

Jennings County United Way 2009 Grant Application

Instructions & Check List

- History, Budget & Program proposal's are to reflect ONLY Jennings County numbers.
- Complete all questions and fill in all portions.
- The Agency's Board of Directors must approve budget and grant application prior to submission.
- Attach a current Board of Directors list with addresses and phone numbers and a schedule of board of directors meetings (include dates, location and time) to each grant application.
- Please attach an explanation of any special needs your agency may have.
- The original grant application and 10 copies must be submitted to the United Way office no later than 4pm May 28, 2009. Please retain a copy for your own records.
- Include one copy of the following with the original Grant Application:**
 - IRS Tax Exempt letter and 501c3 approval or explanation.
 - Most current filed Form 990 or letter stating why a 990 was not filed.
 - State sales tax exempt certificate or explanation.
 - A copy of the most recent financial audit or alternately an agency with a total budget of less than \$25,000 may provide a report of financial status prepared by an outside accountant. A request for a waiver must be submitted in writing to the Board of Directors, stating the reasons for the request, prior to the close of the agency's fiscal year.
 - Submitting the following grants permission for use by Jennings County United Way:**
 - Success story- Detailing how your agency changes lives.
 - Two or more photos of your agency in action. *(Good quality, actual photos or digital files please!)*
 - Narrative- What does 1\$ or 5\$ provide with your agency? *(Example: 1\$ payroll deduction is \$52 over a year, with \$52 your agency can ____ or with \$260 we can ____ (5\$ per week)*

Failure to complete or include any of these items will negate your application for funding and it will be returned to you for resubmission at a later date. Resubmissions will not be considered for the next fiscal year after May 29, 2008. Late or incomplete applications will not be accepted. No exceptions.

Mail to: Jennings County United Way, PO Box 446, North Vernon, IN 47265

For questions or grant application review prior to submission please contact the United Way Office located at 201 Hoosier Street; Phone 812-346-5257; or E-mail cheri@jcunitedway.com

By signing below we affirm the following:

- Total amount of funding requested for our program is \$_____
- We understand that funding must be used for proposed program/project only or returned to Jennings County United Way. Be prepared to submit an evaluation.
- We certify that we have conflict of interest, affirmative action and non discrimination policy's in place, maintain sufficient insurance and additional provisions where appropriate to protect board of directors, employees, facilities, and agency funds.
- This budget was considered and approved by a quorum of our Board of Directors who were present at a board meeting on _____ *(meeting date)*
- We have reviewed this grant application and certify it is complete and accurate.**

Executive Director's Signature

Date

Treasurer's Signature

Date

Board President's Signature

Date

Grant Writer

Date

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Agency Program Information

Agency _____

Address _____

Contact Person _____ Telephone _____

Email Address _____ Fax Number _____

Agency's mission as defined in by-laws or other legal documents _____

List program(s) and service(s) your agency provides _____

Target population (*age, sex, special interests, disability, etc.*) _____

When was program started? _____

Number of unduplicated units of service (# of individuals or family units) provided in Jennings County:

3 years ago _____ (*actual*)

2 yrs ago _____ (*actual*)

Previous Yr. _____ (*actual*)

Current year _____ (*projected*)

Define "unduplicated units of service" below:

Percentage of administrative and fund-raising expenses for the past year is: _____

This percentage must be computed from information on the IRS form 990 by adding the amount spent on "management and general" (line 14) to "fundraising" (line 15) and dividing the resulting total by "total revenue" (line 12).

What specific program or service are you requesting this United Way grant for? _____

What are the specific outcomes or results of this program? (How are lives improved?) _____

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How do you measure these results? Please attach survey results and any outcomes measurement tools and findings you have. _____

How are your programs assessed for effectiveness, for meeting your goals or objectives? _____

Please list board development or training your agency has participated in during the year. _____

How does your agency participate during the annual United Way campaign? _____

How does your agency participate in the United Way Day of Caring? _____

List other United Way events your Board Members or Agency participated in the past year. _____

What else would you like us to know? _____

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Agency History & Budget

These numbers are to reflect ONLY Jennings County Agency figures. Agencies serving more than Jennings County should also include an additional copy of this sheet reflecting their whole organization figures.

- Each column is to reflect a complete year (12 months).
- Breakdown all Misc. Expenses in detail on separate paper if necessary
- You may include an explanation detailing what is included in line items if you'd like

INDICATE CYCLE: CALENDAR YEAR FISCAL YEAR ENDING:

Income	2 years ago actual year end	Last year actual year end	Budget (Current year)
4000 Contributions -- General			
4200 Special Events (net)			
4300 Legacies and Bequests			
4600 Contributed by Assoc. Organ's			
4700 Allocated by Other United Ways			
4800 Other Fund Raising			
5000 Fees/Grants from Government			
5100 Membership Dues -- Individuals			
5300 Program Service Fees			
5500 Sales To Public (net)			
5600 Investment Income			
5700 Miscellaneous Revenue			
6000 Jennings County United Way Grant			
Total Income			
Expenses	2 years ago actual year end	Last year actual year end	Budget (Current year)
7000 Salaries			
7100 Employee Benefits			
7200 FICA, Payroll Taxes, Etc.			
8000 Professional Fees			
8100 Supplies			
8200 Telephone			
8300 Postage and Shipping			
8400 Occupancy (Building/Grounds)			
8500 Rental/Maintenance of Equipm't			
8600 Printing and Publications			
8700 Travel, Conferences and Meetings			
8800 Insurance			
8900 Specific Assistance to Individuals			
9000 Membership Dues			
9100 Awards and Grants			
9400 Miscellaneous			
9450 Advertising			
9500 Payment to Affiliated Organ's			
9900 Equipment (\$500 or more)			
Total Expenses			

Please explain any in-kind amounts included here on the bottom section of the following page.

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Total Funding		
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Beneficiary Report Form

Agency _____

Please record where your clients or clients' parents are employed. This information helps know which agencies serve which companies, and who they would enjoy learning about. Add additional names where needed.

Employer	# Served	Out of County or Other Employers:	# Served
Atmosphere Annealing			
Biehle Electric			
C.E.W.			
ComPonX			
Cosco			
Cummins			
Dave O'Mara Contractors			
Decatur Mold & Tool			
Decatur Plastics			
Dept of Family/Children Services			
Erler Industries			
Fewell, Pettit & Bender			
Finney Impression Die			
Goecker Building Supplies			
Heritage Community Bank			
Hilex Poly			
Home Federal Savings & Loan			
Industrial Machine Repair			
Industrial Powder Coating			
Jennings County School Corporation			
Lowe's Distribution Center			
Majestic Electric			
Martinrea Industries			
Metaldyne			
NAC			
National City Bank			
North Vernon Mold			
NV Beverage			
NVIC			
Plain Dealer & Sun			
PlasFin Co			
S & S Pallet			
S.E.T. Steel			
Self Employed			
Southern Indiana Mold Corp			
St. Vincent Jennings Hospital			
State of Indiana Employees			
Tempest Tool and Machine			
True Temper			
Unemployed			
Unknown Employer			
Wal-Mart			
Webster West			
Total			Total

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Jennings County United Way Agency Certifications

Organization _____

Address _____

City _____ State _____ ZIP _____

Principle Contact Person: Name _____

Phone _____ Email _____

PART I VERIFICATION OF CHARITABLE USE OF FUNDS

Select 1 box (one)

We the undersigned as duly appointed representatives of the above named organization,

Verify that even though the organization is not a 501(c)(3) organization (as determined by the Internal Revenue Service), we will use the funds received through Jennings County United Way entirely for charitable purposes.

Verify that the organization is a 501(c)(3) organization (as determined by the Internal Revenue Service). We will use the funds received through Jennings County United Way entirely for charitable purposes.

Federal Tax Identification Number- _____

If at anytime, the Board of Directors of the Jennings County United Way, Inc. determines that the funds distributed to our organization were not used for charitable purpose, we agree to repay those funds immediately.

This agreement is in effect as of _____, 20_____ for a maximum period of 12 months.

PART II ANTI-TERRORISM COMPLIANCE MEASURES

In compliance with the USA PATRIOT Act and other counter terrorism laws, the Jennings County United Way requires that each agency certify the following:

“I hereby certify on behalf of the above named organization that all United Way funds and donations will be used in compliance with all applicable anti-terrorist financing and asset control laws, statutes and executive orders.”

Signature of Representative (**Volunteer**)

Signature of Representative (**Staff**)

Title

Title

Printed Name

Printed Name