

**UNITED WAY OF DAVIESS COUNTY**

**FUNDING INFORMATION 2023-2024**

AGENCY: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Person Completing this form: \_\_\_\_\_

Geographic area covered by this grant request: \_\_\_\_\_

Requested amount: \_\_\_\_\_

Do you work in collaboration with other agencies? Please name:

NAME \_\_\_\_\_

**Please include check mark, per item, below confirming attachment.**

Check list:

- \_\_\_ Cover Sheet with your name, address, and contact information.
- \_\_\_ Completed application, including program/impact work budget (not just overall budget of agency).
- \_\_\_ 990 (If not on Guide Star). If located on Guide Star please advise.
- \_\_\_ Audit or financial review (If smaller agency, an internal operational budget may be considered).
- \_\_\_ Current Board list, by-laws, mission statement.
- \_\_\_ Signed Anti-Terrorism Compliance Measures.
- \_\_\_ End of Year Funding Report (if applicable).
- \_\_\_ End of Year questionnaire (if applicable).
- \_\_\_ Signed Agency Agreement.
- \_\_\_ Annual Report of your agency and programs (Or letter including your updates and accomplishments).
- \_\_\_ Your complete proposal & all materials requested above!