



Moffat County United Way

P. O. Box 995 Craig, CO 81626

970.824.6222-voice

2012 FUNDING APPLICATION

Attachment 1 (1 of 2 pages)

SUMMARY OF APPLICANT ORGANIZATION

Legal Name of Organization:

DBA (if applicable):

Mailing Address, City, State, and Zip:

Phone:

Fax:

EIN:

Website:

Name of CEO or Executive Director:

Phone:

Email:

Application Contact & Title (if *not* the CEO or Executive Director):

Phone:

Email:

Organization Information

Mission Statement:

Geographic Area Served (specific to this proposal):

Amount of Program Request: \$

Moffat County United Way only provides funds for PROGRAM funding

**Moffat County United Way
2012 Funding Application
Attachment 1 (2 of 2 Pages)**

Tax Exemption Status:

- 501(c)(3)
- Using a fiscal agent/fiscal sponsor

Name of fiscal agent/sponsor:

- Other than 501(c)(3), describe:

Year Founded:

Date your agency filed your most recent 990 form with the IRS?

Number of Employees: Full-time:

Part-time:

Using the formula below, please provide the **organization's** actual percentage of cost for fundraising and administration. _____%.

**From IRS Form 990: (Management & General) + (Fundraising)
(Total Revenue)**

What is the estimated cost per client? Please describe how you arrived at that cost.

Describe how your program will leverage United Way funding (i.e., do other funders invest in this program; are the requested funds to be used as matching dollars to access other federal, state or private grants?)

List the five highest contributors and funding amounts to this program for the most recently completed fiscal year. (If any of the five are individual donors, simply list as "individual")

Please discuss any major changes in program revenue or expenses anticipated in the coming fiscal year.

ACKNOWLEDGEMENT AND SIGNATURE PAGE

United Way Agency Liaison (if applicable)

Date

By signing below, I certify that the information contained in this application is true and correct to the best of my knowledge.

CEO/Executive Director

Date

Program Coordinator

Date

Board Chairperson

Date

Sources of Income Table – Attachment 5 – all agency income

Complete the table below for the organization as a whole, based on the most recently completed fiscal year. Categories may be modified.

<u>2010</u>	<u>2011</u>	<u>2012</u>	<u>Funding Source</u>
_____ %	_____ %	_____ %	Government grants (federal, state, county, local)
_____ %	_____ %	_____ %	Government contracts
_____ %	_____ %	_____ %	Foundations
_____ %	_____ %	_____ %	Business
_____ %	_____ %	_____ %	Events (include event sponsorships)
_____ %	_____ %	_____ %	Individual contributions
_____ %	_____ %	_____ %	Fees/earned income
_____ %	_____ %	_____ %	Workplace giving campaigns
_____ %	_____ %	_____ %	In-kind contributions (optional)
_____ %	_____ %	_____ %	Other _____
_____ %	_____ %	_____ %	TOTAL (must equal 100%.)