

**UNITED WAY OF EASTERN  
OREGON REQUEST FOR  
PARTICIPATION AND FUNDS  
2017-2018**



Please type this request or generate on computer. Forms available for download at [www.uweo.org](http://www.uweo.org). Handwritten applications will not be accepted without prior approval.

Agency Name:					Federal Tax I.D.#: (EIN#)		
Mailing Address:							
	City:		State:		Zip:		
Physical Address:							
	City:		State:		Zip:		Phone:
Agency Email:					Web Site:		
Agency Executive:	Name:				Title:		
	Phone:		Ext:		Email:		
Board President:	Name:						
	Phone:		Ext:		Email:		
Local Contact:	Name:				Title:		
	Phone:		Ext:		Email:		
Local Address:							
	City:		State:		Zip:		Phone:
Should correspondence be sent to the local office or headquarters?							
Should disbursement checks be sent to the local office or headquarters?							
Email address you like us to use for United Way correspondence?							
Designate the county this application is directed to: If applying to both counties, please state amount requested from each county.				<b>Union County Amount Requested</b> \$		<b>Baker County Amount Requested</b> \$	

**Demographics.**

Total Geographical Service Area: \_\_\_\_\_

<b>UNDUPLICATED</b> Number of people served:			
	<b>Union County</b>	<b>Baker County</b>	<b>Other Service Areas</b>
Individuals served in 2016:			
<b>Percentage</b> of low-income individuals served.			
<b>Figures below <i>may</i></b> contain duplications:			
If known, <b>total number</b> of services provided in 2016:			
<b>Percentage</b> of low-income individuals receiving services.			

<b>Personnel</b>			
Number of Paid Staff			
Number of Volunteers			

Based upon your most recently completed IRS form 990, state the **percentage** of total revenue applied to:

Charitable Purpose (programs/services/direct benefits)	%
Cost of Solicitation (fundraising)	%
Administration and General	%

*If affiliated with a national agency, please state **your local agency's percentages**, not the national's.*

Is the organization registered with the attorney general in accordance with the relevant provisions of ORS 128.610 to 128.995? **Yes**\_\_\_\_ **No**\_\_\_\_ If in process, attach a copy of the form filed.

### **2016 PROGRAM REPORT NARRATIVE:**

Use one page (not to be counted toward your four page application narrative) to summarize your current program(s), funded by the United Way of Eastern Oregon. How was the funding used?

### **APPLICATION NARRATIVE – QUESTIONS TO ANSWER:**

Please answer each of the following questions in the order listed, on no more than four pages total.

1. Summarize your request, in other words, make your **case** for funding –why your request for United Way funding is appropriate for the program(s). Have you seen an increase in requests for services? What will you do with the funds requested? Describe the project or

service goals and activities, and who will be served.

2. What qualifies your organization to do this project or service? (For example: your mission, history, and the expertise of staff, board or volunteers.)
3. What significant issues has your agency experienced during the past year? (Financial, capital campaigns, staff turnover, etc....)
4. What is your timeline for accomplishing your project or service?
5. What else do you want us to know about your project, service or organization?

**Please 3-hole punch for a standard binder along the left side of all paperwork submitted. Number attachments to correspond with application item numbers. Include 10 copies of:**

1. Completed application including narratives (**1 copy with original signature**).
2. Program budget for current fiscal year and next fiscal year covered by this request. A sample budget format is included in the application packet or you may use your own format.
3. Organization's budget for the current fiscal year. Please include a statement covering what percent of organization's total budget are for Union County or Baker County services.
4. List of Board of Directors and officers of the organization including name, address, and telephone number for each member.
5. Choose one of the program's outcomes to illustrate a success story. State the outcome as you would want it communicated to the general public during our United Way fundraising activities and literature. (Please include actual data if possible.)
6. Provide at least 2 examples of what your program can provide for a set amount of money: (Examples: A \$10 food box will feed one person for 3 days, \$2.50 will provide one hot meal for an individual, \$250 will provide alcohol and drug free activities for one teenager for a year.)
7. Donors like to hear from your clients how your program made a difference for them. If possible, please provide at least two direct client quotes.
8. If needed, attach a 35 word description for United Way literature describing real services, benefits, or program activities your organization provides. (See agency information at [www.uweo.org](http://www.uweo.org))

Please indicate: \_\_\_\_\_No change necessary. \_\_\_\_\_New statement attached.

**Include one copy with application of:**

1. IRS determination letter for tax exemption under IRS tax code section 501(c)(3).
2. Most recent IRS Form 990 or 990EZ or certificate of exemption.
3. If your organization's annual revenue is over \$100,000.00, a copy of the organization's most recently completed independent audit. If required by another funding source to have an audit performed, agency should submit this same audit to United Way, regardless of revenue level.

.....

The signing of this application by the representative of the organization named in this application consents to and certifies the following:

The organization consents to being included in any fund raising applications, campaigns, or campaign materials by United Way of Eastern Oregon. We also commit our organization to being included and actively participating in any fund raising activities, campaigns, or campaign

materials initiated by and for United Way of Eastern Oregon.

The organization named in this application conducts publicity and promotional activities based upon its actual program and operations, and that these activities are truthful and non-deceptive, include all material facts, and make no exaggerated or misleading claims. We certify that the organization named in this application effectively uses the funds contributed for its announced purposes. We certify that an active and responsible governing body, whose members have no material conflict of interest and a majority of whom serves without compensation, directs the organization named in this application.

The organization agrees to provide additional information in a clear and timely manner for any changes, or requests to supplement or clarify information, associated with the program(s) described in this Request for Participation and Funds application. The organization certifies that it maintains accounts for its funds in accordance with generally accepted accounting principals (GAAP).

The organization certifies the United Way funded program will not exclude any person who seeks services from receiving any service based on their race, creed, color, religion, gender, disability, marital status, sexual orientation, veteran status, national origin, age or any other characteristic protected by law. We understand United Way will continue to encourage mission-based programs that target specific age, gender, health or disability populations in order to better meet the unique or special needs of the clients and participants. For additional information see UWEO "Diversity Policy Statement."

The organization understands all materials prepared and submitted to United Way, as well as those prepared and submitted by United Way to the organization are considered a matter of public record unless information has been marked confidential. The organization agrees to ensure all proprietary information that is confidential, privileged, or nonpublic, is not disclosed inappropriately (e.g., donor addresses, mailing lists, etc.)

United Way of Eastern Oregon and the organization agree to work cooperatively to increase the public's awareness and understanding of the human service needs of the area and to work together to meet these needs.

#### Anti-Terrorism Compliance Measures

In compliance with the USA PATRIOT Act and other counterterrorism laws, the United Way of Eastern Oregon requires that each agency certify the following:

- The signing of this application by representatives of the organization named in this application certifies 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.
- The signing of this application by representatives of the organization named in this application certifies that the organization named in this application is in compliance with all statutes, executive orders, and regulations restricting or prohibiting U.S. persons from engaging in transactions and dealings with countries, entities, or individuals subject to economic sanctions administered by the U.S. Department of the Treasury's Office of Foreign Assets Control. The organization named in this application is aware that a list of countries subject to such sanctions, a list of Specially Designated Nationals and Blocked Persons subject to such sanctions, and overviews and guidelines for each such sanctions program can be found at <http://www.treas.gov/ofac>. Should any change in circumstances pertaining to this certification occur at any time, the organization will notify United Way of Eastern Oregon immediately.

**CERTIFYING OFFICIAL**

I, \_\_\_\_\_, am the duly appointed representative  
*(Name)*

of \_\_\_\_\_ authorized to certify and affirm all statements  
*(Organization Name)*

enclosed in this application and affirm their accuracy.

\_\_\_\_\_  
*(Signature)*

\_\_\_\_\_  
*(Typed or Printed Name)*

\_\_\_\_\_  
*(Title)*

Date Completed \_\_\_\_\_