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| General Agency Information **Organization Name as listed on IRS determination letter**  **Organization’s EIN**  ***Physical Address*** **City**  **State**  **Zip Code**  ***Mailing Address (If different from physical and for receipt of funds)***  **City (Mailing Address)**  **State (Mailing Address)**  **Zip Code (Mailing Address)**  **Agency's Phone Number**  **Agency's website address**  **Giving Partner Profile URL**  **Email Address for Submission**  **Agency Status Information** Currently Funded Partner, New Partner Request, Previously Funded Partner  **Last Year Funded by UWCC** CEO/Executive Director: **First and Last Name**  **Title**   **Cell Phone Number**  **Years in this Position** Grant Contact: **First and Last Name**  **Phone Number** Pre-Qualifying Questions **Was an agency representative present at the Mandatory All Agency Workshop?**   **Agency Representative(s) who attended Mandatory All Agency Workshop**  **Does your agency hold a 501(c)(3) tax exempt status from the Internal Revenue Service?**   **What best describes your Agency Budget?**  **If agency’s total annual budget is over $50,000, does your agency have an annual audit prepared by an independent CPA?**  **If agency’s total annual budget is under $50,000, was a review or audit completed? (not a compilation)**   **Fiscal year for most recently completed audit/review**  **Does your agency have an IRS Form 990 (or 990EZ) to submit with this application?**   **List date of board signature on most recent 990**  **Is your agency administrative cost, as evidenced by the IRS Form 990, at 25% or less?**  **What was your percentage of administrative and fundraising expenses for your last fiscal year (use formula listed in guidelines)?**   **Is your agency governed by an active, volunteer, policy-making board that include residents from the Charlotte County community?**   **Does agency’s Governing Board meet at least quarterly and conduct a systematic rotation of terms of board membership service.**   **Do your programs help to alleviate poverty and serve residents of Charlotte County?**  **Do your programs provide a human, health, welfare, or social service?**   **Do your programs impact one of the three strategic priority areas (Educational Success, Financial Stability, Health and Well-being) or meet a Basic Need?**  **Does the funding request meet this requirement?** Program ApplicationAdditional Agency Information **Agency Mission Statement**   **2020-2022 Total Annual Agency Allocation (BOCC)**  **2020-2022 Total Annual Agency Allocation (COPG)**  **2022-2024 Total Annual Agency Request (BOCC)**  **2022-2024 Total Annual Agency Request (COPG)**   **Have any contracts been terminated due to non-performance or non-compliance in the past three years?**  **Describe any changes to your organizations 501c3 status OR operations during this past year or anticipated in the coming year.**  **Does your agency have an endowment, quasi-endowment or permanent restricted funds?**   **If yes, please list the current amount and purpose.**  **Number of years agency has been serving Charlotte County**  **Did you utilize a SCORE mentor for this application process?**  **Did your agency meet with the UWCC Executive Director or Collective Impact Director in preparation for this grant application?** Staffing **Number of Paid Staff**   **Number of Volunteers (reported for last fiscal year in most recent 990)**  **Number of Volunteer Hours (reported for last fiscal year in most recent 990)** Programs **By checking this box, you confirm that you will use funding only for the intended residents. (BOCC funding is to be used for residents of Charlotte County, Florida. COPG funding is to be used only for residents of Punta Gorda, Florida.)**  **Confirmation of Use of Funds**  **By checking this box, you confirm that your agency will report demographic and outcome/output data for the entire program (BOCC funded agencies will report outcome/output and demographic data on residents of Charlotte County, Florida. COPG funded agencies will report outcome/output and demographic data on residents of Punta Gorda, Florida.)**  **Confirmation of reporting for the entire program**   **How many programs are you applying for? 1 or 2**  **Program Name**   **Program Description**  **Please check which funding you are applying for (select all that apply):** BOCC, COPG  **How long has this program been active at your agency?**  **OR describe the success story here**    **Program Status**  Continuing Program, New Program (to either UWCC funding request or to your agency)          **Priority Area**  Educational Success, Financial Stability, Health and Well-being, Basic Needs  **What does success look like for this program?**  **How does this program address poverty?**  **Primary Client** Adult, Child, Child & Adult  **Target Population/Clients served, please explain**  **How has this population changed in the last year, if applicable?**  **Are there individuals who are not being served due to limited resources? If yes, approximately how many more could be served if resources were available?**  **2022-2023 Projected Number of Clients to be Served (BOCC) (Annual Number)**  **2023-2024 Projected Number of Clients to be Served (BOCC) (Annual Number)**  **2022-2023 Projected Number of Clients to be Served (COPG) (Annual Number)**  **2023-2024 Projected Number of Clients to be Served (COPG) (Annual Number)**  **What area of the county does this program serve? (Check all that apply)** Port Charlotte, Punta Gorda, Englewood, Other  **List agencies in Charlotte County that provide a similar program/service. Explain similarities and efforts to minimize duplication, and what differentiates this program from those other similar programs.**  **If applicable, list any recommendations from previous UWCC Community Impact Panels and what your agency has done to address these.** Program Financials **Total Program Budget**  **2020-2022 Annual Program Funding Allocation (BOCC)**  **2022-2024 Annual Program Funding Request (BOCC)**  **2020-2022 Annual Program Funding Allocation (COPG)**  **2022-2024 Annual Program Funding Request (COPG)**  **Are funds received from this grant used as a match for the agency?**   **If these funds are used for a match, please explain the match.**  **What other sources of funding have you secured for this program?**  **This funding is intended to: (check all that apply)** increase the number of clients served., expand program offerings, supplement funding in order to maintain current service levels.  **Please explain how this program will continue if not funded by this grant.** Outcomes **Outcome #1**  **List any influencing factors that may affect the outcome results.**  **Was this outcome measured for this program last year?**  **Was the outcome achieved last year? If no, please explain.**  **Do you have a second outcome?**  **Outcome #2**  **List any influencing factors that may affect the outcome results.**  **Was this outcome measured for this program last year?**  **Was the outcome achieved last year? If no, please explain.**  **Do you have a third outcome?**  **Outcome #3**  **List any influencing factors that may affect the outcome results.**  **Was this outcome measured for this program last year?**  **Was the outcome achieved last year? If no, please explain.** Outputs **BOCC Outputs**   **COPG Outputs** Program #2 **Program #2 Description**  **Please check which funding you are applying for (select all that apply):** BOCC, COPG  **How long has this program been active at your agency?**  **OR describe the success story here**   **Program Status**  Continuing Program, New Program (to either UWCC funding request or to your agency)          **Priority Area**  Educational Success, Financial Stability, Health and Well-being, Basic Needs  **What does success look like for this program?**  **How does this program address poverty?**  **Primary Client** Adult, Child, Child & Adult  **Target Population/Clients served, please explain**  **Are there individuals who are not being served due to limited resources? If yes, approximately how many more could be served if resources were available?**  **2022-2023 Projected Number of Clients to be Served (BOCC)**  **2023-2024 Projected Number of Clients to be Served (BOCC)**  **2022-2023 Projected Number of Clients to be Served (COPG)**  **2023-2024 Projected Number of Clients to be Served (COPG)**  **What area of the county does this program serve? (Check all that apply)** Port Charlotte, Punta Gorda, Englewood, Other  **List agencies in Charlotte County that provide a similar program/service. Explain similarities and efforts to minimize duplication, and what differentiates this program from those other similar programs.**  **If applicable, list any recommendations from previous UWCC Community Impact Panels and what your agency has done to address these.** Program Financials **Total Program Budget**  **2020-2022 Annual Program Funding Allocation (BOCC)**  **2022-2024 Annual Program Funding Request (BOCC)**  **2020-2022 Annual Program Funding Allocation (COPG)**  **2022-2024 Annual Program Funding Request (COPG)**  **Are funds received from this grant used as a match for the agency?**   **If these funds are used for a match, please explain the match.**  **What other sources of funding have you secured for this program?**  **This funding is intended to: (check all that apply)** increase the number of clients served., expand program offerings, supplement funding in order to maintain current service levels.  **Please explain how this program will continue if not funded by this grant.** Outcomes **Outcome #1**  **List any influencing factors that may affect the outcome results.**  **Was this outcome measured for this program last year?**  **Was the outcome achieved last year? If no, please explain.**  **Do you have a second outcome?**   **Outcome #2**  **List any influencing factors that may affect the outcome results.**  **Was this outcome measured for this program last year?**  **Was the outcome achieved last year? If no, please explain.**  **Do you have a third outcome?**   **Outcome #3**  **List any influencing factors that may affect the outcome results.**  **Was this outcome measured for this program last year?**  **Was the outcome achieved last year? If no, please explain.** Outputs **BOCC Outputs - Please list any outputs you intend to measure for this program year for BOCC funding (e.g., number of meals served, number of books distributed).**   **COPG Outputs - Please list any outputs you intend to measure for this program year for COPG funding (e.g., number of meals served, number of books distributed).** Outreach and Partnerships **Describe your agency’s ongoing marketing / outreach plans for clients.**  **List agencies or organizations for which there is a formal or informal collaborative effort and explain the partnership.**   **Please describe your partnership with UWCC and how you have/will inform the community that you are a United Way Partner Agency.**  **Mark all the ways your agency has co-branded efforts using the United Way partner agency logo:** letterhead  newsletter  brochure  annual report  press releases  social media  logo on website  none of the above  Other…  **Check all that apply:** Our agency has a UWCC employee giving campaign.  Our agency participates in the UWCC Day of Caring.  Our agency refers clients to the Volunteer Income Tax Assistance program (VITA).  None of the above  **Are you a current or future tenant at the Family Services Center?**   **Are you a current or future user of UniteUs?**   **Which community plans or regional work does your agency align with?** Charlotte County Coordinated Community Plan to End Youth Homelessness, Charlotte County Campaign for Grade-Level Reading, FutureMakers Coalition Finalize and Submit **As we prepare for the panels this year, which do you prefer? (select all that apply)** in-person site visit, Zoom live presentation (in lieu of site visit), video submission (in lieu of site visit)  **Type Name of Person Certifying this Application** |