Please return completed signed application packets by noon on Friday, February 1, 2016. No grant applications will be considered if submitted after deadline.
Mail to: The United Way of Wexford-Missaukee Counties
            P.O. Box 177
            Cadillac, MI 49601

Agency Name: _____ Ph: _____

Submitted by: _____   Email: _____

Please submit one copy of the following:

1. Agency Information with signatures (attached pages 1 and 2)   _____
2. 501(c) 3 Letter with ID number (or Tax Exempt letter)   _____
3. Current copy of MI License to Solicit   _____
4. Current Board Roster   _____
5. Formal policy of Non-discrimination*   _____
6. Copy of By-laws and/or Constitution   _____
7. **Unbound** copy of Audit or financial review conducted by an
    independent certified Public Accountant**   _____
8. Copy of most current IRS 990***   _____
9. Agency Budget   _____

For each Program for which you are requesting funding,
submit 6 copies of the following:

 (3-hole punched on white paper in the order listed below :)

1. Agency Application forms   _____
2. Information for each program applying for funding   _____
3. Program Budget   _____

  *   See Agency Information sheet for requirements for this policy
 **   Organizations will meet state auditing requirements and share such audits or financial
       reviews as requested.
 *** If you are not required to file a 990 –you are still required to fill out the front page of the
       form and submit it with your application packet in order to be considered for United Way
       of Wexford and Missaukee Counties funding.

The Mission of the United Way is to help build a better community
that improves the quality of life by meeting the critical human needs of Wexford and Missaukee Counties

Section I – Agency Information

Agency Name: _____ Federal Tax ID#:_____

Mailing Address: _____

Street Address: _____

City/State/Zip: _____

Director's Name: _____

Director's Title: _____

Phone: _____

Fax: _____

Email: _____

Agency Summary Application Form

A. <u>Agency mission statement</u> (found in your bylaws, articles of incorporation or subsequent board adopted mission statements):

B. <u>Funding application summary Information </u>(list only those programs for which you are seeking funding):

Program Title   Funding Request

_____ $_____

_____ $_____

_____ $_____

_____ $_____

Total (if more space is needed for specific programs
attach a separate listing but grand total must appear
here):   **$_____**

C. <u>General description agency services (</u>be brief and include geographic area served):

D. **Administration and overhead expenses** (expressed as percent of total budget – also known as management and general, that portion of your expenses not dedicated solely to program or services.   If asked, be able to explain it. If applying for United Way funding, you must figure the administrative expense directly from your 990. **If you are not required by law to submit a 990, you must still prepare the first page of the form 990 and submit it to United Way. This is a requirement for receiving funds from the State and Federal employees' campaign as well.)**

_____**% * (required)**

E. <u>Describe interagency collaboration</u> (briefly describe other agencies which you share or cosponsor services or programs. May include sharing of staff, facilities, equipment or program materials.):

F. <u>Authorization</u> (executive director and board president signatures are both required, authorized by the agency's board of directors):

The undersigned certify that authority to submit this application was properly provided by the agency's board of directors.

_____   _____
Executive Director   Board President

_____   _____
Date   Date

I. <u>ANTI-TERRORISM COMPLIANCE MEASURES</u>
In compliance with the USA PATRIOT Act and other counter terrorism laws, the United Way of Wexford and Missaukee Counties requires that each agency certify the following:
"I hereby certify on behalf of _____ [name of grantee] that all United Way funds and donations will be used in compliance with all applicable anti-terrorist financing and asset control laws, statutes and executive orders."
Print Name: _____
Signature: _____
Title: _____
Date: _____

Complete this portion for each program for which you seek funding. You may duplicate as needed.

Agency Name: _____   Program Name: _____

The United way of Wexford-Missaukee Counties will be assessing programs with regard to their unique value in addressing one of the identified priorities in the Community Impact Agenda. (See attached)

Please list below which outcome/objective your program addresses, followed by a statement supporting such.

What is the objective?

What is the plan to reach this objective?

Total Program Cost: _____   Requested Funds: $_____

    a.   How will this program be affected if United Way funds cannot be provided as requested?

b. Service Statistics for United Way funded program (s):

	Wexford County Last Year Actual	Missaukee County Last Year Actual
Program Cost	_____	_____
Number of Units Served	_____	_____
Cost per unit	_____	_____
Number of Clients Served	_____	_____

Staffing:

Full Time Equivalent (FTE)	_____
Volunteer Hours	_____

What difference did this program make? To society? To families? To individual clients? Choose one of the program's outcomes that you want to illustrate in a success story. State this outcome below as you would want it communicated to the public. Please include actual data. Provide a success story to be used in public media messages.

> Example: an addiction recovery center where 50 clients were assisted in leading a drug or alcohol-free life. They received an understanding of their addiction, increased self-esteem, a philosophy to live by and a support group. Families experienced less economic deprivation, increased safety when with clients, and reduced domestic violence. Employers received less drug-related illness, more accuracy and better attitude. Society as a whole benefited from all of the above. Be as clear and concise as possible. Services and programs are not fundable unless there are identifiable benefits.