



United Way
of Crookston

2018 APPLICATION FOR FUNDING

(Long Form)

Organization Name:		
Program Name:		
Executive Director:		
Contact Name & Title:		
Contact Email Address:		
Representative from agency to be present for Grant Hearings:		
Website (if applicable):		
Telephone:		
Mailing Address:		
Org. Fiscal Year:	Fiscal year begins on:	
Program Year: (If different from Org. Fiscal Year)		
Fed ID#		
Did you receive a grant from United Way of Crookston last year?	___ Yes ___ No	
	If yes, how were funds used?	
Amount requested	\$	%
	<i>Amount exceeds \$3001</i>	<i>Percentage of program budget requested from this United Way.</i>

***Crookston Area includes communities in the following zip codes:
56517, 56523, 56540, 56701, 56716, 56722, 56723, 56725, 56736, 56750, 56754.
This area does not include all of Polk County.**

ORGANIZATION OVERVIEW

Limit: 2 Pages

1) Which United Way of Crookston impact area does your organization meet (mark all that apply)?

- Health
- Education
- Finance

2) Organization mission statement:

3) What geographic area does your organization serve?

4) Does your organization have a strategic plan? If so, what are your organization's strategic goals? (Where is the organization going over the next 3 to 5 years?)

5) What is the goal of the program (that you're requesting United Way funding for)?

6) Explain how your program addresses this issue impact area. (Describe the program)

As a United Way partner, describe your organizations process for engaging employees and supporting the annual United Way fundraising campaign?

DIVERSITY & INCLUSION

Limit: 1/2 Page

How do you continually ensure your program services and staff are culturally competent in regards to inclusion and diversity in all its forms (race, class, religion, gender, sexual orientation, ability, age, etc.)?

Annual Staffing and Volunteers

Total # of Employees		Total # of Volunteers	
Total # of Full Time Equivalent (FTE's)		Total # of Volunteer hours	

PROGRAM POPULATION SERVED

Number of people served List the approximate number of unduplicated people (clients/patients/recipients/other) served. Use Time Frame space for actual dates you use to measure a year.

	Current Grant Year	Upcoming Grant Year	Population Describe population served (youth, adults, older adults, # males/females, ages, etc.)
Time Frame: <i>(example Jan 1, 2017-Dec 31, 2017 or July 1, 2017-June 30, 2018)</i>	<i>Example: 100</i>	<i>Example: 150</i>	<i>Example: N=100 50 males and 50 females; 25 youth, 50 adults, 25 seniors</i>

PROGRAM BUDGET

Revenue Sources	Last Fiscal Year Specify dates:	This Fiscal Year Specify dates:	Next Fiscal Year Specify dates:
United Way Crookston Grants			
Other United Ways Grants			
Private Grants			
Government Grants			
Special Events- Donations/Fundraisers			
Memberships/Dues			
Tuition/ Payment for Program Services			
Investment Income			
Misc. Revenue			
Total			
Expenses			
Personnel (wages, benefits, taxes, staff development)			
Office Expenses Supplies, rent, technology, equipment			
Membership, Dues, Payments to Affiliates			
Travel/Mileage			
Other			
Other			
Total			

PROGRAM FINANCIAL INFORMATION

Explain the purpose of your request for United Way funding:

- Operational Increase: Increase the current budget by an estimated cost of living increase.
- Program Expansion: Increase the current budget to accomplish
 - Serving more people: increase by the cost of providing services to more people.
 - Program Enhancement: Increase by the cost of providing program enhancements.
- Replace Revenue: Replacing funding that has decreased from other sources.
- No change in United Way Funding: Maintain current level of United Way funding
- Decrease in United Way Funding: Less funding due to change in program design or delivery, a reduction in the number of people being served, or a change in the funding mix so that fewer United Way dollars will be required.
- Other: Please explain

Explain the use of the United Way funding for this program: (List specific expenses covered).

ORGANIZATION FINANCIAL INFORMATION

What percent of total organizational revenue is spent on administrative management and fundraising costs? How did you calculate this percentage?

Reserves

RESERVES	Last Grant Cycle	Current Grant Cycle	Upcoming Gant Cycle
Please indicate dates			
Cash reserves available to support daily operations			
Restricted cash reserves			

What is your organizational policy related to the use of reserves? *(ex. organization requires 6 months of cash reserves for daily operations)*

Explain if and how reserves are permanently restricted, temporarily restricted or unrestricted?

Are unrestricted cash reserves available for this program? If yes, explain financial need for program funding beyond reserves?

MARKETING

Please give a brief description of your agency (approximately 15 – 25 words) and description of your program (approximately 15 – 25 words). This information may be used in UW promotional materials and referral resources.

To better publicize your agency and program, please explain how various dollar amounts would impact your agency. What could people expect their annual gift to buy if they donate \$50, \$100, \$500, and an amount of your choice?

Attach 2 high-quality; high-resolution photographs that can be used for promotional purposes?* (JPEGs recommended) *(example: board members or staff near agency sign, staff or volunteers at community event, volunteer and client together, etc.)*

*Signed releases in your records are required for all submitted photos.

How will United Way of Crookston be included in your marketing materials?

This is to certify that this application for membership in the United Way of Crookston was authorized by proper action of the agency governing personnel and affirms that all information accurately reflects the financial picture and needs of your organization.

Dated	
Agency	
Signature	
Title	

PLEASE RETURN TO:

United Way of Crookston, Inc.
P.O. Box 218
Crookston, MN 56716
Phone: 218-281-1715