



United Way of Suwannee Valley

Community Investment Application

Please answer all items which are applicable to your organization

1. Agency Name _____
2. Address _____ City _____ State _____ ZIP _____
3. Agency Phone number _____
4. Tax ID/EIN number _____
5. Date organized in this community _____
6. Agency website _____
7. Number of employees _____
8. Name of Executive Director _____ Phone number _____ Email _____
9. Describe any significant changes in the last 12 months. (i.e. leadership, direct staffing, new cut of programs, funding, etc.)

10. Agency Overview in 25 Words or less:

11. Amount Requested: _____
12. Current Total Annual Program Budget: _____
13. What is your Target Population and Geographic Area? _____

14. List other current funding sources and amounts for your agency

Source	Amount

Please answer all items which are applicable to your organization

15. Explain specifically how UW funding will be used including whether the funding will help add to new services or supplement _____

16. Agency Board President: Name _____ Address _____
City _____ State _____ Zip _____ Phone _____

CERTIFICATION

I/WE CERTIFY the information furnished in these statements and in all continuation sheets attached hereto is true and correct to the best of my/our knowledge.

Typed name of Board President _____

Signature of President _____ Date _____

Typed name of Executive Director _____

Signature of Executive Director _____ Date _____

Attach: one original and 13 complete copies of #1-8 are required, for a *total of 14* sets.

ALL SETS MUST BE three hole punched.

1. Application
2. Most recent year-end balance sheet, compared to the prior year and the difference. Please explain any large variances.
3. Most recent year-end income Profit and Loss statement, compared to the prior year and the difference. Please explain any large variances.
4. If your year-end is more than 6 months ago, please ALSO provide current income statement and balance sheet.
5. Supporting Schedule 2
6. Dollars / Clients per county
7. Board of Directors Roster
8. Notification of Supplemental Funding Raising

Additionally; submit only *one copy* of the following documents #9-16.

9. Anti-Terrorist Agreement, PATRIOT Act form
10. Copy of current bylaws
11. Equal Opportunity policy
12. 501 c 3 (not tax exempt form)
13. Copy of the non-discrimination policy
14. Florida solicitation permit
15. Articles of Agreement
16. Copy of last certified public accountant's statement of the agency's financial report-audit and 990 showing no compliance or funding issues.