

**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](http://www.wisecountyunitedway.org)



**2009 AGENCY ALLOCATION REQUEST FORM (for FY2010)**

AGENCY: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY, STATE & ZIP: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

FAX NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

**CONTACT NAME & PHONE:** \_\_\_\_\_

2010 REQUEST: \$ \_\_\_\_\_

2009 REQUEST: \$ \_\_\_\_\_

2009 ALLOCATION: \$ \_\_\_\_\_

2008 REQUEST: \$ \_\_\_\_\_

2008 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 this page and items 1 – 17 following in 12 copies for delivery not later than May 1, 2009 to the following address:**

**UWWC, Attn: M. Carrillo, 2250 S. FM 51, Suite 900, Decatur, TX 76234**

**Thank you!**

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**REQUIRED INFORMATION**

1. What is the agency's mission? (You may include a copy of your Vision & Mission statement, if applicable.)

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

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

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4. Geographic area served:

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5. Number of *unduplicated* individual units served by each agency program in the **WISE COUNTY** area:

<u>Program</u>	Number served:		
	<u>Last Year</u>	<u>2 Years Ago</u>	<u>3 Years ago</u>

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

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7. How are the agency programs/services assessed for effectiveness? (See also Item 14, below.)

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

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

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

Activity	Net Results	Area Covered	Month Conducted

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11. What percentage of *all* agency revenue is used for administrative costs?

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

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

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14. Program assessments: Please provide a copy of your agency's latest written assessments (if available) for each program/service provided.

15. Financial Information: Please provide a copy of your agency's latest financial reports that show data for your most recently completed fiscal year and your budget for the current year. As an option, you may use the inclosed Financial Report Form (Excel file) for this purpose.

16. 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.)

17. 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.)

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**NOTE: For items 18 – 21, please provide just one copy of each item for our files.**

18. Please provide one 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.

19. Please provide one 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.)

20. Please provide one copy of your most recently received IRS letter designating your organization as exempt from income taxes under Section 501(c) (3).

21. Please provide one copy of your most current internal policy statement addressing conflict of interest and/or a "code of ethics".



