



APPLICATION FOR FUNDING:

Agency Information

July 1, 2018—June 30, 2019

***Note:** Please submit 15 copies of agency information for each impact area you are applying.

Agency Name _____

Agency Address _____

Prepared by _____ Phone _____

**List all programs
for which agency
is requesting
funding**

By signing below you affirm you have read and understand United Way of Linn County's Funding Policies and that all enclosed statements included with this application are correct.

Both signatures are required

Executive Director _____

Board Chair/President _____

Signature _____

Signature _____



Agency Information

What is the Agency's fiscal year?

Jan 1-Dec 31 July 1-June 30 Other: _____

Does this agency have a foundation?

Yes No

What is the agency's overall mission?

Provide a current board roster with the business affiliations. A minimum of eight board members are required for funding.

Note: figures should match those on your 990 or CT-12 & your audited financial statement

Total Agency	2015/2016 Fiscal or 2016 Calendar Actual	2016/2017 Fiscal or 2017 Calendar Proposed/Actual	2017-18 Fiscal or 2018 Calendar Proposed	2018-19 Fiscal or 2019 Calendar Proposed	2019-20 Fiscal or 2020 Calendar Proposed
Revenue					
Management & General Expenses					
Fundraising Expenses					
Overall Program Expenses					
Net Excess/Deficit					

Total Agency	2015/2016 Fiscal or 2016 Calendar Actual	2016/2017 Fiscal or 2017 Calendar Proposed/Actual	2017-18 Fiscal or 2018 Calendar Proposed	2018-19 Fiscal or 2019 Calendar Proposed	2019-20 Fiscal or 2020 Calendar Proposed
United Way of Linn County Allocation					