

**UNITED WAY OF EASTERN OREGON
REQUEST FOR PARTICIPATION AND FUNDS
2010-2011**



Please type this request or generate on computer. Download application forms from www.eoni.com/uweo . Handwritten applications will not be accepted.

Agency Name:					Federal Tax I.D.#: (EIN#)		
Mailing Address:							
	City:		State:		Zip:		
Physical Address:							
	City:		State:		Zip:		Phone:
Agency Email:					Web Site:		
Agency Executive:	Name:				Title:		
	Phone:		Ext:		Email:		
Board President:	Name:						
	Phone:		Ext:		Email:		
Local Contact:	Name:				Title:		
	Phone:		Ext:		Email:		
Local Address:							
	City:		State:		Zip:		Phone:
Should correspondence be sent to the local office or headquarters? Address if different from above:							
Should disbursement checks be sent to the local office or headquarters? Address if different from above:							
What email address would you like us to use for United Way correspondence?							
Designate the county this application is directed to:			Union County <input type="checkbox"/>	Baker County <input type="checkbox"/>	Both Counties <input type="checkbox"/>		
If applying to both counties, please state amount requested from each county.			Amount Requested \$	Amount Requested \$	Total Both Counties \$		

Demographics.

Total Geographical Service Area: _____

UNDUPLICATED Number of people served:			
Ages Served in 2009:	Union County	Baker County	Other Service Areas
0-18 years			
19-62 years			
63+ years			
Percentage of low-income individuals served.			
Figures below may contain duplications:			
If known, total number of services provided in 2009:			
0-18 years			
19-62 years			
63+ years			
Percentage of low-income individuals served.			

Personnel			
Number of Paid Staff			
Number of Volunteers			

Based upon your most recently completed IRS form 990, state the **percentage** of total revenue applied to:

Charitable Purpose (programs/services/direct benefits)	%
Cost of Solicitation (fundraising)	%
Administration and General	%

*If affiliated with a national agency, please state **your local agency's percentages**, not the national's.*

Is the organization registered with the attorney general in accordance with relevant provisions of ors 128.610 to 128.995? _____yes _____no _____If in process, attach a copy of the form filed.

APPLICATION NARRATIVE – QUESTIONS TO ANSWER:

Please answer each of the following questions in the order listed, on no more than four pages total.

1. Summarize your request, in other words, make your **case** for funding –why your request for United Way funding is appropriate for the program(s). Have you seen an increase in requests for services? What will you do with the funds requested? Describe the project or service goals and activities, and who will be served.
2. What qualifies your organization to do this project or service? (For example: your mission, history, and the expertise of staff, board or volunteers.)
3. What significant issues has your agency experienced during the past year? (Financial, capital campaigns, staff turnover, etc....)
4. What is your timeline for accomplishing your project or service?
5. What else do you want us to know about your project, service or organization?

2009 PROGRAM REPORT:

Use one page (not to be counted toward your four page narrative) to summarize your current program(s), funded by the United Way of Eastern Oregon. How was the funding used?

Please Number Attachments To Correspond With Application Item Numbers.

If your organization serves more than one county, or if this request is for a specific program your organization offers, please use a separate budget sheet for each. We need your total agency budget, funded program budget, and county budget. Please check the appropriate boxes for all that apply. See attached blank budget format. (Example: If your request is for general operating support and your agency operates solely in Union County, only one budget sheet need be submitted.)

1. Organization's budget for the last fiscal year, current fiscal year, next fiscal year covered by this request, and the proposed use of United Way funding.
2. Program budget, if applicable.
3. County budget, if applicable.
4. A list of names and addresses of each member of the Board if Directors and Officers of the organization.
5. Completed Agency Agreement.
6. Choose one of the program's outcomes to illustrate a success story. State the outcome as you would want it communicated to the general public. (Please include actual data.)
7. Provide samples illustrating the effect of a \$100 donation on your program. List examples, stories, etc.
8. If needed, attach 35 word description for United Way brochure.

Include one copy of: **1.** IRS determination letter for tax exemption under IRS tax code section 501(c)(3). **2.** Most recent IRS Form 990 or 990EZ or certificate of exemption. **3.** If your organization's annual revenue is over \$100,000.00, a copy of the organization's most recently completed independent audit. If required by another funding source to have an audit performed, agency should submit this same audit to United Way, regardless of revenue level.

Please provide a statement of 35 words or less that describes real services, benefits or program activities your organization provides. This statement will be used in our United Way Brochure. (See agency information at www.eoni.com/uweo)

Please indicate: _____ No change necessary. _____ New statement attached.

The signing of this application by representatives of the organization named in this application consents to and certifies the following:

We consent to our organization being included in any fund raising applications, campaigns, or campaign materials by United Way of Eastern Oregon. We also commit our organization to being included and actively participating in any fund raising activities, campaigns, or campaign materials initiated by and for United Way of Eastern Oregon.

We certify that the organization named in this application conducts publicity and promotional activities based upon its actual program and operations, and that these activities are truthful and non-deceptive, include all material facts, and make no exaggerated or misleading claims. We certify that the organization named in this application effectively uses the funds contributed for its announced purposes. We certify that an active and responsible governing body, whose members have no material conflict of interest and a majority of whom serves without compensation, directs the organization named in this application.

Anti-Terrorism Compliance Measures

In compliance with the USA PATRIOT Act and other counterterrorism laws, the United Way of Eastern Oregon requires that each agency certify the following:

- o The signing of this application by representatives of the organization named in this application certifies 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.
- o The signing of this application by representatives of the organization named in this application certifies that the organization named in this application is in compliance with all statutes, executive orders, and regulations restricting or prohibiting U.S. persons from engaging in transactions and dealings with countries, entities, or individuals subject to economic sanctions administered by the U.S. Department of the Treasury's Office of Foreign Assets Control. The organization named in this application is aware that a list of countries subject to such sanctions, a list of Specially Designated Nationals and Blocked Persons subject to such sanctions, and overviews and guidelines for each such sanctions program can be found at <http://www.treas.gov/ofac>. Should any change in circumstances pertaining to this certification occur at any time, the organization will notify United Way of Eastern Oregon immediately.

CERTIFYING OFFICIAL

I, _____, am the duly appointed representative
(Print Name)

of _____ authorized to certify and affirm all statements
(Print Organization Name)

enclosed in this application and affirm their accuracy.

(Signature)

(Typed or Printed Name)

(Title)

Date Completed _____