

United Way of Virginia's Eastern Shore (UWVES) 2024 Application for Funding

Please complete the following questions as completely and concisely as possible.

Through this application and the presentation, we want to get a complete picture of your program, especially its quantifiable and measurable outcomes and its impact on priority community needs appropriate for United Way funding.

The mailing address for the UWVES is PO Box 605, Onley, VA 23418

Physical address is 62 Market Street, Onancock, VA 23417. Office is located inside of the First Horizon Bank.

**The completed original application along with 10 copies of applications (Total 11) and required numbers of attachments must be postmarked or delivered to UWVES by
Wednesday, January 31, 2024.**

Section A. Organization Contact Information

Date of Application: _____ Agency: _____

Executive Director/Administrator: _____

Phone: _____ Email: _____

Year Founded: _____

Number of Staff:

_____ Full Time _____ Part-Time _____ Volunteers

Contact Person: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Website: _____

Federal ID # _____ Parent Organization _____

Your agency's mission statement:

I am authorized to submit the 2024 United Way of Virginia's Eastern Shore Funding Application:

Signature: _____ **Date:** _____

Name and Title (please print/type): _____

Section B. Organization Financial Information

1. What is your agency's fiscal year? _____ to _____
2. What is your agency's overhead rate for the most recent fiscal year? ____ %

If you file, the IRS 990

Management and General (Part IX, Line 25, Col C)	_____
+ Fundraising (Part IX, Line 25, Col D)	_____
=	_____
Divide by Total Revenue (Part VIII, Line 12, Col A)	_____
= OVERHEAD RATE	_____ %

If you file, the IRS 990EZ

Total Expenses (Part I, Line 17)	_____
- Program Expenses (Part III, Line 32)	_____
=	_____
Divide by Total Revenue (Part I, Line 9)	_____
= OVERHEAD RATE	_____ %

If you don't file the IRS 990, you still **MUST** submit your overhead percentage calculation and a clear explanation of how you came to this percentage. **Please use a local calculation, not your national organization's number.**

3. Additional financial information is required as attachments. See Section D.

Section C. Funding Request

(Complete Section C for each program/project that you are requesting.)

General Information:

1. Funding Request for 2024: _____

2. Name of Program/Project: _____

3. Summary of Program and its Intended Outcomes:

3. How will funds be used:

4. What is the Program/Project budget?

5. What other sources of funding (e.g. grants, client fees, endowment earnings, etc.) do you have to support this program?

Community Impact

Please check the boxes of all the outcomes your program provides:

Education - To improve educational success

- Increase percentage of children who enter school (kindergarten)
- Increase percentage of young people graduating from high school on time
- Provide opportunities for everyone to learn and acquire the knowledge, skills and abilities that will prepare them for life and employment
- Provide cultural/educational enrichment opportunities to Shore Residents

Income/Financial Stability - To help families become financially stable and independent

- Increase income and assets, as well as job training for improved employability
- Help families meet transitional basic needs
- Help families have a home
- Improve transportation systems so it is easier to get around for work, school, etc.

Health - To improve healthy lifestyles

- Increase access to quality primary care (prenatal through adult)
- Increase access to prevention programs
- Provide good quality food so families can eat healthy
- Create healthy communities, either recreational or cultural, to support emotional, social and spiritual health for all

Why is this program needed?

Program Implementation

Provide the plan for how you will accomplish your goal. The plan could include inputs, activities and services, outputs, program outcomes/impact and measurable indicators

All information should be limited to program activities in Accomack and Northampton Counties

Other Information

1. Is this an ongoing program? _____

b) **If so, what are your plans to sustain this program?**

Section D. Required Attachments

Ten (10) copies of the original application for Allocation committee members along with the following attachments. Please collate.

Attachment A: List of Board of Directors (Original plus 10 Copies – 11 Total)

Attachment B: Agency IRS Determination Letter (1 Copy)

Attachment C: VDACS Letter (1 copy)

Attachment D: Most recent fiscal year Profit/Loss Statement (Original plus 10 Copies – 11 Total)

Attachment E: Current Annual Budget (Original plus 10 Copies - 11 total)

Attachment F: Agency's Audited Financial Statement (1 Copy)

Attachment G: If this is your organization's first request for funding, complete 990 (1 copy)

or

If your organization has previously requested funding, signed first page of 990 or 990 EZ filed for a period not more than 18 months prior to January 2024 (1 Copy)

Any INCOMPLETE applications received after January 31, 2024 will not be accepted.

The original copy will be kept on file in the UWVES office.

Section E. Post-Funding Report for 2023 Application

Please complete this report only if you receive funding and after you receive your final distribution.

AGENCY NAME: _____

FISCAL YEAR: _____

AMOUNT REQUESTED: _____ **AMOUNT GRANTED:** _____

PERSON COMPLETING REPORT: _____

Referring to the stated purpose(s) for your request on your application, please report:

1. How the funds were used. Be specific. For example, how many more people were served, trained, or otherwise benefited?
2. Is there any difference between how you stated you would use the funds and how you did? If so, please explain.
3. Provide documentation such as receipts and pictures.
4. If your received only partial funding, how the rest was funded?
5. How have you publicized your receipt of United Way Funds? Provide a copy of the newspaper article or details of radio appearance.
6. Describe how your agency assisted United Way in the most recently completed campaign.
 - _____ Used UW logo on printed materials, etc.
 - _____ Conducted internal campaign, encouraged agency staff and board members to give to UWVES
 - _____ Displayed UW sign in office
 - _____ Assisted UWVES in fundraising and outreach events

_____ Other (explain)

**IF YOU WOULD LIKE FOR US TO INCLUDE IN OUR PUBLICITY, YOU CAN ALSO EMAIL TO
DBYRD@ESUNITEDWAY.ORG**



United Way of Virginia's Eastern Shore
P. O. Box 605 62 Market Street
Onley, Virginia 23418 Onancock, Virginia 23417
Tel: (757) 787-5622

Partner Agency Certification

For the period beginning January 1, 2023 and concluding December 31, 2023

Agency Name: _____

Please review the following items and acknowledge each by initialing:

_____ We are a 501c (3) organization in good standing with the IRS.

_____ We maintain compliance with all applicable laws and regulations.

_____ We have an active Board of Directors, a Board of Trustees, or a Management/ Advisory Committee comprised of a majority of whom serve without compensation, which monitors and directs our organization.

_____ We will provide our most recent Audited Financials and complete IRS Form 990 to United Way upon request.

_____ Funds will be used for their intended purpose.

_____ I acknowledge that this agreement and United Way funding can be ended, by either party, with at least 30 days' notice.

Partner:

Board Chair (print)

Board Chair (signature)

Date

Administrator/ ED (print)

Administrator/ED (signature)

Date