

Instructions for submitting Grant Application

UNITED WAY OF FRANKLIN COUNTY

Application is due on or before January 31, 2026 and must be mailed or hand-delivered to the United Way office. No electronic applications will be accepted.

- The checklist must be included with each set of copies submitted.
- Include attachment dividers in the application.
- Submit **2 complete copies** of the application. (This includes complete copies of the IRS Form 990.)
- Submit **12 copies** of the following:
 1. Pages 2-8
 2. Page 9, Attachment A (with perspective documents)
 3. Page 10, Attachment B (with page 1 **only** of your most recent **990, 990 EZ or 990-N**)
- Email a copy of your IRS Form 990 or 990 EZ to uwfc@att.net

Please do not use staples.

Punching holes in the application for a three-ringed binder is not needed.

**UNITED WAY of FRANKLIN COUNTY
2026 GRANT APPLICATION
CHECKLIST**

Agency applying _____ **Date** _____

United Way of Franklin County requires all documentation listed below from agencies requesting grant funding.

___ Attachment A:

- ☐ Current working budget
- ☐ Most recent Year-end Balance Sheet (*signed by organization's treasurer*)
- ☐ Most recent Year-end Financial Statement (*signed by organization's treasurer*)

___ Attachment B (choose the following that applies):

- ☐ Most recent IRS Form 990
 - ☐ Most recent IRS Form 990EZ
 - ☐ Most recent Form 990-N
- (ALL IRS FORMS MUST BE SIGNED)

___ Attachment C:

- ☐ If gross revenue is \$200,000 or greater, include the Audited Financial Statement conducted by and independent CPA.
- ☐ Gross revenue is \$200,000 or greater, and our agency's financial statements have not been reviewed or audited by an independent accountant. Our agency's annual gross revenue is \$_____. Net Revenue is \$_____.

NOTE: After reviewing your request for United Way funding, Form 990, and other information requested, United Way may require, at your expense, a certified opinion of your agency's financial statements by an independent auditor.

___ Attachment D:

- ☐ IRS Determination Letter (501(C)3
- ☐ State charitable solicitation letter

___ Attachment E:

- ☐ For newly applying agencies attach a copy of current bylaws
- ☐ For previously funded agencies, certify bylaws have been previously submitted. (*Submit any bylaw changes.*)

___ Submit **2 complete copies** of the entire application, attachments, required documentation, and this checklist. (This includes complete copies of the IRS Form 990.)

___ Submit **12 copies** of pages 2-8, page 9 Attachment A (with perspective documents), page 10 Attachment B (with page 1 only of your most recent 990, 990 EZ or 990-N)

___ Email your IRS Form 990 or 990 EZ to uwfc@att.net

APPLICATION DEADLINE January 31, 2026

**ANY AGENCY APPLICATION RECEIVED AFTER DEADLINE MAY NOT BE
CONSIDERED FOR AGENCY FUNDING**

UNITED WAY AGENCY/PROGRAM APPLICATION

For the funding year running July 1, 2026 through June 30, 2027

If you are submitting an application for multiple programs, please submit an entire application packet for each program.

AMOUNT REQUESTED _____

Agency _____

Program (if applicable) _____

Mailing Address _____

Street Address _____

City, State, Zip _____

Phone _____ Fax _____

E-mail _____ Web Site _____

Agency Director _____

Director Email/Phone/Fax _____

Agency Contact Person/Title _____

Agency Contact Person Email/Phone/Fax _____

Business Hours and Days of Operation _____

IRS Employee Identification Number (EIN) _____

Administrative and fundraising percent _____

****See page 5 for calculating agency's administrative percentage. Use most recent IRS Form 990EZ or 990.**

Signature of Agency Director
or Board President

Date

Print Name

AGENCY/PROGRAM PROFILE

Please describe the program for which you are requesting funding by answering the following questions. If you are completing the application for your agency, please answer the questions with regard to your agency. If you are completing the application for a specific program, please answer the questions with regard to the program.

1. What is your agency's mission statement?
2. Specifically, what services will your agency/program provide next year for which you are requesting funding? What are the objectives and expected results? (Include description of program capacity, intensity and duration of services.)
3. What are the eligibility requirements (if any) for your services?
4. Are there procedures in place for measuring the results achieved by your agency/program? If so, describe the methods utilized.
5. How many volunteers serve in your organization? Describe in what capacities they serve.
6. What other agency in this county provides a similar service/program?
7. What is the total amount spent by your agency/program in this county?
8. What percent of your local agency/program budget is your allocation request? Explain specifically how the allocation amount requested would be spent.
9. What other fundraising activities does your agency engage in during the year? Of these fundraising activities, which occur between August 15 and November 30?
10. If fees are charged for services supplied by your agency/program, what provisions are made for clients who are unable to pay full fees?
11. During the past year, how has your agency promoted United Way to the community, as in newspaper articles, radio broadcasts, newsletters, stationary, signs, in-house United Way campaign, etc.?
12. Were there special instructions given to your agency following last year's allocation process? If the answer is yes, please include copies of reports, correspondence or summary of activities as requested by your panel.
13. On a separate sheet, please answer the following questions that can be used for publicity purposes:
 - a) Two human interest stories (please submit new human interest stories each year).
 - b) Two examples of how donations will assist your agency.
14. What can \$2 per week (\$104 per year) of an employee contribution provide for your agency?

Please attach a copy of your brochure, if available.
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ADMINISTRATIVE PERCENT

For your most recent **IRS Form 990 EZ** _____ (**year**), you may use the chart below or fill out the IRS Form 990 pro forma (see instructions below) and complete the chart for the IRS Form 990.

990 EZ Part I	Total	Program services	Management & General	Fundraising
Expenses				
Line 12 (Salaries, other compensation, and employee benefits)				
Line 13 (Professional fees and other payments to independent contractors)				
Line 14 (Occupancy, rent, utilities, and maintenance)				
Line 15 (Printing, publications, postage, and shipping)				
Line 16 (Other expenses)				
Total				
ADD: Total Management & General + Fundraising (1)				
Total Revenue				
Line 9 (2)				
Divide Total (1) by Total (2)				

Divide the total (1) of the Management & General plus Fundraising columns by the total (2) Revenue column. **Administrative % =** _____

For your most recent **IRS Form 990** _____ (**year**), you may use the chart below.

990 Part IX Statement of Functional Expenses	Total
ADD: Line 25, Column (C) Management and General Expenses	
PLUS: Line 25, Column (D) Fundraising Expenses	
(1) Total = Column C & D	
Part VIII Statement of Revenue	
(2) Total = Line 12, Column (A) Total Revenue	
Divide Total (1) by Total (2)	

Divide the total (1) Column (C) & (D) by the total (2) Column (A). **Administrative % =** _____

INSTRUCTIONS FOR PRO FORMA:

Complete the following sections of the **IRS Form 990**: page 1 (Part I, Summary and Part II, Signature Block); page 7 and 8 (Part VII, Compensation sections A and B); page 9 (Part VIII, Statement of Revenues); page 10 (Part IX, Statement of Functional Expenses), and page 12 (Part XI, Financial Statements and Report).

Direct Service Data

If you are requesting funding for your agency, please report agency totals. If you are requesting funding for a specific program, please report program totals.

County Served _____

Agency / Program Name _____

Agencies **must** provide information on people served in the county. Please enter the information in appropriate table categories below. If individuals received multiple services, the entries should reflect the total of these services. **Note – If your agency does not or cannot track service by race/ethnicity or age and sex, record the totals in the “Unknown” column.**

Report is : ☐ Fiscal Year ☐ Calendar Year

Race or Ethnicity	0-5 years		6-12 years		13-19 years		20-54 years		55+ years		Unknown	Total
	M	F	M	F	M	F	M	F	M	F		
Caucasian												
African American												
Latino/Hispanic												
Native American												
Other												
Total												

Below, show the **unduplicated** number of *people* served by your agency or the program in this county during the year. Whether the person was served once or several times during the year, **he/she is counted only once.**

TOTAL UNDUPLICATED CLIENTS SERVED BY THIS COUNTY AGENCY/PROGRAM _____

Descriptive statement of 25 words or less describing agency services:

Community Impact Area – Please indicate the area(s) in which your agency impacts residents of Franklin County

- ☐ **Education** – Helping children, youth and families achieve their potential
- ☐ **Income** – Promoting financial stability and independence
- ☐ **Health** – Improving health, wellness, and physical independence
- ☐ **Urgent Basic Needs** – Ensure access to food, clothing, and other basic needs
- ☐ **Crisis Intervention** – Ensure access to emergency assistance
- ☐ **Other** - _____

AGENCY SCHEDULE OF POSITIONS AND SALARIES

Use actual expenditures and budget estimation for agency staff
(must include Agency Director and county-specific staff)

Agency Name: _____

	Salary 2025 or 25/26	Salary 2026 or 25/27
TOTALS		

Note: Mark part-time with positions *

Mark new positions with * *

Number of positions filled at ___/___/___

Number of positions vacant at ____/____/____

Note: ALL information regarding salaries is to remain confidential

BOARD OF DIRECTORS*(Identify Officers)***MEETING
INFORMATION**

	Name	Address	Date Term Expires	2025 Meeting Dates (last year)	Number Attending
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

Use additional sheets as needed.

Attachment A

- ☐ Current working budget
- ☐ Most recent Year-end Balance Sheet (*signed by organization's treasurer*)
- ☐ Most recent Year-end Financial Statement (*signed by organization's treasurer*)

Attachment B

- ☐ Most recent IRS Form 990
or
- ☐ Most recent IRS Form 990EZ
or
- ☐ Most recent Form 990-N

All IRS FORMS MUST BE SIGNED

Attachment C

- ☐ If gross revenue is \$200,000 or greater, include the Audited Financial Statement conducted by and independent CPA,

or

- ☐ Our agency's financial statements have not been reviewed or audited by an independent accountant. Our agency's annual gross revenue is \$_____. Net Revenue is \$_____.

NOTE: After reviewing your request for United Way funding, Form 990, and other information requested, United Way may require, at your expense, a certified opinion of your agency's financial statements by an independent auditor.

Attachment D

- ☐ Attach IRS Determination Letter (501 (C)3 Tax Exempt Letter)
- ☐ Attach a copy of your State Charitable Solicitation Letter (*Must be current*)

Attachment E

I hereby certify that the applicant organization is governed by bylaws and a copy of those bylaws has been previously submitted to the United Way of Franklin County office.

_____(Please sign)

Submit bylaw changes in order for your records to be updated.

Or

For newly applying agencies, please attach a copy of your current bylaws

ANTI-TERRORISM COMPLIANCE AND CHARITABLE STATUS

In compliance with United States counterterrorism laws, United Way of Franklin County requires that each agency certify the following:

"I hereby certify on behalf of _____ [name of grantee]
that all United Way funds and donations will be used in compliance with all applicable anti-terrorist
financing and asset control laws, statutes and executive orders."

Additionally, I hereby certify that the above named organization is eligible to receive charitable contributions as defined under section 170(c) of the Internal Revenue Code.

Print Name _____ Title _____

Signature _____ Date _____