITERIA FOR CLIENTS RECEIVING THESE SERVICES?

4. DO YOU CHARGE A FEE (  Yes  No ) OR ACCEPT DONATIONS (  Yes  No ) FOR THESE SERVICES? EXPLANATION, IF NEEDED:

5. Current Partner Agencies Only

HAVE YOU ASSISTED WITH UWCC FUNDRAISING EFFORTS?

Annual Campaign  Yes  No    Golf Outing (09-23)  Yes  No    Auction (10-23)  Yes  No

HAVE YOU COMPLIED WITH ALL RESPONSIBILITIES DETAILED IN THE PARTNER AGENCY AGREEMENT, INCLUDING BUT NOT LIMITED TO THE FOLLOWING:

Attend Quarterly Meetings  Yes  No

Provide Quarterly Reports and Requested Information Timely  Yes  No

Adhere to Fundraising Blackout Period (Oct. 1-31)  Yes  No

Promote United Way Relationship and Branding  Yes  No

DETAILS AND EXPLANATIONS, AS NEEDED:

6. DOES YOUR AGENCY HAVE A DIVERSITY, EQUITY AND INCLUSION (DEI) POLICY IN PLACE?  Yes  No  
BRIEFLY EXPLAIN WHAT DEI EFFORTS YOUR AGENCY HAS INITIATED OR BEEN A PART OF.

7. IS THERE ANYTHING ELSE YOU WANT TO SHARE THAT WOULD HELP US MAKE OUR FUNDING DECISION?

## SECTION C: ATTACHMENTS

Attach to original and each hardcopy of your application and the PDF:

1. Agency's full budget
2. Budget(s) for specific program(s) for which you are requesting UWCC funding

Attach to original application and the PDF:

3. Agency and/or program brochure
4. List of Board of Directors
5. Organizational chart of paid staff positions and volunteers, as applicable
6. Most current audit or review performed by a CPA or most recently filed Form 990 (If neither is available, a current detailed financial statement is acceptable.)

New Applicants Only - You are considered a "New Applicant" if you have not received UWCC funding during our current fiscal year (October 1, 2023 through September 30, 2024).

Attach to original application and the PDF:

7. Not-for-Profit Charter from the Secretary of State
8. IRS letter certifying tax exempt status under section 501(c)(3)
9. Copy of most recently filed Form 990 (If not provided for number 6, above.)

## SECTION D: SIGNATURES

I understand that information contained within this application, including all attachments, and any subsequent information provided in response to inquiries, will be distributed to United Way of Coles County Board members and/or other UWCC volunteers for the purpose of determining the outcome of this funding request.

Full Agency Name

Authorized Representative Name and Title

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Authorized Representative Signature

Date