

WRIGHT COUNTY AREA UNITED WAY
P.O. Box 243, Monticello, MN 55362
www.wrightcountyareaunitedway.org

BUDGET YEAR 2010
APPLICANT PROGRAM OUTLINE
Due: April 1, 2010

<i>Office Use Only:</i>	
<input type="checkbox"/>	501c(3) or Govt
<input type="checkbox"/>	Budget
<input type="checkbox"/>	Agreement

Agency: _____
Address: _____
Mailing Address: _____
(if different from above) _____
Telephone: _____
Contact Person: _____
Program Title: _____

Agency Information

Does your Agency participate in United Way fundraising?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does your Agency have tax-exempt status under IRC Sect. 501c(3)?	Yes <input type="checkbox"/>	No <input type="checkbox"/> (If yes – please provide verification)
Is your Agency a local unit of government?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Allocation Request

Amount: _____
Purpose: _____
Do your services fall under one of the following areas:
Strengthening families <input type="checkbox"/> Respecting diversity <input type="checkbox"/> Supporting the elderly <input type="checkbox"/> Promoting health <input type="checkbox"/> Nurturing children <input type="checkbox"/>

Use a separate page to briefly answer the following questions.

<ol style="list-style-type: none"> 1. Explain the program. Include history, mission and goals. How will this project improve people's lives? 2. Identify <i>specifically</i> how the funding will be used within the program. Include budget breakdown for requested funds. 3. Target Population (who is the program serving and how many people do you expect will benefit) 4. Provide a brief program timeline. 5. How will the program be publicized? 6. Who else is helping with the program (funding, volunteers, etc.)? 7. How will United Way be recognized as a funder? 8. Do you charge participants for this program? If yes, the amount. <p>Please include any other information you wish to share about this program.</p>

Client Information

Categorize by area of residency, please indicate the number of clients served:		
Wright County: _____	Other Counties: _____	Total: _____

Program Financial Summary

Year	Total Program Expense	Wright County Area Allocation Received	United Way Allocation Request	% of Program Funded by United Way
2008	_____	_____	_____	_____
2009	_____	_____	_____	_____
Have you received United Way funding prior to 2008? DATE _____				AMT _____

Authorized Signature _____ Title _____

AGREEMENT BETWEEN WRIGHT COUNTY AREA UNITED WAY

And _____ (organization)

This agreement outlines the basic standards and conditions of the relationship between the Wright County Area United Way and the organizations funded by this United Way.

Each organization seeking Wright County Area United Way funding agrees to:

1. Be an incorporated not for profit and have tax exempt status as a 501c3 human service organization or be a local unit of government. A copy of the 501c3 form must accompany the application to be considered for funding.
2. Use United Way funding for the specific program(s) approved by United Way. All funded program(s) will impact local people within Wright County Area United Way's service area.
3. Provide all documentation required under this agreement to Wright County Area United Way within the specified time frame.
4. Use the Wright County Area United Way logo and name, where possible, in materials and communications with consumers and the public to increase understanding that Wright County Area United Way is one of the funding sources.

- **Wright County Area United Way reserves the right to withhold program funding for failure to comply with terms of this agreement.**
- **A signed copy of this agreement must accompany the funding request.**

Organization: _____

Signatures:

Authorized Applicant

Date

Executive Director, Board Chair or Authorized Volunteer/Staff

Date

Office Use Only:

- Approved for funding by Wright County Area United Way
- Not approved for funding by Wright County Area United Way