

**Below is a list of all the questions that will appear on the new application under the Collective Impact Model**

## SCREENING QUESTIONS

- Is your organization a 501(c)(3)? Y/N
- Does your organization have a Board of Directors in place? Y/N
- Does your organization serve Florence County? Y/N
- Does your organization provide services in one or more of United Way's focus areas?
- If your application is approved, are you able to meet audit requirements as outlined in the agency agreement? Y/N

## AGENCY INFORMATION

- Agency Name
- EIN
- Address, City, State, Zip Code
- Agency Phone Number
- Administrative Email Address
- Website
- Mission Statement
- Current Total Agency Budget
- Year of Establishment
- Based on your most recent 990 or IRS 990 EZ, what percentage of your overall agency expenses are program-level expenses?
- CEO/Executive Director Name
- CEO/Executive Director Title
- CEO/Executive Director Email
- Applicant Name
- Applicant Title
- Applicant Email
- Board of Directors List
- Agency Primary Contact
- Is your agency listed in the 211 database?
- Is your agency utilizing ALICE data to understand /meet community needs and consider intake criteria?
- Does your agency participate in the Florence County Collective?
- Does your agency receive EFSP funding from United Way
- Does your agency utilize nonprofit resources/learning opportunities, such as Together SC?

## AGENCY ATTACHMENTS

- Most recent year-end financial statements
- Most recent IRS Form 990 or IRS 990 EZ (if applicable) (Required to Submit)
- 501 (c)(3) Letter
- Financial report based on total operating budget (audit, financial review, or compilation) (Required to Submit)
- Agency Logo

## PROGRAM INFORMATION

- Program Name
- Program Overview
- Focus Area
- Amount Requested
- Explain specifically how United Way funding will be used
- Current Total Annual Program Budget (\$)
- Percentage of Annual Total Program Budget Requested
- 3-5 Year Plan for Program
- How many community partners/agencies do you collaborate with to serve the clients of this program?
- Describe the intake criteria for this program
- What geographic area does this program serve?
- Does your program currently have a waitlist?
  - What barriers do you face to reduce the waitlist?
  - How many people are currently on your waitlist?

## ADDITIONAL FUNDING SOURCES

- On the provided table, please provide:
  - Funding Source(s)
  - Amount
  - Status
- Total Amount

## MARKETING INFORMATION

- What would a \$100 donation to this program support?
- What would a \$250 donation to this program support?
- What would a \$500 donation to this program support?
- How do you define success for your clients?
- Success story. Detail specifics on how an individual or family has been helped. How has this program changed a client's life?
- Do you have permission to use the names/photos of these clients?
- If you previously received funding from United Way of Florence County, is our localized logo displayed on your website?

## CLIENT DEMOGRAPHICS

- Please enter the total amount of clients served.
- Please list the ethnic breakdown for the clients served in the following categories (table)
- Please list the gender breakdown for the clients served in the following categories (table)
- Please list the age breakdown for the clients served in the following categories (table)
- Please list the location breakdown for the clients served in the following categories (table)
- LGBTQ+
- Veterans/Military
- Disability
- Income Level Using ALICE (Asset Limited, Income Constrained, Employed) Categorization

## IMPACT: RBA METRICS

- Education (0-4 Education & Activities for Youth)
- Health (Mental Health)
- Financial Stability (Home Rehabilitation & Basic Needs)
- How do you plan to collect data to measure the RBA metrics you plan to report on?

## SUCCESS STORY PHOTO

- If possible, please upload a photo reflective of the success story.