

United Way of Androscoggin County 2024 Oxford County Funding Application



United Way
of Androscoggin County

Due Date: May 3, 2024, at 4 p.m.

Format: Only electronic submissions will be accepted. You must submit four separate PDF files. No hard-copy materials permitted.

Materials Required:

- 2024 Funding Application
- 2024 Partner Program Agreement
- Most recent IRS form 990
- Anti-Terrorism Compliance Form

Submit to: Joleen Bedard at jbedard@unitedwayandro.org by May 3, 2024 at 4 p.m.

ORGANIZATION NAME: _____

PROGRAM NAME: _____

STREET ADDRESS: _____

MAILING ADDRESS (IF DIFFERENT): _____

PHONE: _____

ORGANIZATION WEBSITE: _____

ORGANIZATION EIN: _____

EXECUTIVE DIRECTOR NAME: _____

EXECUTIVE DIRECTOR EMAIL: _____

BOARD PRESIDENT NAME: _____

COMPLETED BY: _____ DATE: _____

EMAIL OF PERSON COMPLETING APPLICATION: _____

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PREVIOUS YEAR ALLOCATION	CURRENT YEAR ALLOCATION	REQUESTED ALLOCATION FOR 2024

1. INCREASE IN FUNDING *(use only the space provided)*

If you are requesting an increase in funding, briefly explain the purpose of the increase.

2. UNITED WAY CAMPAIGN

Have all organization employees (or volunteers, in absence of employees) been offered the opportunity to participate in the most recent United Way campaign?

Yes:

No:

% staff (or volunteers) donating: _____

SECTION A: ORGANIZATION OVERVIEW NARRATIVE

1. Organization Overview *(use only the space provided)*

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2. Licensing and Accreditation

List any organizations your nonprofit must be, or is voluntarily, licensed or accredited by in order to deliver services; the status of the license or accreditation; and the year of next renewal. (Do not attach/send any documentation.)

3. Director's and Officer's Liability Insurance

Provide the vendor name and coverage limits for your organization's policy. (Do not attach/send your fully policy.)

4. Organizational Leadership

Enter the name, professional affiliation, and email address of each board member. (Do not attach/send a separate board roster.)

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SECTION B: PROGRAM SERVICES NARRATIVE

Program Name: _____

1. **Program Description** *(use only the space provided)*

Provide a brief description of the program for which you seek funds. Suggested areas to highlight include:

- *How the program aligns with your overall mission and goals*
- *Target populations served*
- *Types of services offered*
- *How the program ensures that populations are aware of and can access services*

2. **Learning Outcomes** *(use only the space provided)*

If this program received funding last year, describe actual outcomes and results. What information does this data provide regarding the strengths and challenges your program faces, and how are you using these findings to enhance program delivery?

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3. Program Updates *(use only the space provided)*

If this program received funding last year, list any major changes in your program, including those related to program revenue, key personnel, program delivery, or service delivery capacity. Please delineate between:

- *Major changes since last review*
- *Major changes anticipated in the coming year*

4. Investment Area *(use only the space provided)*

United Way of Androscoggin County's three investment areas are Health, Education and Financial Stability. Please indicate how your program addresses one or more of these areas.

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5. Setting Goals *(use only the space provided)*

Describe your program's planned goals for this funding. It is preferred that these goals are S.M.A.R.T. (Specific-Measurable-Attainable-Relevant-Timebound).

6. Evaluation *(use only the space provided)*

Detail the activities and outcomes that will be undertaken to support the objectives. How will you determine the success of your program? What metrics will you use? What are the long-term outcomes? (Be specific; you may use bullets over narrative.)

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7. **Collaboration** (use only the space provided)

How does this specific program collaborate with other organizations in the community? Provide at least one example of collaboration that has enhanced client outcomes, program effectiveness or efficiency.

Note: Before answering the following two questions, partner programs should review the [“Diversity, Equity and Inclusion Overview”](#) supplemental material.

8. **Demographics** (use only the space provided)

How are the demographics (race, ethnicity, gender, sexual orientation, class, ability, etc.) of the people you serve reflected in the composition of your staff, board and volunteers? How does your program track demographics?

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9. Diversity, Equity and Inclusion (DEI) *(use only the space provided)*

Describe how your organization strives to promote DEI within or among your programs, staff, board and volunteers.

SECTION C: ADDITIONAL INFORMATION

1. United Way Partnership *(use only the space provided)*

Outline how your organization engages and collaborates with United Way and its staff throughout the year.

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2. **Success Story** (use only the space provided)

Provide a consumer success story. This story may be shared publicly in order to showcase United Way's impact on our community.

3. **Brief Program Descriptor** (use only the space provided)

Describe your program in 25 words or fewer. This blurb will be used in United Way marketing materials.

4. **Volunteerism**

How many volunteer hours support the work of this specific program (in most recently completed 12-month period available)?

#: _____ My program does not use volunteers

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SECTION D: PROGRAM BENEFICIARY DATA

Provide a profile of all program participants by the following demographic categories *for the most recently completed 12-month period available*. (Do not attach this table separately. Complete within this document.)

UWAC Program Beneficiary Data

Timeframe: Most recent 12-month period on record

NAME OF PROGRAM

	#/AGE	#/AGE	#/AGE	#/AGE	#/AGE	#/AGE	TOTAL	UNDUPLICATED
Town of Residence	<5	5-9	10-14	15-21	22-54	55+	# Served	# Served
Andover								
Bethel								
Buckfield								
Byron								
Canton								
Denmark								
Dixfield								
Fryeburg								
Gilead								
Greenwood								
Hanover								
Hartford								
Hebron								
Hiram								
Lincoln Plantation								
Lovell								
Magalloway Plantation								
Mexico								
Milton								
Newry								
Norway								
Otisfield								
Oxford								
Paris								
Peru								
Porter								
Roxbury								
Rumford								

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Stoneham								
Stow								
South Paris								
Sumner								
Sweden								
Upton								
Waterford								
West Paris								
Woodstock								
Totals								
Other								

Additional Supporting Information:

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SECTION E: BUDGET MATERIALS

1. If this specific program receives funding from other United Ways, please complete the following information:

United Way Affiliate Name	Amount of Funding Received	# of clients in that UW's catchment area
1.		
2.		
3.		
4.		
5.		
6.		

2. If this specific program receives funding from major grants, endowments, large contributions, etc., please complete the following information:

Funding Source	Amount of Funding	Recurring?
1.		
2.		
3.		
4.		
5.		
6.		

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NOTE: In completing the following worksheet, please use statistics from the most recent 12-month period available (fiscal year or calendar year). You must enter your data within this document. Do not attach as a separate file.

BUDGET WORKSHEET

	Current Year Ending Budget	Current Year Ending Actual	Next Year Projected Budget	Current Year Actual vs Previous Year Budget
Program Revenues				
Total Program Revenues				
Program Expenses				
Total Program Expenses				
Revenue vs. Expenses				

Additional Budget Notes: