

**UNITED WAY OF LEE COUNTY, INC. FUNDING APPLICATION**

Funding Application For  
United Way of Lee County  
2009 Allocation Request Form

**Due Date: February 1, 2009**

Agency: \_\_\_\_\_

Mailing Address:

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone and Fax:

\_\_\_\_\_

Email:

\_\_\_\_\_

Hours of Operation:

\_\_\_\_\_

Agency's total annual budget:

\_\_\_\_\_

Number of individuals/families (unduplicated) who benefited from your agency during the previous year:

\_\_\_\_\_

**Total Request  
For the Year 2009**

\$ \_\_\_\_\_

\_\_\_\_\_  
Chief Professional Officer

\_\_\_\_\_  
Chief Volunteer Officer

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## Check-off attachment sheet

- Attachment B                      and/or                       2008 Agency Budget (Number 1)
- 2009 Proposed Budget (including detailed UWLC funding request expenditures)  
(Number 2 and 2a, if applicable)
- Program Information (Numbers 3 through 7)
- Supplementary Fund Raising (Number 8)
- Miscellaneous Other Information (Number 9)
- Roster of current Program Staff and Board of Directors (Attachment C)

## Additional Requested Items

- Audit                      or                       Annual Income or Cash-Flow Statement  
(if an audit is not required for your agency)
- IRS Form 990
- Non-discrimination policy
- Pending lawsuits (if applicable)

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## BUDGET INFORMATION

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- 1.) Complete Attachment B and/or attach your agency's 2008 budget, year to date.
- 2.) Attach proposed 2009 budget including detailed UWLC funding request expenditures.
- 2a.) If your agency serves multiple counties in addition to Lee, please specify the part of your budget that is specific to UWLC funding. The allocation committee requires line item detail on the use of UWLC funds for Lee County projects and services.

## PROGRAM INFORMATION

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Please attach a written summary addressing the following list and reference your responses to their relative numerical order. In responding, please endeavor to furnish the necessary information in a brief but complete manner. If a response is not applicable to the Agency, provide an explanation of the omission. **Please forward 6 copies of funding packet** to the United Way of Lee County at 507 N. Steele St., Sanford, NC 27330.

- 3.)
  - a.) Briefly describe the Agency's role or overall mission.
  - b.) List and describe the major programs and/or services provided by the Agency.
  - c.) Define how your Agency determines the successfulness of its programs and services.
- 4.)
  - a.) List agency goals and objectives; include short-term and long-term goals.
  - b.) List goals stated for the 2008 funded year, below these goals, state how you accomplished each goal or provide an explanation as to why the goals were not achieved.
- 5.)
  - a.) List any other agencies, public or private, that provide services similar to your organization.
  - b.) Describe the coordination of efforts between your Agency's programs and/or services and any similar programs and/or services in Lee County.
- 6.) Provide the number of actual (unduplicated) clients served by your Agency in 2007. Do you have a waiting list? If so, how many people are on the waiting list?

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- 7.) a.) In detail, describe the need for funding from the United Way of Lee County.
- b.) If United Way funding is not available and this funding request is not approved, describe the impact of that decision on your agency and the program(s) these funds would have supported.

## **SUPPLEMENTARY FUNDRAISING**

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- 8.) a.) List all fundraising activities held in the previous year by your Agency or on your behalf by a third party. Provide the project name along with the amount raised. **Please explain time frame of marketing these activities. Include newspaper advertisements, mail solicitations on behalf of the project, presentations to civic clubs, calls on major business to solicit support and any other type of marketing activities relating to a fundraiser held by you or on your behalf.**
- b.) List all fundraising activities anticipated for 2009. Please include the project name, anticipated revenue and date.
- c.) Does the agency pay commissions in connection with fundraising? If yes, please describe.
- d.) Does any board member benefit financially directly or indirectly in any fundraising activities? If yes, please describe.

## **MISCELLANEOUS OTHER INFORMATION**

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- 9.) a.) Does your agency provide help with presentations/any community programs to help promote the United Way campaign? If yes, please describe.
- b.) Does your agency conduct a United Way campaign with its staff, board and volunteers?
- c.) Does your agency use the United Way logo on letterhead, brochures, websites, physical location and all marketing materials? Please submit examples.

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**Please note that usage of United Way of Lee County's new, updated logo will be required on all items produced on or after January 1, 2007, and usage of the old logo must be discontinued as items are used and replaced.**

d.) Provide an example of services provided by your agency that a weekly contribution of \$X dollars would make possible (ex. A donation of \$6/week for one year shelters and feeds an abused family of four for four days). This is essential for marketing during the annual campaign. Please submit at least one example. If no example is attached, the application will be sent back to your agency with a request for this information.

e.) In order to streamline the review process, please ONLY PROVIDE THE REQUESTED INFORMATION. If additional information is needed, it will be requested.