



Moffat County United Way  
P. O. Box 995 Craig, CO 81626

970.824.6222-voice

## 2011 FUNDING APPLICATION Attachment 1 (1 of 2 pages)

### SUMMARY OF APPLICANT ORGANIZATION

**Legal Name of Organization:**

Moffat County Youth United Way

**DBA (if applicable):**

**Mailing Address, City, State, and Zip:**

P. O. Box 995  
Craig, CO 81626

**Phone:**

970-824-6222

**Fax:**

970-824-7909

**EIN:**

84-0746208

**Website:**

**Name of CEO or Executive Director:**

**Phone:**

**Email:**

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

Slade Gurr

**Phone:**

970-629-0417

**Email:**

sladegurr@aol.com

### Organization Information

**Mission Statement:**

The students of Moffat County High School strongly support non-profit organizations that provide services in the areas of youth, education, health and family aid in Northwest Colorado.

**Geographic Area Served (specific to this proposal):**

**Amount of Program Request: \$**

5,000.00

**Moffat County United Way is only providing funds for PROGRAM funding**

**Moffat County United Way  
2011 Funding Application  
Attachment 1 (2 of 2 Pages)**

---

---

**Tax Exemption Status:**

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

**Year Founded:**

1999

Name of fiscal agent/sponsor: Moffat County United Way

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

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

yes

**Number of Employees: Full-time:**

0

**Part-time:**

0

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?)

*We will leverage United Way funding to help us secure funding from the Human Resource Council and the El Pomar Foundation.*

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")

*\$500.00 plus fundraiser*

*\$100.00 – Individual*

*\$400.00 - Individual*

*\$2,500.00 from El Pomar Foundation*

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

*El Pomar Foundation cut funding from \$8,000.00 to \$5,000.00 to \$2,500.00 over the last three years.*

## 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>2009</u>	<u>2010</u>	<u>2011</u>	<u>Funding Source</u>
_____ %	_____ %	_____ %	Government grants (federal, state, county, local)
_____ %	_____ %	_____ %	Government contracts
95 %	95 %	95 %	Foundations
_____ %	_____ %	_____ %	Business
5 %	5 %	5 %	Events (include event sponsorships)
_____ %	_____ %	_____ %	Individual contributions
_____ %	_____ %	_____ %	Fees/earned income
_____ %	_____ %	_____ %	Workplace giving campaigns
_____ %	_____ %	_____ %	In-kind contributions (optional)
_____ %	_____ %	_____ %	Other _____
100 %	100 %	100 %	TOTAL (must equal 100%.)