

TO: Prospective Applicants for United Way of Orleans County Funding

FROM: Dean Bellack, Executive Director

DATE: July 1, 2021

SUBJECT: Investment Application for 2022 Funding

Investment Approach

The United Way remains committed to accountability to donors and to those most vulnerable in our community who seek the services of our funded programs. Without quality programs, we cannot meet their needs. We appreciate your efforts in reviewing your programs, defining your outcomes, and reporting your results to us. The review process for 2022 will be a continuation of our outcome-focused investment approach.

Deadlines

The deadline for submitting funding applications is **Wednesday, December 1, 2021 at midnight**. Please send the applications **via email** to Bookkeeper@OrleansUnitedWay.org

Please carefully review the following “checklist for application” and submit each required item as an attachment to your email.

We will schedule agency interviews in early January and will announce funding decisions late January.

Questions

Please feel free contact Dean Bellack, Executive Director of United Way of Orleans County, with any questions. He can be reached by phone at 585-283-4224 or via email at Director@OrleansUnitedWay.org.

Application Checklist

All items listed below must be submitted with the application to be considered for funding. Please note that in some instances, information is requested for the provider as a whole; in others, specifically to the program(s) for which you are seeking funding.

Completed for the provider as a whole

- Service Provider & Program Directory Information Form (form attached)
- Board Roster of current Board of Directors or Advisory Committee members
- Certificate of Incorporation as NYS Not-for-profit
- Letter of Determination from the IRS documenting status as a type 501(c)(3) organization
- Copy of the most recent audited financials and 990
- Copy of Agency Liability Insurance

Completed for **each separate program** for which United Way funding is being sought

- Budget pages 1, 2, 3** (*please follow the Budget Instructions in the manual page 16 to complete*)
- Program Description** (*format and instructions found in the Orleans United Way manual page 5 & 6*)

Service Provider & Program Directory Information Form

This form is designed to help United Way of Orleans County annually maintain an easy reference for people seeking information about local health and human service providers. Please fill in the information below to indicate how you would like your organization to be listed.

Agency Name: _____

Agency Name to be used in all UW Publications: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Fax: (____) _____

Executive Director: _____

E-Mail: _____

Agency Website: _____

Branch Office (only list the main office in each county (i.e., Genesee, Livingston, Wyoming, Orleans,

Wayne, Ontario) Mailing Address: _____

City: _____ State: _____ Zip: _____

Description: Use this space to provide a **25-word description** of your organization and the services it provides:

(Please Print Clearly)

Completed by *(please print)*:

Name: _____

Title: _____

Email: _____

Phone: _____

Date: _____/_____/_____

**Thank
you!**

The following is the **required** format for the program description. The completed program description should be within the **four-page limit** (not including the cover page) and be signed and dated by the chief volunteer officer and the chief professional officer.

United Way Program Description

Program Name: _____

Provider Name: _____

Program Site(s): _____

Contact Person: _____

Telephone: _____ Email: _____

2020 Requested UW Allocation: \$ _____

Total Proposed Program Budget: \$ _____

Program Budget as % of Total Agency Budget: ____%

Impact Area: Indicate the Impact Area in which you believe the program best aligns. Please select only one - **Definitions are included on page 6 of the manual.**

Success by 6

Kids On Track

Strengthening Families

Overcoming Disabilities

Helping Seniors

Brief Summary of Program: (50 words or less)

Program Name: _____ Provider Name: _____

TARGET POPULATION

COMMUNITY IMPACT

ROLE AND IMPORTANCE OF UNITED WAY FUNDING
