



Middlesex United Way
FUND REQUEST RENEWAL FORM A
Jan – June 2012

Name of Agency: _____

I hereby state that all information documented within the pages of this request is accurate and truthful:

Executive Director Signature Date Board President Signature Date

Executive Director:

Address:

Phone/Email:

Contact Person:

Address:

Phone/Email:

Alternate Contact Person:

Address:

Phone/Email:

Program (proposed or current) funded by Middlesex United Way:

What is the agency's fiscal year?

Financial Highlights for Entire Agency:

	FY 2010-2011	FY 2011-2012
MUW Request		
MUW Donor Choice		
Other Income		
Total Income		
Total Expenses		
Net surplus or deficit		

Please include a copy of your agency's total budget for this current fiscal year.

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AGENCY OVERVIEW

1. Middlesex United Way funds **must** be used for local programs/services in Middlesex County. Please describe your need for Middlesex United Way (MUW) funds and how these funds will be spent locally.

2. Please list other sources of funding used to support MUW funded program and the amount of each.

3. What % of funds requested are related to agency administration and fundraising?

4. Of the **TOTAL AGENCY BUDGET**, what **percentage** comes from each of the following funding sources?

Funding Source	FY 2010-11	FY 2011-12
Government		
Fees for Service & Dues		
Fundraising		
Investment Income		
Middlesex United Way		
Other United Ways		
Other:		
Total	100%	100%

4. Board of Directors Information:
** Please include a current Board roster (identifying current officers) with length of time served by each member.*

Number of Board meetings held last year: _____ (from _____ to _____)

Average number of Directors that attended per meeting: _____

Board Demographics:

	Total	Caucasian	African-American	Hispanic	Other	Low-Income	Disabled
Female							
Male							
Total							

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PROGRAM INFORMATION

Name of Program: _____

Please do not exceed 5 pages

1. Describe the program being funded and how it aligns with your organization's mission.

2. Describe the need and the root causes of the problem(s) and/or issue(s) that your program addresses. Please include how your organization identifies current and anticipated community issues.

3. Describe your service-delivery plan for this program with anticipated timelines.

4. Describe how your program will increase the ability of individuals and families to attain affordable housing. Attach **proposed program outcomes for Jan – June 2012**. (Please use attached form and make copies as needed.)

5. Please identify/describe the target population and estimated impact of your program (e.g. number of people served, etc).

6. List organizations you have (or plan to) collaborated with for this program and briefly describe the nature of each collaboration.

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Program Participant Demographic Data

Agency: _____ Program: _____

Statistics for People Served by Town
For the Period of: *July 2009 to June 2010 (or most recent)*

Numbers served must be **UNDUPLICATED**

	Demographic Data for Participants in this program							
	# Served Total	# Male	# Female	# White	# African American	# Hispanic	# Other	# Low Income
Chester								
Clinton								
Cromwell								
Deep River								
Durham								
East Haddam								
East Hampton								
Essex								
Haddam								
Killingworth								
Middlefield								
Middletown								
Old Saybrook								
Portland								
Westbrook								
Total Served								

Definition for Low Income Clients:

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PROGRAM BUDGET / FINANCIAL INFORMATION

Agency: _____ Program: _____

Support, Revenue & Expenses	Fiscal year 2010-2011	Fiscal Year 2011-2012	
Public Support & Revenue - All Sources			
1. Middlesex United Way: Request			
Donor Choice			
2. Contributions			
3. Special Events			
4. Legacies & Bequests (Unrestricted)			
5. Contributed by Associated Organizations			
6. Revenue from Other United Ways			
7. Fees & Grants – Government Agencies			
8.			
9.			
10. Membership Dues			
11. Program Fees/Incidental Revenue			
12. Sales of Materials			
13. Investment Income			
14. Miscellaneous Revenue			
15. TOTAL REVENUE (ADD 1 THRU 14)			
Expenses <i>(For those programs with more than one funding source provide overall program budget in the first 3 columns for the fiscal years as indicated; in the 4th please identify how you propose to allocate UW funds during FY 2011-2012)</i>			MUW Funds Only 2012 (proposed)
16. Salaries			
17. Employment Benefits			
18. Payroll Taxes, etc.			
19. Professional Fees, Consultants, Sub-contracts			
20. Supplies, Printing & Publications, Postage & Shipping			
21. Occupancy, Utilities, Telephone, Rental & Maintenance of Equipment			
22. Conferences, Conventions & Meetings, Travel			
23. Specific Assistance to Individuals			
24. Membership Dues			
25. Awards & Grants			
26. Miscellaneous			
27. Payments to Affiliated Organizations			
28. Administrative Expense <i>(if not included above.)</i>			
29. TOTAL EXPENSES (ADD 16 THRU 28)			
EXCESS OR (DEFICIT) =Total Support (Line 15) minus Expenses (Line 29)			

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BUDGET EXPLANATION

For your overall program budget please use this form to explain how you calculated expenses for each line item.

Line #/Item	<u>2011-2012</u> <i>Proposed Expenses</i>	Explanation
16. Salaries		
17. Employment Benefits		
18. Payroll Taxes, etc		
19. Professional Fees, Consultants, Sub- Contracts		
20. Supplies, Printing & Publications, Postage & Shipping		
21. Occupancy, Utilities, Telephone, Rental & Maintenance of Equipment		
22. Conferences, Convention & Meetings, Travel		
23. Specific Assistance to Individuals		
24. Membership Dues		
25. Awards & Grants		
26. Miscellaneous		
27. Payments to Affiliated Organizations		
28. Administrative Expenses (if not included above)		

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OUTCOME MEASUREMENTS

Agency: _____ Program: _____

Proposed Outcomes

Actual Outcomes - Period covered: Jan – June 2012

Please check the box of the goal your program/service addresses. Use a separate form for each goal.

- Increase Children’s Readiness to Learn by School Entry
- Increase the Economic Self-Sufficiency of Individuals and Families
- Reduce the Rate of Risky Behaviors among Youth and Adults
- Improve the Health and Increase the Safety of Individuals and Families
- Increase the Ability of Individuals and Families to Attain Affordable Housing

Outcome Statement	Indicator(s)	Data Source(s)	Data Collection Method/ Timeline	Results