



2018 ALLOCATION APPLICATION

Part I: Contact Information

Legal Name of Organization: _____

EIN # ____ - ____ - ____ - ____ - ____ - ____

Physical Address: _____

Mailing Address: _____

Phone: _____ Email: _____

Contact Person/Title: _____

Contact Phone: _____ Email: _____

If different than provided above

Board President: _____

Person Preparing Application _____

Preferred Method of Communication: Phone Email Text

Hours of Operation _____

(Example: Monday-Friday 9 AM-5 PM, Saturday 10 AM-3 PM, Sunday Closed)

Part II. Funding Request

First time applicant for UWVVC funding? Yes No

Funds requested from 2018 Campaign \$_____

Percentage UWVVC funding request makes up of total anticipated FY funding of the agency? _____%
For example, if your agency request \$5,000.00 and you anticipate total funding of \$100,000.00 from various sources, the percentage would be 5%.

2017 Allocation from United Way of Val Verde County: \$_____

Total number of Val Verde County citizens served by your agency during your last FY: _____

Total number of Val Verde County citizens expected to be served by your agency in the current FY: _____

Administrative Percentage:

MGE_____ + FE _____ / TR_____ = _____ %

Formula is based on IRS Form 990 figures:

- (1) Add amount in Part IX (Statement of Functional Expenses) Line 25 Column C (Management and General Expenses) to the amount in Line 25 Column D (Fundraising Expenses).
- (2) Divide this sum by the amount in Part VIII (Statement of Revenue) Line 12 Column A (Total Revenue).
- (3) This quotient is the Administrative Percentage – it must be listed to the nearest tenth of a percent (e.g. 15.7%).

Have you had an audit covering the last fiscal year? Yes No

If yes, how much did your organization spend on the audit? \$_____

Was this audit done solely to enable your organization to apply for funding? Yes No

Part III. Organization Statement

A Statement in 25 Words or Less that describes the organization's program activities, services, and benefits. This will be used to identify and promote the organization during United Way fundraising activities. Each word counts – do not use the organization name as part of the 25 words.

Part IV. Statistical Information

Please provide the following information about the community that your organization serves. This information is used for internal tracking purposes only and will not determine acceptance or rejection of your application. If you do not typically track this kind of information, please provide your best estimate for each category. The percentages for each category should add up to 100%. Use whole numbers only.

Gender

Please provide a breakdown by gender

Female _____%
Male _____%
Total _____%

Age

Please provide a breakdown by percentage of the age groups your organization supports.

Preschool _____%
K-12 _____%
College _____%
25-45 _____%
46-65 _____%
Seniors _____%
Total _____%

Ethnicity

Please provide a breakdown by percentage of the ethnicities your organization supports.

American Indian _____%
Alaskan Native _____%
Asian or Pacific Islander _____%
Black or African American _____%
Hispanic or Latino _____%
White or Caucasian _____%
Other _____%
Total _____%

Approximately what percentage of your clients would you consider to be low to moderate income? _____%