

**2021 APPLICATION FOR** **FUNDING**

**Checklist**

The deadline for submission of this application is **12:00 noon on December 4th, 2020**.

**Eligibility:**

|  |  |
| --- | --- |
| **Yes/No** | **Requirement** |
|  | Are you a valid 501(c)3 organization or local school district program? |
|  | Do you serve individuals in Marion, Nelson and/or Washington Counties? |
|  | Are you a health and human service organization providing service in at least one of the following United Way priority areas: Education, Financial Stability or Health? |
|  | Have you been in existence for at least two full years and have filed an annual audit or IRS 990? |

**Required Information to be submitted:**

|  |  |
| --- | --- |
| **Submitted** | **Requirement** |
|  | **Two (2) hard copies** of your full application – one marked “Copy” and one marked “Original.” Please use a binder clip to secure each full application. If dropping off to United Way in person, please email [director@tricountykyuw.org](mailto:director@tricountykyuw.org) to ensure that someone can meet you at the office at a designated time. |
|  | **Emailed** a full application packet to director@tricountykyuw.org |
|  | **Program budgets** for the program for which you are seeking funding (please use attached forms). |
|  | Signed copy of **Agency Agreement** (please use attached form). |
|  | **Anti-terrorism Compliance** (please use attached form). |
|  | Most recent agency **Financial Statement/Audit/990** (as applicable). Only need to submit signature page, revenue page, and expenses page (not entire 990). |
|  | **IRS letter** confirming your exempt status under the 501(c)3 status or as a school, if not provided in past. |
|  | Current **Board Roster** with designation of officers and affiliations. |
|  | A copy of your **Non-Discrimination Policy**. |
|  | A **success story** from program for which you are seeking funding. Please do not use real names. |
|  | Copy of your registration with **Kentucky Secretary of State** (available through <https://app.sos.ky.gov/ftsearch/>). |
|  | **Optional**: Please provide a **picture of your requested program’s services** that can be used for marketing materials (social media, brochure, etc.). |
|  | **Optional**: Program/Agency **brochure, newsletter, and/or annual report**. |

***Thank you!***