**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: |

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| --- |
| 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