



United Way
of Crookston

2018 APPLICATION FOR FUNDING (Short 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how were funds used?	
Amount requested	\$ <i>Amount may not exceed \$3000</i>	% <i>Percentage of program budget requested from this United Way.</i>
Would you like us to contact you to schedule an optional site visit? Yes_____ No_____		

***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: 1 Page

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

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

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

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?

Do you have high-quality; high-resolution photographs available for digital submission that can be used for promotional purposes?* YES or NO

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

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

_____ [INITIAL HERE] I attest to ensure our 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)?

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