

# UNITED WAY IN MONTGOMERY COUNTY COMMUNITY INVESTMENT APPLICATION CHECKLIST

LIVE UNITED®

## APPLICATION CHECKLIST

This checklist is designed to assist in your application preparation. Specific application questions should be directed to Gina Haile at [gina@uwmontgomery.org](mailto:gina@uwmontgomery.org). You may attach another sheet to the application if necessary.

ITEM	YES	NO
Section 1: Contact Information completed	<input type="checkbox"/>	<input type="checkbox"/>
Section 2: General Agency, Program, & Demographic Information completed	<input type="checkbox"/>	<input type="checkbox"/>
Section 3: Community Investment Questions completed	<input type="checkbox"/>	<input type="checkbox"/>
Section 4: Attachment Requirements (if not previously submitted)		
<ul style="list-style-type: none"> <li>• Current year agency budget attached as PDF</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>• Most Recent IRS Form 990 attached as single PDF</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>• Most recent agency audited financial statement attached as PDF</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>• Board Roster/Meeting Schedule attached</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
Application submitted via email to <a href="mailto:gina@uwmontgomery.org">gina@uwmontgomery.org</a> by September 2.	<input type="checkbox"/>	<input type="checkbox"/>

# UNITED WAY IN MONTGOMERY COUNTY COMMUNITY INVESTMENT APPLICATION

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**Contact Full Name:**  
**Title:**  
**Email:**  
**Contact Phone:** (     )     -

**Organization Name** \_\_\_\_\_ **Website** \_\_\_\_\_

**Organization Address** \_\_\_\_\_ **City, State Zip** \_\_\_\_\_

**# Administrative Staff** \_\_\_\_\_ **# Program Staff** \_\_\_\_\_ **# Total staff** \_\_\_\_\_

**Organization's Annual Budget** \_\_\_\_\_ **UW Annual Funding Request** \_\_\_\_\_

How does your agency's work align with the United Way Cradle to Career Commitment (*mark more than one if appropriate*)?

Born Healthy     3<sup>rd</sup> Grade Reading     High School Graduation     Foundational Needs  
 Kindergarten Readiness     Middle School Perseverance     Career Ready & Beyond

Does the organization have an Equity, Diversity, Inclusion & Non-Discrimination Statement?     Yes     No  
(If yes, include statement below)

**Demographics:** Tell us about the community members served by the organization. Leave blank any demographics not tracked by the organization. Leave blank any items not currently being tracked.

<u>Race</u>	<u>#</u>	<u>%</u>	<u>Age</u>	<u>#</u>	<u>%</u>	<u>Low-Income</u>	<u>#</u>	<u>%</u>
Asian			5 and under			Below 100% Poverty		
Black			6-12 years			100-150% Poverty		
Hispanic/Latino			13-18 years			151%-200% poverty		
Multi-Racial			19-25 years			> 200% poverty		
White			26-59 years					
Other			60 and over			<b><u>Education Level</u></b>		
						Less than HS		
<b><u>Gender</u></b>			<b><u>Sexual Orientation</u></b>			Some High School		
Male			Straight			HS Graduate		
Female			Gay			Associates Degree		
Other			Bisexual			Bachelor's Degree		
			Other			Master's Degree		

**Strategic Alignment**

Please provide an overview of the organization's mission, vision, and key programs. How does the agency's mission and programming align with the United Way Cradle to Career Commitment and Basic Foundational Supports?

**Duplication of Services**

Is the agency providing unduplicated services? If duplication of services is being provided what is the reasoning (i.e. serving a specific population or geographic location, etc.)? What is the agency doing to address potential duplication?

**Collaboration**

How does the agency collaborate with other organizations in the community? Provide information on partnerships with other UW agencies, faith-based organizations, other community non-profits, government agencies, local companies, schools, etc.

**Measurable Outcomes**

What program outcomes are being measured by the agency? *(Please list clearly the number of people served by each program annually and measurements being tracked)* Are metrics being used to chart improvements on a regular basis (weekly, monthly, or yearly)?

**Financial Condition & Board Governance**

What is the current financial health of the organization? Does the agency have a history of positive financial records? Are there any financial concerns, downward funding trends, etc.? What is the current status of the Board of Directors and in what ways are they engaged with the agency oversight and governance?

**Investment Impact**

How does United Way’s investment help meet the funding needs of the programs/organization? Please give specific examples of how United Way funds are utilized (i.e % of funding to each program, staff time, program overhead, etc)

**Signature**

\_\_\_\_\_  
Executive Director Name (printed)

\_\_\_\_\_  
Board President Name (printed)

\_\_\_\_\_  
Executive Director Signature

\_\_\_\_\_  
Board President Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

