



119 2nd St W
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www.unitedwayofhastings.org

2018 Allocation Application: Part 1

Application Deadline: February 9, 2018

[Required: Fifteen (15) copies, 2-sided, three (3)-hole punched, unstapled]

Application Details

Agency & Contact Info

Name of Agency/Organization: _____
Name of Program: _____
Executive Director: _____
Phone: _____ Email: _____
Contact Person: _____
Phone: _____ Email: _____
Headquarters Address: _____
Mailing Address (if different than headquarters): _____

Funding Request

2017 Request (last year): \$ _____
Actual Allocation for 2017: \$ _____
2018 Request: \$ _____

You may place more than one exhibit on a page but clearly mark each exhibit with the corresponding letter and the question. Please use at least 12 point type.

Exhibit A

Please describe your agency's primary function, goal or mission:

Exhibit B

What is the intended use of the funds requested? If you don't receive funds, what will happen to this program?

Exhibit C

What is the geographic area of your agency's service or program?

Exhibit D

What is the target population serviced (age, gender, special interest, etc.)?

Exhibit E

Describe or list the program/services provided by your agency during the past year in the Hastings area:

Exhibit F

What number of unduplicated individuals did you serve in the Hastings area during the past year (2017)? Specifically define the services that were provided to these individuals. What numbers were served in 2016?

Exhibit G

Is your agency contemplating new or different programs or expanded services in the upcoming year? If yes, please explain.

Exhibit H

If your agency is requesting an allocation increase, please explain the reason for the increase.

Exhibit I

Do you receive funds from any sources other than United Way of Hastings? If yes, please specify sources and include percent of income from these sources (including other United Ways). Make sure to include funds received through December 31, 2017.

Exhibit J

To be used in UWH promotional materials: give a brief description of your agency (approx. 15 – 25 words), a description of your program (approx. 15 – 25 words), five photos of your agency work in Hastings on a DVD/Disc format or flash drive to be used in promotional materials, and let us know how the various dollar amounts would impact your agency. What could people expect their annual gift to buy if they donated \$25, \$50, \$100, \$150, or \$500?

Exhibit K

List your current Board of Directors, noting Officers, and list your current FT & PT staff.

Exhibit L

Program Budget

PROGAM BUDGET

(round to nearest \$100)

Sources of Support/Revenue Current Operations	2017 Budget	2017 Actual Statement	2018 Budget (basis for request)
Contributions/Program Fees			
Special Events/Fundraisers			
Legacies and Bequests			
Investment Income			
Foundation Grants			
Allocations from other United Ways			
Fees, Grants from Govt Agencies			
Membership Dues (Individual)			
Program Service Fees			
Sales to Public or Local Members			
Miscellaneous Revenue			
<i>Total Support/Revenue</i>			
<i>Expenditures</i>			
Salaries and Benefits			
Administrative Expenses			
Professional Fees			
Programming			
Specific Assistance/Individuals			
Fundraising			
All Other Expenses			
<i>Total Expenditures</i>			
NET BALANCE			