

United Way of Wise County

300 N. Trinity, Ste C
P.O. Box 213
Decatur, TX 76234

Tel/Fax 940.627.2111
uway@ntws.net

www.wisecountyunitedway.org



AGENCY ALLOCATION REQUEST FORM (2007)

AGENCY: _____

MAILING ADDRESS: _____

CITY, STATE & ZIP: _____

TELEPHONE NUMBER: _____

FAX NUMBER: _____

EMAIL ADDRESS: _____

CONTACT NAME & PHONE: _____

2008 REQUEST: \$ _____

2008 ALLOCATION: \$ _____

(To be completed by United Way of Wise County)

2007 REQUEST: \$ _____

2007 ALLOCATION: \$ _____

2006 REQUEST: \$ _____

2006 ALLOCATION: \$ _____

PRESENTED TO: United Way of Wise County ON _____

(Date)

Agency Chief Professional Officer (**Print Name**)

Agency Chief Volunteer Officer (**Print Name**)

**(Note: Please complete in 12 copies for delivery to UWWC by April 23, 2007.
Thank you!)**

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REQUIRED INFORMATION

1. What is the agency's mission?

2. What programs/services did your agency provide this year?

3. Target population served: (Age, sex, special interests, etc.)

4. Number of *unduplicated* individual units served in the **WISE COUNTY**
United Way area:

Last Year: _____ 2 Years Ago: _____ 3 Years Ago: _____

5. Geographic area covered:

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6. How are the agency programs and services assessed for effectiveness?

7. What are the specific objectives of each program/service?

8. What new or different programs/services does your agency contemplate providing next year?

9. How will these new or different programs/services be financed?

10. What supplementary fund raising activities does the agency conduct?

Activity	Net Results	Area Covered	Month Conducted

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11. What percentage of *all* donated funds are used for administrative costs?

12. What percentage of the *Wise County* United Way funds will be used for compensation of staff?

13. What are the agency's most pressing *Wise County* needs at this time?

14. Financial Information: Please provide necessary financial information by completing the inclosed Budget Form (Excel file) and attach to this report.

15. Staff information: Please provide information about your staff by completing the inclosed Agency Employee/Staff page (or by including your own report that provides the same information.)

16. Board of Directors information: Please provide information about your Board of Directors by completing the inclosed Board of Directors page (or by including your own report that provides the same information.)

17. Please attach a copy of your most recently completed IRS Form 990 (including Schedule A), or IRS Form 990EZ if your agency is not required to file a Form 990.

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18. Please attach a copy of your agency's most recently completed Outside Audit or Accountant's Review. (Note: you may substitute a copy of your most recent Internal Audit if neither of the first two are available.)
19. Please attach a copy of your most recently received IRS letter designating your organization as exempt from income taxes under Section 501(c) (3).
20. Please attach a copy of your current internal policy statement regarding conflict of interest.

