

# Agency Application Package for 2021

## Sample Application Package

### Section 1: Agency Information

#### Contact Information and Giving Matters Profile

Legal Name of Agency (As Listed on IRS Documentation) \*

Agency's dba Name (If Applicable)

Agency EIN Number \*

Agency Mailing Address (Please include city, state, and zip code.) \*

Contact Person's Name for This Proposal \*

Contact Person's Email Address \*

Contact Person's Title \*

Is your agency's Giving Matters profile current at the time of submission of this proposal?

- Yes  
 No

Please paste a link to your Giving Matters profile in this box. \*

Is your 2-1-1 profile current at the time of submission of this proposal? You may update your 2-1-1 profile by visiting [www.uw211.org](http://www.uw211.org).

- Yes  
 No

Does your agency acknowledge and align with the United Way of Rutherford and Cannon Counties' Diversity, Equity, and Inclusion statement? (Please see "Partnership Agreement for Funding" section III, letter j.)

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- Yes
- No

Items marked with an asterisk(\*) are required

Upload Patriot Act

Upload Partnership Agreement

## Section 2: Program Information and Description

Title of This Proposal (Program or Service Name) \*

Please give a description of this program. (50 words) \*

0 of 50 words

Is this program a

- Current program
- New program

What are the eligibility requirements (such as Federal Poverty Guidelines) for your services? (100 words) \*

0 of 100 words

Are there special circumstances that greatly impact your cost per person (i.e., licensed staff required)?

- Yes
- No

Is there a fee associated with this program?

- Yes
- No

With your current service capacity, can you serve everyone requesting services from this program?

- Yes
- No

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Do you maintain a waiting list for this program?

- Yes
- No

Provide a brief description of who the indirect beneficiaries are of this program. i.e., if you have a job skills/placement program the indirect beneficiaries would be the spouse and children of the person in your program (100 words) \*

0 of 100 words

Please describe any other pertinent collaborations or partnerships involving this program.

0 of 100 words

Any additional comments or information regarding this program? (100 words)

0 of 100 words

**Items marked with an asterisk(\*) are required**

**Program Budget**

1	Request from United Way	\$0.00	Income
2	Agency Fundraising	\$0.00	Income
3	Government Grants & Contracts	\$0.00	Income
4	Non-government Grants & Contracts	\$0.00	Income
5	Program Income/Fees	\$0.00	Income

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United Way of Rutherford  
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6	Investment Account Income	\$0.00	Income
7	In-kind Donations (UWRCC & Other)	\$0.00	Income
8	Salaries	\$0.00	Expense
9	Payroll Taxes	\$0.00	Expense
10	Health Benefits	\$0.00	Expense
11	Pension	\$0.00	Expense
12	Contract Workers	\$0.00	Expense
13	Other Personnel Expenses	\$0.00	Expense
14	Rent/Mortgage	\$0.00	Expense
15	Utilities	\$0.00	Expense
16	Telephone/Fax	\$0.00	Expense
17	Non-Payroll Insurance	\$0.00	Expense
18	Office Supplies	\$0.00	Expense
19	Program Supplies	\$0.00	Expense
20	Postage and Delivery	\$0.00	Expense
21	Professional Service Fee	\$0.00	Expense
22	Consultant Fees	\$0.00	Expense
23	Training and Development	\$0.00	Expense
24	Travel	\$0.00	Expense
25	Direct Client Assistance	\$0.00	Expense
26	Printing and Copying	\$0.00	Expense

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27	Repairs and Maintenance	\$0.00	Expense
28	Equipment	\$0.00	Expense
29	Depreciation	\$0.00	Expense
30	Other	\$0.00	Expense
	Total Income	\$0.00	
	Total Expense	\$0.00	
	Total Surplus/Deficit	\$0.00	

### Budget Narrative

Please identify agency fundraising efforts. This should include the title of the event and the month which it is held. (100 words) \*

0 of 100 words

Please identify other sources of income/revenue for this program. (100 words) \*

0 of 100 words

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Please discuss your plans in the event you are not awarded the full amount of your request. (100 words) \*

0 of 100 words

Please list any ways that your agency uses United Way support to attract matching funds for this program. For example: A government grant is available for \$25,000. In order to receive the funds you must secure funding of \$10,000 of matching funds. You would be able to use your United Way funds as that \$10,000 match. If yes, explain briefly how United Way funds are used to match other funds. What is the match ratio or requirement? (100 words) \*

0 of 100 words

Please identify sources and types of in-kind donations. (100 words) \*

0 of 100 words

Please provide the administrative percentage of your agency operating budget. (On your 990-Part IX Colum C line 25 divided by Part VIII line 12) \*

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Using the proposed budget from the previous section, please specifically outline how the United Way of Rutherford & Cannon Counties grant will be applied to your expenses if awarded. (100 words) \*

0 of 100 words

Please identify any subrecipients if awarded funding. \*

How would funds be subgranted and for what purpose? Please outline specific amounts. (100 words) \*

0 of 100 words

**Items marked with an asterisk(\*) are required**

**Demographics**

Age Ranges

Group	Number
0-5 Years Old	<input type="text" value="0"/>
6-12 Years Old	<input type="text" value="0"/>
13-19 Years Old	<input type="text" value="0"/>
20-54 Years Old	<input type="text" value="0"/>
55+ Years Old	<input type="text" value="0"/>
Unknown	<input type="text" value="0"/>
<b>Total</b>	<b>0</b>

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Location

Group	Number
Christiana TN	<input type="text" value="0"/>
Eagleville TN	<input type="text" value="0"/>
Fosterville TN	<input type="text" value="0"/>
LaVergne TN	<input type="text" value="0"/>
Lascassas TN	<input type="text" value="0"/>
Murfreesboro TN	<input type="text" value="0"/>
Milton TN	<input type="text" value="0"/>
Rockvale TN	<input type="text" value="0"/>
Smyrna TN	<input type="text" value="0"/>
Other in Rutherford County TN	<input type="text" value="0"/>
Auburntown TN	<input type="text" value="0"/>
Bradyville TN	<input type="text" value="0"/>
Readyville TN	<input type="text" value="0"/>
Woodbury TN	<input type="text" value="0"/>
Other in Cannon County TN	<input type="text" value="0"/>
<b>Total</b>	<b>0</b>

Ethnicities/Race

Group	Number
Caucasian	<input type="text" value="0"/>
African-American	<input type="text" value="0"/>

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Hispanic	<input type="text" value="0"/>
Other	<input type="text" value="0"/>
Unknown	<input type="text" value="0"/>
<b>Total</b>	<b>0</b>

#### Gender

Group	Number
Female	<input type="text" value="0"/>
Male	<input type="text" value="0"/>
Gender Unknown	<input type="text" value="0"/>
<b>Total</b>	<b>0</b>

#### Veterans

Group	Number
Veterans	<input type="text" value="0"/>
Nonveterans	<input type="text" value="0"/>
Unknown	<input type="text" value="0"/>
<b>Total</b>	<b>0</b>

#### Logic Model

Agency will be asked to complete a logic model for the program. A community-wide outcome (i.e., Bold Goals 2030) will be selected from a drop-down menu. The agency will then describe the program's inputs (staff, resources, etc. needed to deliver the program), activities (classes, trainings, etc.), outputs (numbers served, etc.), and indicators/measurements (how will success be monitored?).

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## Program Success Story

Agency & Program Names: \*

If this is an existing program, please provide a success story of a client. Please note that this information may be used in public mediums and print materials, so please change any names or identifying information. (500 words) \*

0 of 500 words

Name of person who created / shared the story:

Items marked with an asterisk(\*) are required

SAMW

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