

APPLICATION QUESTIONS



AGENCY ATTACHMENTS

- Most recent year-end financial statements
- Most recent IRS Form 990 or IRS 990 EZ (if applicable)
- 501(c)(3) Letter
- Agency logo
- Financial report based on total operating budget (audit, financial review, or compilation)
 - Total operating budget greater than \$1,000,000 the agency must undergo an annual audit
 - Total operating budget between \$500,000-\$999,999 the agency must undergo an annual financial review
 - Total operating budget less than \$500,000 the agency must undergo an annual financial compilation

AGENCY INFORMATION

- Agency Name
- EIN
- Agency Address
- 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?
- If your agency is chosen for the next round of evaluations, would you like to host a site visit?
Note: projects and locations outside of Florence County are ineligible for site visits, but may present to our Community Investment Committee at United Way of Florence County's office.
- Is your site visit address the same as the agency address specified above?
- If you answered no to the previous question, what is your preferred address for site visits?
- CEO/Executive Director Name
- CEO/Executive Director Title
- CEO/Executive Director Email
- Applicant Name
- Applicant Title

- Applicant Email
- Agency Primary Contact
- Is your agency listed in the 211 database?
- Is your agency utilizing ALICE data to understand/meet community needs?
- Is your agency utilizing ALICE data in your intake criteria?
- Please provide an example of how your agency utilizes ALICE data.
- Does your agency participate in the Florence County Collective?
- Does your agency utilize nonprofit resources/learning opportunities, such as Together SC?
- Which nonprofit resources/learning opportunities do you utilize?

PROGRAM/PROJECT INFORMATION

- Program/Project Name
- Program/Project Overview
- Focus Area
- Amount Requested
- Explain specifically how United Way funding will be used.
- Current Total Annual Program/Project Budget (\$)
- Percentage of Annual Program/Project Budget Requested (%)
- 3-5 Year Plan for Program/Detailed Timeline for Project

AGENCY INFORMATION

- How many community partners/agencies do you collaborate with (beyond funding) to serve your clients?
- What process must a potential client follow to receive assistance through this program? Please include explanations for your reasoning.
- What criteria does your organization use to determine if someone is eligible for assistance?
- What standards or requirements, if not followed, would make someone ineligible for assistance?
- Does your program currently have a waitlist?
- What barriers do you face to reduce your waitlist?
- How many people are currently on your waitlist?
- What geographic area does your program serve?

ADDITIONAL FUNDING SOURCES

- Please list up to 10 of your agency's highest funding sources, excluding United Way of Florence County. A funding source is defined as foundations, local/state/federal government grants, and large corporate gifts. Additionally, contributions from individual donors count as one source.
 - Funding source
 - Amount
 - Status

CLIENT DEMOGRAPHICS

- Total Amount of Clients
- Ethnicity
- Gender
- Age
- Zip
- Income Level Using ALICE (Asset Limited, Income Constrained, Employed) Categorization

PROGRAM/PROJECT INFORMATION

- What would a \$1/week donation to this project/program accomplish?
- What would a \$5/week donation to this project/program accomplish?
- What would a \$10/week donation to this project/program accomplish?

- What would a \$15/week donation to this project/program accomplish?
- What would a \$20/week donation to this project/program accomplish?
- 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?
- URL to page where logo is displayed (if applicable)

IMPACT: RESULTS-BASED ACCOUNTABILITY

Please select one or more of the following objectives for your chosen focus area.

Kindergarten Readiness

1. Children start Kindergarten developmentally on track.
2. Parents, caregivers, and/or guardians can access services that support the family and the academic success of their children.
3. Working families have access to affordable childcare and can pursue positive enrichment opportunities for themselves and their children.

Youth Activities

1. Children and youth learn character development and leadership skills to avoid risky behaviors.

Mental Health

1. Improve awareness of and access to mental health services.
2. Improve awareness of and access to substance misuse services and addiction recovery resources/services.

Home Rehabilitation

1. Homeowners of eligible homes receive comprehensive repairs in a timely manner.
2. Homeowners of ineligible homes receive support to obtain sustainable housing.

Basic Needs

1. People have access to emergency housing services (i.e. rent and utility assistance, emergency shelter, etc.).
2. People have access to opportunities to learn important life skills (i.e. financial literacy, resume building, budgeting, career counseling, etc.).