



# United Way of Otero County Funding Application

For The Period  
April 1, 2011 through March 31, 2012

**Deadline: Friday, March 4, 2011 – 3:00pm**

Please submit one bound copy of entire proposal including requested attachments and worksheets to the United Way of Otero County Office no later than the deadline stated above.

Applications will not be accepted after this deadline.

1601 10<sup>th</sup> Street Suite B.  
P.O. Box 14  
Alamogordo, NM 88311  
575.437-8400

**Section A: Agency Information – General**

Please provide the following information about the governing agency that is/will be responsible for providing the program for which funding is being requested.

1. Agency Name
2. Physical Address
3. Mailing Address
4. Main Office Number
5. Fax Number
6. Main E-Mail Address
7. Web Site
8. Cities/Counties in which services are provided
9. How long has the agency been serving these area(s)?
10. Please list all programs provided by the governing agency (include location and contact information for each program if different from the location and contact information provided above)
11. Has this Agency applied for funding from the United Way of Otero County before? If yes, in what years (as far back as 2000)?
12. Has this Agency received funding from the United Way of Otero County before? If yes, in what years (as far back as 2000) and what was the total amount of funding received each year?
13. Please describe the supplementary fundraising activities the Agency has conducted during the past year. Note the results of these activities including both the expected and actual amount of funds raised.

**Section B: Agency Information – Governing Body**

Please provide the following information about the governing body of the agency that is/will be responsible for providing the program for which funding is being requested.

1. Is the agency a 501(c)3 program in good standing?
2. Do any paid staff members of the agency sit as voting members on the governing board?
3. Please provide the following as attachments:
  - (A) Most current list of Board Officers and Directors with contact information and mailing addresses.
  - (B) Most current version of the agency's bylaws and indicated the date which they were last revised.

**Section C: Agency Information – Financial Management**

Please provide the following information about the financial management of the agency that is/will be responsible for providing the program for which funding is being requested.

1. Was an audit or audit review completed by a Certified Public Accountant at the end of the last fiscal year? If no, please explain the reason for not having an audit.
2. Does the agency currently have any unsatisfied judgments or tax liens? If yes, please explain the circumstances.
3. Are FICA and tax paid? If no, please explain the circumstances.
4. What percentage of total agency budget is used for Administration costs?
5. What percentage of total agency budget is used for Fundraising?

6. Please provide the most current version of the following financial documents as attachments:

- (A) Financial Statements and/or Audit
- (B) 990 Form
- (C) IRS Determination Letter for 501(c)3 Status

**Section D: Agency Information – Employment and Personnel**

Please provide the following information about the employment and personnel policies of the agency that is/will be responsible for providing the program for which funding is being requested.

- 1. Use the attached **Worksheet D1** to describe the paid and unpaid staff currently working in the agency.
- 2. Use the attached **Worksheet D1** to provide a list of current key staff working with the program for which funding is being requested.

**Section E: United Way Involvement**

Please provide the following information regarding the involvement with the United Way of Otero County of the agency that is/will be responsible for providing the program for which funding is being requested.

- 1. Did the agency conduct an internal United Way campaign and give every agency employee an opportunity to donate to the United Way either through payroll deduction or a one-time gift during the current fiscal year?

Answer the following items only if the agency received funding from the United Way of Otero County during the current fiscal year:

- 2. Would the agency provide representation to attend a quarterly United Way Agencies Meeting?
- 3. Is the United Way of Otero County logo displayed on all of informational and promotional collateral in conjunction with the funded program? If no, please explain why it is not included. If yes, please list the items on which the United Way of Otero County logo is included.

***The agency will be required to submit a Quarterly Report regarding the activities of the funded program.***

**Section F: Program Requesting Funding**

Note: Please see additional instructions at the end of this application if the Agency is requesting funding for multiple programs.

Please provide the following information about the program for which the Agency is requesting funding. This information is intended to assist the Funds Allocation Committee of volunteers in comparing programs.

- 1. Program Name
- 2. Is this program related to Income, Education, Health and/or Community/Family Building? Please indicate all that apply.
- 3. Is the location of this program different from the location of the Agency? If yes, please give the physical and mailing addresses for this program.
- 4. What is the mission of this program?

5. Please share the reason(s) for/origins of this program, how was the need identified.
6. Use the attached **Worksheet F1** to list all sources of funding/revenue and dollar amounts the Agency receives.
7. Use the attached **Worksheet F1** to list all expenses related to providing this program.
8. Please list all services that are/will be provided as a part of this program.
9. Please describe the target population for this program? Be as specific as possible.
10. Use the attached **Worksheet F2** to describe the results of this program during the current fiscal year.
11. What are the hours of operation for this program? Please be as complete and specific as possible.
12. What is the geographic area(s) served by this program?
13. How are/will the outcomes of this program tracked?
14. How is internal evaluation/monitoring conducted?
15. Please list the methods used for client recruitment.
16. Please list the selection criteria for clients.
17. How are staffing requirements determined?
18. What type of future funding is planned if the program is ongoing?
19. If this program received funding from the United Way of Otero County during the current fiscal year, please detail what was accomplished with that funding.
20. Please share a "success story" from this program.
21. Please give a brief description of the program in 100 words or less. (This is an opportunity to provide any additional information not asked for above).

### **Section G: Program Contact Information**

Note: Please see additional instructions at the end of this application if the Agency is requesting funding for multiple programs.

Please provide the following information about the person(s) who will be the primary contact for the program for which funding is being requested.

1. Contact Name
2. Physical Address (if different from above)
3. Mailing Address (if different from above)
4. Contact Phone Number
5. Contact Fax Number
6. Contact E-Mail Address

### **Section H: Required Attachments to Proposal**

Please be sure to provide the following required attachments. Note that this is a summary listing of the items requested in the sections above.

1. A copy of the most current agency bylaws.
2. A current list of agency Board Officers and Directors (must include contact information).
3. A copy of the most current Financial Statement or audit (must be approved by agency board treasurer).
4. Most current 990 Form.
5. Copy of IRS 501 (c) 3 Certification Letter.

**Section I: Agency Comments**

Please use this section to include additional information, descriptions, etc. that you feel are pertinent to describing the program for which the agency is requesting funding.

**J: Certification and Approval**

The undersigned certify that this proposal was considered and approved for submission by the requesting agency's Board of Directors and that all information contained within is complete and accurate.

**Agency Executive Director**

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Signature)

**Agency Board President**

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Signature)

**If this agency is requesting funding for more than one program, please complete Section F and Section G (including related worksheets) separately for each program and attach to the end of the full application.**

Check here if this agency is requesting funding for more than one program:

Indicated the total number of programs for which this agency is requesting funding: \_\_\_\_\_