

2022-23 Grant Application : Entry # 1897**Agency Information****Agency Name**

Sample Agency Name

Agency EIN (Employer Identification Number)

12-3456789

Has your agency/program been funded by United Way of East TN Highlands within the last 2 years?

Yes

Agency Executive Director Name

Charles Doe

Agency Mailing Address

123 Helping Lane

City / State / Zip

Hometown, State 12345

Agency Phone Number

(123) 456-7890

Fax Number

(123) 456-7890

Executive Director Email Addressemail@domain.org**Date Agency Established**

01/02/2022

2022-23 Grant Application : Entry # 1897**What is your fiscal year?**

July 1 - June 30

Do you have insurance(s)? If so, what type(s)?

Short Answer

Name of Board Chair/President

Charlie Doe

How many members serve on your Board of Directors?

0

What percentage of your Board of Directors donate to your agency?

00%

Agency Program Contact Name

Chuck Doe

Agency Program Contact Emailemail@domain.org**Agency Program Contact Phone**

(123) 456-7890

Please submit (1) ONE PDF copy of your most recent year's audited financials. Audit Review accepted for agencies with less than \$100,000.00 in gross receipts.

- [Sample-PDF8.pdf](#)

Please submit (1) ONE PDF copy of your most recently filed IRS Form 990 or Form 990EZ.

- [Sample-PDF9.pdf](#)

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Please submit (1) ONE PDF copy of your Audit and Management Letter from your most recently completed fiscal year.

- [Sample-PDF10.pdf](#)

Please submit (1) ONE PDF copy of your 501(c)3 status letter from the IRS.

- [Sample-PDF11.pdf](#)

Please submit (1) ONE PDF copy of your current Board Roster with addresses and telephone numbers (please make sure that your officers and their titles are clearly marked on your roster).

- [Sample-PDF12.pdf](#)

Please submit (1) ONE PDF copy of your agency's organizational chart.

- [Sample-PDF13.pdf](#)

Please submit (1) ONE PDF copy of your current Charitable Solicitation Renewal.

- [Sample-PDF14.pdf](#)

Agency Overview

List agency Mission Statement.

500 Character Max

Describe the population group that your agency's services address.

500 Character Max

List the top priorities of the population you are serving and describe your agency's efforts of addressing them.

1,000 Character Max

List the local gaps in services for the population group you are serving and describe your agency's efforts of addressing them.

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1,000 Character Max

List up to 3 significant challenges/opportunities that exist for your agency in the next 1-3 years?

1,000 Character Max

List up to 3 major capital projects or expenditures you're planning for in the next 2 fiscal years (\$10,000+). If none, please put N/A.

1,000 Character Max

Average number of yearly agency volunteers

0

For your most recent fiscal year, please provide the number of individuals (unduplicated) your agency served in each county (do not count individuals in more than one county).

Carter County

0

Johnson County

0

Washington County

0

Southern Sullivan County (Piney Flats & Fall Branch)

0

2021 Allocations Committee Recommendations Progress Update

If last year's allocations committee provided any recommendations for your program funding last year, please list the recommendation that they provided to you and how you have responded to it accordingly. If no funding or recommendations were given, please put N/A.

Short Answer

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Program Name

What amount of funding are you requesting for this program?

\$0.00

Please submit one (1) PDF copy of your Program Budget Form.

- [Sample-PDF15.pdf](#)

Do you have other sources of funding in place for this program? If so, what are they? Please list with the estimated percentage of total program funding that each source represents.

Short Answer

Describe your program.

1,250 Character Max

Describe how you staff this program, including the use of volunteers.

1,000 Character Max

Describe the overall need in your service area for this program.

Short Answer

Describe the program target population to be served (age, sex, socio-economic level, special needs, etc.).

Short Answer

List the requested funding amount per county covered by this program.

Short Answer

Describe the beneficial long-term outcomes for the persons you serve through this program.

Short Answer

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Describe the program activities and how they lead to achieving the outcomes noted above.

Short Answer

Discuss how you handle waiting lists and other demands for services that cannot be immediately met.

Short Answer

How do you market/communicate your agency's program(s) to the community?

Short Answer

Do you partner with other agencies/organizations to serve your target population in the community? If so, please list and describe your partnership(s) and the benefit(s) associated with them.

Short Answer

Program Evaluation

What metrics do you use to measure this program's effectiveness and what tools (i.e. software) and methods are you using to accomplish this?

Short Answer

Program Cost Analysis - Individuals Served

Total Program Cost

FY 2022 Proposed	FY 2021 Budgeted	FY 2020 Actual
00	00	00

Total Number of Unduplicated Individuals Served

FY 2022 Proposed	FY 2021 Budgeted	FY 2020 Actual
00	00	00

Cost per Unduplicated Individual (Total Program Cost divided by Total Number of Individuals Served)

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FY 2022 Proposed	FY 2021 Budgeted	FY 2020 Actual
00	00	00

Program Cost Analysis - Units of Service (Optional)

What is your unit of service? (meals, rides, nights of shelter, etc.)

measuring unit

Total Program Cost

FY 2022 Proposed	FY 2021 Budgeted	FY 2020 Actual
00	00	00

Total Number of Units Provided

FY 2022 Proposed	FY 2021 Budgeted	FY 2020 Actual
00	00	00

Cost per Unit (Total Program Cost divided by Total Number of Units Provided)

FY 2022 Proposed	FY 2021 Budgeted	FY 2020 Actual
00	00	00

Consent

 I agree to the Statement of Agreement

As a participating agency of the United Way of East TN Highlands we accept the following principles and conditions:

A. BOTH UNITED WAY OF EAST TN HIGHLANDS AND THE PARTNER AGENCY AGREE:

1. To maintain an active, rotating volunteer structure which assumes and fulfills the responsibility of managing its affairs within the scope and spirit of respective by-laws and this agreement.

2. To offer opportunities for participation in programs, services, policy designation and staff employment to persons regardless of race, religion, age, sex, national origin, sexual

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orientation, and disability.

3. To strive to increase the public's understanding and appreciation of and participation in human services programs.

4. To consult and work together on matters of common interest in an effort to achieve the best interest of the community as a whole.

B. THE AGENCY AGREES:

1. To maintain a positive and supportive relationship with United Way and the United Way Staff in all communications and throughout the community.

2. To support and assist in the United Way of East TN Highlands annual fundraising campaign by hosting a workplace campaign within your agency.

3. To engage in an effective year-round public relations program in which the objectives, services and accomplishments of the Agency, and the United Way of East TN Highlands support of such services, are adequately publicized. (Ex. United Way of East TN Highlands logo on your agency website, program specific materials, social media posts, etc.)

4. To have a complete audit of its financial affairs made each year and to furnish the most recent copy to the United Way of East TN Highlands with their application for funding (audit review accepted for agencies with less than \$100,000.00 in gross receipts).

5. To provide semi-annual financial statements to United Way of East TN Highlands (via the Program Budget Form). Failure to provide semi-annual financial statements by the due date will result in loss of funding for your agency program.

6. To provide a semi-annual report to the United Way of East TN Highlands indicating the number of clients served and the impact results of the program being funded (format to be provided). Failure to provide semi-annual reports by the due date will result in loss of future funding for your agency program.

7. To carry out the programs of the agency in such a manner that will best meet the needs of the community and be consistent with standards of service, efficiency and economy.

8. After being given full consideration and hearing, to accept the apportionment of funds made to it by the Allocations Committee and approved by the United Way of East TN Highlands Board of Directors.

9. To submit a minimum of one Week of Caring Volunteer Project Request by the end of April to be completed in the month of June (preferably during the Week of Caring, which is typically the third week of June).

10. To be represented by an executive level staff or board member at the following events:

United Way Impact Awards (April)

All Quarterly Executive Director Meetings

If service area covers Carter County, Carter County Golf Tournament August.

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1. To provide resources to strengthen partner agencies.
2. To respect the agency's prerogative of determining its own policies and programs within the community.
3. To use its best efforts to achieve United Way campaign objectives and fund Agency Programs that are making significant community impact in the categories of Health, Education, and Financial Stability.
4. To act as responsible stewards of funds publicly contributed to the United Way by fully informing contributors of the allocations and use of the funds.
5. To annually submit all its financial records for an audit by an independent public accountant.

Electronic Signature of Agency Executive Director / CEO (Please type your name below):

Charles P. Doe

Today's Date

12/15/2021

Notes**Staff notification (ID: 5ff8992e7ac1c)**

added 20 seconds ago

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**Submitter Notification (ID: 5ff899702ceef)**

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