



United Way of Van Wert County New Initiative Funding Application

The United Way of Van Wert County established a new initiative account in 1993. The new initiative fund is to allow organizations that are tax exempt to apply for grant money to help with a one-time need / project or funds to implement new programs in Van Wert County. United Way has the responsibility to verify that the organization has been ruled tax exempt. They will also consider if the need fits into their guidelines where all individuals and families achieve their human potential through education, income stability and healthy lives.

United Way will consider organizations with a worthy education, character building, health or social service program. The agency / program should address itself to an identifiable current need, demand or problem in the community and will provide equal opportunity in all areas of service and employment, both paid and volunteer. There shall be no discrimination against any person on the grounds of race, creed, religion, sex, age, handicap, national origin, or ancestry.

Top needs in Van Wert County are drug addiction programs, transportation gaps, household and clothing needs.

If you are interested in applying for these grants please contact the office at 419-238-6689 or request an application at administration@uwvco.org. The applications are available throughout the year.

NEW INITIATIVE GUIDELINES

1. BE INCORPORATED, NOT-FOR-PROFIT AND IRS TAX EXEMPT.

Explanation: The United Way has the responsibility to verify that the recipient organization has been ruled tax exempt by the Internal Revenue Service.

2. OFFERS HUMAN SERVICE PROGRAMS.

Explanation: The United Way of Van Wert County, Inc. will consider organizations with a worthy education, character building, health, or social service program.

3. PROVIDES COMMUNITY SERVICE BASED ON DOCUMENTED NEED(S).

Explanation: The agency/program should address itself to an identifiable current need, demand, or problem in the community. Services, which are supported by voluntary dollars, should be clearly defined and their impact documented by the organization.

4. NON-DISCRIMINATORY.

Explanation: All agencies are to provide equal opportunity in all areas of service and employment, both paid and volunteer. There shall be no discrimination against any person on the grounds of race, creed, religion, sex, age, handicap, national origin, or ancestry.

5. HAS AN ACTIVE, ROTATING, VOLUNTEER LEADERSHIP THAT REPRESENTS THE DIVERSE ELEMENTS OF THE COMMUNITY.

Explanation: The agency's Board of Trustees or governing body should consist of volunteers who participate in the policy-making processes, represent the diverse elements of the community, periodically rotate off the board, and meet at least quarterly.

6. HAS SOUND FINANCIAL AND PROGRAM MANAGEMENT.

Explanation: Demonstrated ability to manage the finances of the program/services in accordance with generally accepted accounting principles. Programs that run surpluses do not have the same priorities as programs that have balanced budgets. Programs that forecast operating deficits are not considered fiscally sound. What we need is a balanced budget and your job as program director/executive director is to provide that for your board, the community, and the United Way volunteers.

**If you have any questions, please feel free to call the UW office number at
(419) 238-6689 or email administration@uwwwco.org**

United Way of Van Wert County, Inc.

New Initiative Request – New Program

Agency Name:

Date:

Contact Name:

Address:

Phone:

Email:

Questionnaire:

1. What is your agency's mission?
2. What specific program are you requesting to be funded?
3. Is this a new program for your agency?
4. Please explain the program and how it will work.
5. How much are you requesting for this new program?
6. How will you measure the outcome of this program?

7. If your ***full*** request for United Way funds is ***not*** met, how will this program and/or clients be impacted?

8. Is there any other source of funding for this program? If so, please list the funding source and amount.

9. How do you plan to fund this program in the future?

10. Will you be applying to become a United Way agency?

11. How do you plan to promote the fact that United Way is supporting this program?

12. When are the funds needed?

13. What is your time frame for implementing this program?

14. If approved, where would you like the check be written to?

15. Other comments. Please feel free to include other information you feel would be helpful or that you would like the committee to know about.

BUDGET FORM

Agency Name:

Program:

What Is Your Program Year? Calendar _____ or Fiscal _____ to _____

Support Revenue and Expenses

	Last Year Budget	Current Budget
PUBLIC SUPPORT & REVENUE		
Allocation from this United Way		
Contributions		
Special Events and Fundraisers		
Legacies & Bequests		
Contributed by Associated Organizations		
Allocated by Other United Ways		
Fees & Grants From Government Agencies		
Membership Dues		
Program Service Fees & Net Incidental Revenue		
Sale of Materials		
Investment Income		
Miscellaneous Revenue		
Total Support & Revenue	\$ 0	\$ 0

EXPENSES

Salaries		
Employee Benefits		
Payroll Taxes		
Professional Fees		
Supplies		
Telephone & Internet		
Postage & Shipping		
Occupancy		
Rental & Maintenance of Equipment		
Printing & Publications		
Travel		
Conferences, Conventions, & Meetings		
Specific Assistance to Individuals		
Membership Dues		
Awards & Grants		
Maintenance & Repairs		
Director, Officer, Board Insurance		
Miscellaneous Expenses		
Payments to Affiliated Organizations		
Board Designations for Specified Activities for Future Years		
Total expenses for budget period for all activities	\$ 0	\$ 0
Excess (Deficit) of total support & revenue over expenses	\$ 0	\$ 0