



United Way
of Bedford County

2020 Campaign Funding Request

Due Date – 3:00 pm February 26,2021

**All funding request forms and supporting documentation must
be submitted electronically via email to
katie@uwaybedfordpa.org**

1. Certification/Permission to Release Information

By submitting this application, I hereby certify that all information submitted on this application is true and accurate to the best of my knowledge.

___ Yes, I certify that all information is true and accurate

2. Organization and Contact Information

Date of Application - _____

Legal Name of Organization Applying - _____

Federal Tax ID Number - _____

Address - _____

City - _____

State - _____

Zip Code - _____

Phone Number - ___ - ___ - _____

Executive Director - _____

Executive Director's E-Mail Address - _____

Contact Person – (if other than Exec Dir) _____

Contact Person's Email Address – _____

List any funding allocated to your agency from the United Way of Bedford County from the previous Campaigns and the use of that funding. Please include as much statistical data as possible, e.g., how many clients/persons served, program/s funded, etc., etc.

3. Executive Summary

Please introduce your agency and make a strategic link between your proposal and the core pillars of the United Way of Bedford County – health, education, & financial stability.

4. Financial Information and Program Budget

Organization's Total Annual Expenses - \$ _____

Organization's Total Confirmed Revenue - \$ _____

Please attach your organization's current operating budget , project budget (funding and expenses), organizations audit or 990.

5. Purpose of 2021 Funding Request

Statement of Need/Problem to be Addressed

Please describe the problem and/or need that will be addressed by this funding request as well as its target population.

Please describe the program/project and how it will make a difference in Bedford County, paying close attention to how it will/does impact low-income residents and/or their families.

2021 United Way Funding Request - \$ _____

Total Cost of Programs/Project - \$ _____

If Funding Request will not cover Total Cost, what other funding sources would be available to totally fund the programs/projects?

6. Audit

The amount of annual contributions that your organization receives determines the type of audit that you must file with the IRS. Please check the box below that applies to your organization, and then see below to either attach the appropriate type of financial statement or provide an online link to it.

We receive annual contributions of \$300,000 or more, and will provide audited financials.

We receive annual contributions between \$100,000 and \$300,000 and will provide reviewed financials.

We receive annual contributions between \$100,000 and \$50,000 and will provide a compilation of financials.

We receive annual contributions of less than \$50,000 and will provide internally prepared financials or our 990-EZ form.

We are a church and/or religious organization and will provide audited financials.

Other (Please describe)

Please attach a copy of your agency's most recent financials (at the audit level indicated above). If your organization does not have a current audit, please attach a letter from your organization's fiscal officer explaining why an audit has not been done. If your audited financials are available on-line, you may provide a link to them rather than attach them as a document. Please provide the URL address for the link below.

7. IRS Determination Letter

8. Board of Directors

Please list your organization's Board of Directors, identifying officers and affiliations, when possible.

9. Supplemental Information

Please include how your agency has supported the United Way of Bedford County during the past year, e.g., participation in fundraisers, participation in UWBC employee payroll deduction presentations, media events, agency link to UWBC website, etc., If there is any additional information that you wish to add to your funding request, please attach or add it here.

This United Way funding request was completed and submitted by –

Name and email address -

Please submit copies of the following: Organization anti-terrorism policy, diversity policy and sexual harassment policy.