**113 2nd St E, #102**

**PO Box 353**

**Hastings, MN 55033**

**(651) 438-3337**

**www.unitedwayofhastings.org**

2021 Allocation Application: Part 1

Application Deadline: February 5, 2021

Required: 1 electronic copy of this completed form, with exhibits and budget

Email to Mari@unitedwayofhastings.org

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

2020 Request (last year): $

Actual Allocation for 2020: $

2021 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 (2020)? Specifically define the services that were provided to these individuals. What numbers were served in 2019?

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, 2020.

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** | **2020 Budget** | **2020 Actual Statement** | **2021 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** |  |  |  |
| ***Total Support/Revenue*** |  |  |  |
|  |  |  |  |
| *Expenditures* |  |  |  |
| Salaries and Benefits |  |  |  |
| **Administrative Expenses** |  |  |  |
| **Professional Fees** |  |  |  |
| **Programming** |  |  |  |
| **Specific Assistance/Individuals** |  |  |  |
| **Fundraising** |  |  |  |
| **All Other Expenses** |  |  |  |
| *Total Expenditures* |  |  |  |
| NET BALANCE |  |  |  |