



UNITED WAY OF DODGE CITY

APPLICATION MUST BE KEYED FROM THIS DOCUMENT.
APPLICATION CONTENT AND AVAILABLE SPACE CANNOT BE ALTERED.

COMMUNITY INVESTMENT GRANT APPLICATION 2010 & 2011

AGENCY INFORMATION

Agency _____
Agency Contact and Title _____
Street Address _____
Mailing Address _____
Phone _____ Fax _____

Agency Contact Email _____
Agency Website _____
Board of Directors, President _____ Phone _____
Board of Directors, Secretary _____ Phone _____
Agency E.I.N number _____
Program title _____ Total grant request \$ _____

AGENCY MISSION

REVENUE SOURCES

List all sources of funding for your agency and amount received from each source.

Agency's 2010 total budget \$ _____

Agency's 2011 projected total budget \$ _____

What amount of annual 2010 agency budget supports administrative cost. \$ _____

What is the projected amount of annual 2011 agency budget which supports administrative cost. \$ _____

2010 percentage _____% 2011 projected percentage _____%

Number of Board Members _____ Number of board meetings held per year _____

Describe agency's partnerships and collaborations with others in the community.
Please give examples of agency's commitment to pool resources for planning and providing innovative services to persons in our community.

AGENCY AGREES TO MAKE THE FOLLOWING DOCUMENTS AVAILABLE AT ANYTIME TO THE UNITED WAY OF DODGE CITY

_____ [Agency Director, *Initial*] _____ [Agency Board of Directors, President, *Initial*]

Most recent copy of U.S. Internal Revenue Service or governmental entity letter determining classification as tax-exempt under section 501(c)(3) of the U.S. Internal Revenue Service Code or a governmental entity

Most recent copy of agency by-laws

Documented minutes of Board of Director meetings

Most recent roster of Board of Directors, officers, and terms of service

Most recent U.S. Internal Revenue Service 990 form

Most recent audited financial statement of the most recent fiscal year

If agency does not have an annual audited financial statement, how is the audit function completed at your agency?

PROGRAM INFORMATION

Funding Priority or Impact Area *[mark all that apply]*

- Fulfilling urgent and basic needs
- Improving financial stability
- Helping youth succeed
- Improving independence and self-sufficiency
- Promoting individual and family health and wellness
- Embracing education

Program Title _____

Program Contact and Title _____

Program Street Address *[if different than above]* _____

Program Mailing Address *[if different than above]* _____

Program Contact Email _____ Phone _____

Fax _____ Program Website _____

Program Start Up or Existing?

If the program is in existence does the agency consider the program successful? If Yes, what measures indicate success to your agency's board?

Is your agency qualified to offer the program? If yes, what qualifies your agency?
List certifications, education, license or training

PROGRAM PURPOSE – What will this program accomplish?

PROGRAM OBJECTIVE – What permanent impact will the program make, for whom and by when?

PROGRAM'S FINAL GOAL – What indicators will signify the ultimate success of this program?

Program Duration

Program Start Date

Program End Date

2010 & 2011 PROGRAM BUDGET FORM
United Way Funds Only

| (title of your program) | REVENUE SOURCES | 2009 Actual (If existing) | 2010 Budget | 2011 Projected Budget |
|--------------------------------|--|----------------------------------|--------------------|------------------------------|
| 1. | Grant from this United Way | | | |
| 2. | Federal Grants | | | |
| 3. | Government Support | | | |
| 4. | Foundations/Private Grants | | | |
| 5. | In-Kind Support | | | |
| 6. | Client/Program Service Fees | | | |
| 7. | Contributions | | | |
| 8. | Interest/Investment Income | | | |
| 9. | Other Revenue | | | |
| | Total Program Revenue | | | |
| (title of your program) | | | | |
| | EXPENSES | | | |
| 1. | Salaries | | | |
| 2. | Professional Fees | | | |
| 3. | Supplies | | | |
| 4. | Travel | | | |
| 5. | Communication | | | |
| 6. | Occupancy/Utilities | | | |
| 7. | Education, Conferences, Meetings, Training | | | |
| 8. | Other | | | |
| | Total Program Expense | | | |
| TARGET AUDIENCE | | | | |
| 1. | Number of people served by the program | | | |
| 2. | Unduplicated count of people served | | | |

If applicable, number of people served:

| 0-18 | 19-30 | 31-40 | 41-50 | 51-60 | 61-70 | 70 & Up |
|------|-------|-------|-------|-------|-------|---------|
| | | | | | | |

VOLUNTEER UTILIZATION

| | | | | |
|----|--|--|--|--|
| 1. | Number of Volunteers used in the program | | | |
| 2. | Number of Volunteers hours | | | |

From your most current IRS Form 990, please provide the percent of your organization's expenses which are administrative costs? _____%

PROGRAM NARRATIVE

Outline agency's plan to accomplish program goals and how the agency proposes to achieve program goals.

BUDGET NARRATIVE

Explain program budget and how each line item contributes to a successful program.

SIGNATURES

To the best of our knowledge the information stated herein is accurate and complete. Certify that we are authorized to sign as fiscal agents for the Agency.

Agency Director [*Signature*]

Date

Agency Director [*Print or type*]

Agency Board of Director, President [*Signature*]

Date

Agency Board of Director, President [*Print or type*]

Agency Board of Director, Secretary [*Signature*]

Date

Agency Board of Directory, Secretary [*Print or type*]

CERTIFY

Signed original and 11 [eleven] copies [*collated, stapled in the upper left corner, and unfolded*]

SUBMIT TO:

UNITED WAY OF DODGE CITY

attn: Community Investment Grant Application

2010 First Avenue Ste A

Dodge City, Kansas 67801

DEADLINE

4:30 p.m., MARCH 15, 2010