

United Way of Freeborn County Funding Application Form

Program/Project Title: _____

Agency Name: _____

Agency Address: _____

Telephone: _____ Date: _____

Amount Requested: _____ Total Budget: _____

President of Board: _____ Telephone: _____

Executive Director: _____ Telephone: _____

Funds Requested for (check one): **Contingency Fund** **Venture Fund**

**Definitions of different funds found on the reverse side of document*

Description of Project:

(May attach additional sheets to this document)

Describe the purpose, need or reason for the request:

Describe how you determined there was a need for the project/program:

How will your program/project be affected if UWFC does not contribute funds? What other sources of revenue exist for the program/project?

Please include the following documents:

- Detailed breakdown of proposed budget (copies are available at UWFC upon request)
- Roster of Board Members
- A plan to secure stable funding should the project/program continue

Description of the Two Funds:

Contingency Fund

A. Rationale

1) The Contingency Fund is established to meet emergency needs of the United Way of Freeborn County and its agencies of record

2) Agencies and programs deemed to be necessary for the community well-being but not presently a part of the United Way or its member agencies.

Venture Fund

A. Rationale

The Venture Fund is established to provide "seed money" for new and innovative programs to meet emerging community needs. The United Way Board of Directors may thereby encourage the development of new agencies, encourage the establishment of new programs or the expansion of existing programs, without adversely affecting the level of allocation of currently funded programs.

Process of Application Review:

The Allocations Committee shall review the application and make its recommendation to the Board of Directors. The Board of Directors shall make the final decision about the application.

Applications will be considered at the time they are received following with a meeting of Allocations Committee members to review and accept or reject the application.

If accepted, the application will be presented to the Executive Committee on the 2nd Thursday of the month, then undergo a formal approval by the Board of Directors at their meeting the 3rd Wednesday of the month.

The Applicant will be informed of the decision via a letter in the mail.

Requirements:

Agencies or Programs provide services within Freeborn County limits.

Agencies or Programs shall make financial data available upon request including but not limited to: financial statements, bank accounts, projections and forecasts.

Funding from UWFC should be considered a one-time grant and agencies/programs that receive funding shall continue to seek out other funding sources. Funds shall be used solely for the granted purpose; any unused funds shall be returned to UWFC.

Agencies or Programs which have received funding will attempt to communicate the value of their work to UWFC on a regular basis.

Board President

Executive Director/Program Director

Please sign and return this document to United Way of Freeborn County, 341 S. Broadway, Albert Lea, MN