**Stephens County United Way**

**2025-2026 Allocation Request and Agency Review**

**(Submit via the link given in your email no later than noon on Friday, January 17th, 2025)**

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| Agency: |

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| Agency Telephone: |

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| CEO: |

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| --- |
| Contact Phone: |

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| --- |
| President: |

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| --- |
| Contact Phone: |

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| --- |
| E-mail: |

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| --- |
| Website: |

|  |  |  |
| --- | --- | --- |
| Agency Address: | | |
| City: | State: | Zip: |

Counties Served:

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Agency Mission/Purpose:

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Agency Goals:

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In the past year, what goals did you achieve:

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| **2024 Allocation Request** | | | |
| List specific program(s), service(s) and/or position(s) you seek to fund, and the amounts requested for each: | **2023/24 SCUW Allocation** | **2023/24 Actual Expenditures** | **2025 SCUW Requested** |
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| **Total** |  |  |  |

We respectfully submit this document to be used for review and as official application for funds.

Signed:

|  |  |
| --- | --- |
| Executive Director: | Date: |

Signed:

|  |  |
| --- | --- |
| President: | Date: |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **AGENCY BUDGET FINANCIAL REVIEW** | | | | | | | | | | |
| Agency’s Fiscal Year is | from: | | | | | | to: | | | |
| **Most Recently Completed Prior Fiscal Year Information** | | | | | | | | | | |
| Fiscal year ending: | Total Revenue: | | | | | | | | | |
| SCUW 2023-24 Allocation: | | | % of total revenues: | | | | | | | |
| Current fiscal year ending: | | | Current fiscal year total projected revenue: | | | | | | | |
| Amount requested from SCUW for 2025-26 | | | | | | | | | | |
| SCUW allocation request is |  | | % of total projected revenue | | | | | | | |
| **Specify fund raising activities scheduled for 2024:** | | | | | | | | | | |
| **Event** | | | **Anticipated Date** | | | | **Projected Revenue** | | | |
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| **CASH IN BANK OR OTHER SAVING INSTITUTIONS** | | | | | | | | | | |
| CHECKING: | | | $ | | | | | | | |
| SAVINGS FOR GENERAL OPERATING USE | | |  | | | | | | | |
| SAVINGS FOR DESIGNATED OR RESTRICTED USE | | | $ | | | | | | | |
| TOTAL CASH/INVESTMENTS | | | $ | | | | | | | |
| **SUPPORT AND REVENUE** | | | $ | | | | | | | |
| **PUBLIC SUPPORT & REVENUE** | | | | | | | | | | |
|  | | **Fiscal Year**  **2023**  **Last Year** | | | **Fiscal Year**  **2024**  **This year** | | | **Fiscal Year**  **2025**  **Proposed** | | |
| SCUW Allocation | |  | | |  | | |  | | |
| Contributions (Individual and Corporate) | |  | | |  | | |  | | |
| Special Events/Fundraisers | |  | | |  | | |  | | |
| Unrestricted Legacies/Bequests | |  | | |  | | |  | | |
| Contributions from Associated Organizations | |  | | |  | | |  | | |
| Allocated by other United Ways | |  | | |  | | |  | | |
| Federal Fees/Grants | |  | | |  | | |  | | |
| State Fees/Grants | |  | | |  | | |  | | |
| Membership Dues | |  | | |  | | |  | | |
| Program Service Fees | |  | | |  | | |  | | |
| Sales of Materials | |  | | |  | | |  | | |
| Investment Income | |  | | |  | | |  | | |
| Miscellaneous Revenue | |  | | |  | | |  | | |
| **Total Support and Revenue** | |  | | |  | | |  | | |
| What are your monthly operating expenses? | |  | | |  | | |  | | |
| How many months of operating expenses do you have in reserve? | |  | | | | | | | | |
| **EXPENSES** | | | | |  | | | | | |
|  | | | | **Fiscal Year**  **2023**  **Last Year** | | **Fiscal Year**  **2024**  **This Year** | | | **Fiscal Year**  **2025**  **Proposed** |
| Salaries | | | |  | |  | | |  |
| Employee Benefits | | | |  | |  | | |  |
| Payroll Taxes | | | |  | |  | | |  |
| Professional Fees | | | |  | |  | | |  |
| Supplies | | | |  | |  | | |  |
| Telephone | | | |  | |  | | |  |
| Postage/Shipping | | | |  | |  | | |  |
| Occupancy | | | |  | |  | | |  |
| Equipment Rental/Maintenance | | | |  | |  | | |  |
| Printing | | | |  | |  | | |  |
| Travel | | | |  | |  | | |  |
| Conferences | | | |  | |  | | |  |
| Assistance to Individuals | | | |  | |  | | |  |
| Membership Dues | | | |  | |  | | |  |
| Awards & Grants | | | |  | |  | | |  |
| Miscellaneous | | | |  | |  | | |  |
| **Total Expenses** | | | |  | |  | | |  |
| Payment to Affiliated Organizations | | | |  | |  | | |  |
| Board Restricted for Future Activities | | | |  | |  | | |  |
| **Total Expenses for All Activities** | | | |  | |  | | |  |
| **Excess(Deficit)Total Support and Revenue Over Expenses** | | | |  | |  | | |  |
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If you have any questions about completing this form, please contact the United Way Office at 706-778-0620 or [habershamunitedway@gmail.com](mailto:habershamunitedway@gmail.com)