

**CENTRE COUNTY UNITED WAY
PARTNER AGENCY FUNDING APPLICATION**

Return by 12 noon – March 4, 2022

**Centre County
United Way**



Agency Name:

Mailing Address:

City, State, Zip Code:

Website:

Facebook:

Person(s) Completing Forms:

Position(s):

Telephone(s):

Email(s):

TOTAL Centre County United Way Funded Program(s) Fiscal Summary
****Please insert fiscal year dates to match your fiscal year****

CCUW Funding Request for the current funding cycle which is: July 1, 2022, thru June 30, 2023

Financial Highlights	Requested Funds (23) ____/____ - ____/____	Per Current Budget (22) ____/____ - ____/____	Actuals for Last Year (21) ____/____ - ____/____
Total Expenses			
Total Support & Revenue All Sources			
Excess or Deficit			
% Of Allocation Requested for Administration			
% Of Allocation Requested for Programs			
Allocation requested/received from Centre County United Way			
Allocation from other United Ways			
What percent is the request of the Total Agency Budget?			

The enclosed application and projected budget were considered and approved for submission to the Centre County United Way at this agency's Board of Directors meeting on _____.
(Date)

Our signatures affirm that all funds received from CCUW will be used for Centre County programs and clients.

Chief Executive/ Professional Officer

Chief Volunteer Officer

Date: _____

Date: _____

PROGRAM DESCRIPTION(S) & IMPACT SUMMARY

Please answer for ALL CCUW FUNDED PROGRAMS

You do not need to duplicate this page for each program. Simply address all programs in your answer.

1. List every program for which you are requesting CCUW funding and amount of funding for each. This should add up to the Total Request listed on page 1.

2. Briefly describe each program for which you are requesting funding. Please include:
 - a. The mission of the program:

 - b. How long has the program been in existence:

 - c. Approximately how long has CCUW funded the program:

3. What are the eligibility criteria for your program(s)?

4. What target population are you serving with your program(s)?

5. Where in Centre County is the program(s) being offered?

6. What problem or need in Centre County does the program(s) address? Please refer to an objective needs assessment or other data if available.

7. What community impact area does this program address? (Health, Education, Financial Stability)

8. How does the Centre County community benefit from the outcomes of the program(s)? (Note: you will describe outcomes for clients in a separate section)

9. Is your program(s) similar to another program in Centre County? If so, how does your program(s) differ from the other program? (for example, geographic area served, income guidelines, etc.)

10. Please give three brief examples of how your organization collaborated with other agencies in the past year.

11. Explain specifically how CCUW funding will be used for the program(s). Include whether the funding will help add new services or supplement funding to maintain current service levels.

12. . What are your reasons for applying for CCUW funding in lieu of other funding opportunities?

13. If concerns were raised by the panel during last year's fund distribution process, how did you address those concerns?

14. CCUW would like to learn more about what your agency is doing to impact diversity, equity, and inclusion. Please share what activities you are implementing or have implemented.

CLIENT/MEMBER SUMMARY

Please duplicate this page for each CCUW funded program.

Please use data from your last fully completed program year.

Program Name:

of people on the program waiting list:

of clients/members your agency served during the last fully completed program year:

of those clients/members enrolled in this program:

Please complete the following tables:

Client/Member Area of Residence by School District						
Service Year ____/____/____ to ____/____/____						
Bald Eagle Area	Bellefonte Area	Philipsburg Osceola Area	Penns Valley Area	State College Area	Other School Districts	Total

Gender					
Service Year ____/____/____ to ____/____/____					
Woman	Man	Transgender	Non-binary	Unknown	Total

Race					
Service Year ____/____/____ to ____/____/____					
American Indian or Alaska Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander	White	Total

Ethnicity		
Service Year ____/____/____ to ____/____/____		
Hispanic or Latino	Not Hispanic or Latino	Total

Please be prepared to provide this data every year.

If you are unable to answer any of the above questions, please explain why you cannot do so:

PROGRAM OUTCOMES

Please duplicate this page for each CCUW funded program.

What changes/impacts/outcomes do you want the clients to achieve because of their participation in your program? (list at least 3)

1.

2.

3.

Of the total # of clients who participated in the program, what percentage achieved your desired outcome?

1.

2.

3.

If your desired outcomes were not achieved by your clients, what changes do you plan to make to your program to increase their achievement of those outcomes?

UNIT OF SERVICE SUMMARY

Please duplicate this page for each CCUW funded program.

What is the name of the program?

What is your definition of a unit of service for this program?

COST ANALYSIS	Next Year – estimated	This year – estimated	Last Year – actual
a. Program Expenses Total			
b. Supporting Management and General Fundraising Expenses Total			
c. Total Expenses (a+b)			
d. Total # of Units			
e. Cost per Unit (c/d)			

Please explain any significant increases or decreases in your unit of service cost analysis.

FINANCIAL STATEMENTS

- Excel Spreadsheets for each program seeking funding, other agency programs, total agency (see attachment)
- Revenue, Expenses, and Balance Sheet from most recent 990
- Narrative Explanation of Fiscal Changes (if greater than 10% change AND more than \$3,000)
- Donor Restricted Funds and Endowments
- Board Designated Reserves

(Reproduce this sheet if necessary.)

EXPLANATION OF DONOR-RESTRICTED FUNDS & ENDOWMENTS

(For funds restricted by their source. The donor has stated the fund or endowment may be used only for program supplies).

Agency Name:

Name of Restricted Fund:

1. Fund Balance at beginning of fiscal year: \$

2. Fund Balance at end of fiscal year: \$

3. Purpose(s) for which established:

4. Are the investment earnings available for operating expenses?

(Reproduce this sheet if necessary.)

EXPLANATION OF BOARD-DESIGNATED RESERVES

(For operating programs, general operating expenses, or capital reserves not restricted by the source)

Agency Name:

Name of Reserve Fund:

1. Fund Balance at beginning of fiscal year: \$
2. Fund Balance as of fiscal year end: \$
3. What was the gain or loss as of fiscal year-end: \$
4. Purpose(s) for which established:

5. Are the investment earnings available for operating expenses?

SUPPORTING DOCUMENTS

- Most recently filed 990 or 990 postcard forms
- Most recently filed audit
- PA Certificate of Charitable Organizations
- Annual Report
- Board of Directors List