**Cumberland County United Fund COVER SHEET**

##### For All Requests Campaign 2023

### Please read and complete the application packet as instructed. Questions call 931-484-4082

 The application must be received in our office on or before **August 25, 2022 NOON.**

**Please print legibly or type the information requested.**

**For Cooperating Agency** request, use only Form: CA

**PAPER REDUCTION: this year requests will only be received by email** **hollyneal@cumberlandunitedfund.org**

**\*LATE APPLICATIONS WILL NOT BE ACCEPTED**

| AGENCY NAME: | Click or tap here to enter text. |
| --- | --- |
| PHYSICAL ADDRESS: | Click or tap here to enter text. |
| MAILING ADDRESS : | Click or tap here to enter text. |

| CITY: | Click or tap here to enter text. | STATE/ZIP: | Click or tap here to enter text. |
| --- | --- | --- | --- |

| PHONE: | Click or tap here to enter text. | EMAIL: | Click or tap here to enter text. |
| --- | --- | --- | --- |

| WEBSITE ADDRESS: | Click or tap here to enter text. | PHONE (For general public): | Click or tap here to enter text. |
| --- | --- | --- | --- |

| **ONE SENTENCE DESCRIPTION OF YOUR AGENCY** | Click or tap here to enter text. |
| --- | --- |
|  |  |

| CONTACT NAME TO SET UP AGENCY REVIEW | Click or tap here to enter text. | BEST PHONE #: | Click or tap here to enter text. |
| --- | --- | --- | --- |
| BEST EMAIL ADDRESS | Click or tap here to enter text. | AMOUNT OF GRANT RECEIVED IN 2021 | Click or tap here to enter text. |
| AMOUNT APPROVED FOR 2022 | Click or tap here to enter text. | **AMOUNT OF GRANT REQUEST FOR 2023** | Click or tap here to enter text. |

**CERTIFICATION AND SIGNATURES**

 **We certify that the information contained herein is accurate and complete. By signing below we agree to keep accurate financial records. We will comply in the event Cumberland County United Fund requests to schedule site visits before and after the Allocation has been made. We hereby authorize and allow Cumberland County United Fund to use any information provided in this application for publicity purposes. We acknowledge United Fund’s support in any publicity generated regarding this Allocation.**

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**Grant Preparer Name (Printed) Signature of Grant Preparer Phone # Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Authorized Board Member Title Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Executive Director/President/CEO (if Different then Grant Preparer) Date**

 **Page 1 of 5**

 **# 1 Cover and Items I – IV: email each as a separate attachment**

**☐ Cover Sheet (attachment) (page 1)**

**☐ I. Narrative Organizational Info (attachment) (Who you are and what you do).**

✓**Describe the organization and programs of your agency.**

 ✓Please list names of staff and board members and their title or area of responsibility.

* How staff, volunteers, and board members are involved in your organization.
* How many volunteer hours were donated this past year and for what specific purpose?
* Describe the people you serve, how many served each month or year, any special or unusual needs they face, why they rely on your agency.
* If you received funding last year please include documentation on exactly how the allocation was spent. Example – lbs. of food, number of scholarships for college or camp, books given away.
* Statistics of how many lives were impacted last year through your program or service.
* Describe any other pertinent information

 **☐ II. Narrative Statement of Need (attachment)**

✓Describe what your need is including any special Program or Project Descriptions that the allocation will be used for.

**Be certain to include:**

✓A brief statement of what the identified problem or need your agency has or in particular what this allocation request is for.

✓A short description of the way your agency intends to address or solve the problem or need, what will take place, including:

* how many people will benefit from the program,
* how it will operate
* where it will take place
* how will it be staffed
* what means do you have to evaluate your agency and your services

 **☐ III. Budget & Funding (attachments)**

✓Explain the **2023 budget for your proposal**. Include:

* the total budget amount, the amount of allocation money required
* any additional funding sources
* any available grants (secured or pending)
* any money you have set aside for this need
* the amount that you expect to raise
* any fundraising activities planned, etc.

It may be as simple as a one-page statement of projected revenue and expenses or your proposal may require a more complex presentation, perhaps including a page on projected support and revenue and notes explaining various items of expense or of revenue.

**✓ Please include 2022 current year’s budget.**

**✓Provide** a copy of agency’s most current audited financial report or most current IRS Form 990 (if your organization is not required to file a 990, please fill out the IRS form 990-EZ to include in your packet) not the 990-N or postcard). **Page 2 of 5**

 **☐ IV. United Fund Allocation Committee Questionnaire –Form CQ**

**Briefly answer ALL questions in Form CQ and email it in separate attachment**

1. Please list the past and present year’s achievements and fundraising activities List dates for 2020 and 2021.

 Click or tap here to enter text.

1. List trainings or continuing education you, your staff and volunteers attended last year.

 Click or tap here to enter text.

1. Please describe any issues with funding from any source being withheld.

 Click or tap here to enter text.

1. What would the agency do in the event there was no United Fund allocation available? Or less than requested?

 Click or tap here to enter text.

1. Describe the ways the agency supports and/or participates with the United Fund during the year. Example: Annual meeting, trainings, auction item, home made goodies for presentations and employees contribute through payroll deduction.

 Click or tap here to enter text.

1. Do you have a strategic plan, a Quality Improvement Plan, or another type of plan that assists you in planning future needs or improvements? If so, please describe.

 Click or tap here to enter text.

1. If funding was a not an issue, what would your organization be able to achieve in the future?

Click or tap here to enter text.

1. What would you like for the United Fund to provide in the way of trainings and workshops that would benefit your organization?

 Click or tap here to enter text.

1. Is there other information you would like to share or comment on?

 Click or tap here to enter text.

 **Page 3 of 5**

 **#2: SUPPLEMENTAL INFORMATION: email each item as a separate attachment**

 **Do not email this page – only email the documents**

 **☐Provide 1 copy of latest IRS letter**-501(c)(3), unless already on file.

**☐A copy of your most current year Approval Letter of Registration to Solicit Funds for Charitable Purposes from the TN Secretary of State.**

**☐Provide a testimonial statement** from a recipient telling how your service/program has changed their life.

☐**Provide** examples about how several different dollar amounts can do for your agency. (ex. $1 creates 3 meals for the food insecure - -$135 provides child care for a week. $500 provides a scholarship for a college bound student Or another way to think about this is payroll deduction and multiply that amount by 26 weeks. Example $5 per pay period feeds a child for the year or $2 per pay period provides for the purchase and delivery of 12 books to 4 children for a full year.

**☐Provide ONE COLOR PHOTO (jpg)**, which you will email in a jpeg format that depicts the people benefitting from your program or services that your non-profit provides for our community.

**☐Photo Permission Release**  (page 5) The signed release form will give the United Fund permission to use their likeness in any United Fund promotional/campaign materials, including social media, printed materials, website, etc. Do not include any photo that would jeopardize confidentiality of your program.

**\*\***Grant notification will be via email by Thanksgiving and photos will be taken at the United Fund Annual Meeting on January 26, 2023 at Hilltoppers, Inc.

 **Page 4 of 5**



PHOTO RELEASE FORM CUMBERLAND COUNTY UNITED FUND

I grant permission to the United Fund, its’ agents and/or employees, to use photographs/video taken of me on the date and at the location listed below for use in publications such as brochures, newsletters, newspapers, posters, flyers, and magazines, and to use the photographs/video on display boards, and to use such images in electronic versions of the same publications or on web sites, social media or other electronic forms or media, and to offer them for use or distribution in other publications, electronic, or otherwise, without notifying me.

I hereby waive any right to inspect or approve the finished photographs/video or printed or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the photographs/video.

I hereby agree to release, defend, and hold harmless the United Fund, and its’ agents and/or employees, including any firm publishing and/or distributing the finished product in whole or in part, whether on paper, social media or via electronic media, from and against any claims, damages or liability arising from or related to the use of the image(s), including but not limited to an misuse, distortion, blurring, alteration, optical illusion or use in composite form, either intentionally or otherwise, that may occur or be produced in taking, processing, reduction or production of the finished product, its publication or distribution.

I am 18 years of age or older and I am competent to contract in my own name. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release. I understand my signature below is interpreted as a free, knowledgeable, and full acceptance of the terms of this release.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location of Photo Date

Name (please print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Signature Date of Signature

**Page 5 of 5**

**Form: CA**

**REQUEST TO BE A COOPERATING AGENCY**

**(do not copy this page, your answers need to be on separate sheets).**

**ORGANIZATIONAL INFORMATION (who you are and what you do).**

**Please limit your narrative (sections I& II) to no more than 2 pages total.**

**# 1: Cover & Narrative I & II; III: in one email include each item as a separate attachment**

**☐ Cover Sheet (attachment) (page 1)**

**☐ I. Narrative Organizational Info (attachment) Describe the organization and programs of your agency.**

**✓**  Please list names of staff and board members and their title or area of responsibility

* How staff, volunteers, and board members are involved in your organization.
* How many volunteer hours were donated this past year and for what specific purpose?
* Describe the people you serve, how many served each month or year, any special or unusual needs they face, why they rely on your agency.
* If you received funding last year please include documentation on exactly how the allocation was spent. Example – lbs. of food, number of scholarships for college or camp, books given away.
* Statistics of how many lives were impacted last year through your program or service.
* Describe any other pertinent information

 **☐ II. Narrative Statement of Need (attachment)** Describe your rationale to be a Cooperating Agency. What has changed that you are not requesting an allocation this year?

**☐ III. United Fund Allocation Committee Questionnaire –Form: CQ (page 3 of 5 above)**

 **#2: SUPPLEMENTAL INFORMATION: email each item as a separate attachment**

 **☐Provide 1 copy of latest IRS letter**-501(c)(3), unless already on file.

**☐A copy of your most current year Approval-Registration to Solicit Funds for Charitable Purposes from the TN Secretary of State.**

**☐Provide a testimonial statement** from a recipient telling how your service/program has changed their life.

**☐-Provide ONE COLOR PHOTO (jpg)**, which you will email in a jpeg format that depicts the people benefitting from your program or services that your non-profit provides for our community.

**☐-Photo Permission Release**  (page 5) The signed release form (page 4) will give the United Fund permission to use their likeness in any United Fund promotional/campaign materials, including social media, printed materials, website, etc. Do not include any photo that would jeopardize confidentiality of your program. **\*\***Grant notification will be via email by Thanksgiving and photos will be taken at the United Fund Annual Meeting on January 26, 2023 at Hilltoppers, Inc.

 **(1 of 1 Cooperating Agency only)**