

**United Way of Haywood County, Inc.  
Grant Application  
2019-2020**

Agency \_\_\_\_\_

Chief Staff Person \_\_\_\_\_  
Name Title Signature

Chief Volunteer \_\_\_\_\_  
Name Title Signature

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

.....  
Program Title \_\_\_\_\_ Amount Requested \_\_\_\_\_

Brief summary of request:

.....  
**Review the checklist below to be sure your application request is complete.**  
**Applications without all attachments will not be considered.**

- \_\_\_\_\_ Five (5) copies of the Application
- \_\_\_\_\_ Five (5) copies of operating budget
- \_\_\_\_\_ Five (5) copies of Board of Directors List
- \_\_\_\_\_ One (1) copy of Solicitation License or exemption letter
- \_\_\_\_\_ One (1) copy of tax-exempt certification
- \_\_\_\_\_ One (1) copy of Audit **or**
- \_\_\_\_\_ One (2) copy of Financial Review (if income is less than \$500,000)

.....  
United Way of Haywood County, Inc.  
PO Box 1139  
1233 N. Main Street  
Waynesville, NC 28786

**Grant deadline: Friday, March 29, 2019, 4:00 p.m.**

## **Section #1**

All grant applications must respond to and address the following questions (3 pages or less):

1. Describe the program and request. How does the program fit in the Health, Education and Income Stabilization mission of United Way?
2. How many unduplicated individuals did you serve in 2018? How many do you plan to serve in 2019? What do you attribute any changes to?
3. What is the cost/client ratio?
4. What are the projected program outcomes?
5. What criteria will you use to evaluate the success in achieving the above outcomes?
6. Address staffing or volunteer structure. How does the agency collaborate with other agencies?

## **Section #2**

1. What are the prospects for continued or long term funding support?
2. What is the plan for modifying, evaluating and adjusting the program if full funding is not granted?

**AGENCY:**

**PROGRAM:**

#	Line Item Description	1	2	3	4
		PROGRAM			AGENCY
		Prior Year Actual	Current Year Approved	Proposed Year Budget	Proposed Year Budget
	<b>REVENUES</b>	m/y - m/y	m/y - m/y	m/y - m/y	m/y - m/y
100	Contributions				
125	Foundation Support				
200	Funding From Other United Ways				
250	Total Grant From This United Way				
300	Program Service Fees				
400	Federal & State Government Funding				
450	County Funding				
475	Municipal Funding				
500	Other Revenue				
<b>A</b>	<b>TOTAL REVENUES</b>				

#	EXPENDITURES	1	2	3	4
600	Salaries & Related Expenses				
700	Professional Fees & Contract Fees				
800	Supplies & Printing				
900	Occupancy & Related Costs				
1000	Travel & Transportation				
1100	Specific Assistance To Individuals				
1200	Local & National Organization Dues				
1300	Equipment Purchases				
1400	Miscellaneous Expenditures				
<b>B</b>	<b>TOTAL EXPENDITURES</b>				

**MAJOR DIFFERENCES IN REVENUES AND EXPENDITURES (10% or \$10,000)**

Describe all differences between current year and proposed year that are 10% or \$10,000 change (whichever is greater).

Line Item #	Increase/Decrease		Explanation
	Amount	%	
<b>Revenues</b>			
<b>Expenditures</b>			