Agency Application Packet – 2025-26

I have included a checklist so you can be sure you have included everything CCUW is asking you to present.

CHECKLIST:

* **ALL APPLICATIONS MUST BE 3-HOLE PUNCHED 😊**
* When completing the chart on page 1, please change the fiscal year dates to match your fiscal year. The requested funds section should indicate when you will be using the allocated funds from this process. The AMOUNT REQUESTED from CCUW should be the same AMOUNT listed in Question #1. If you are asking for funding for more than 1 program, the total for all programs should match the total in the chart.
* If you are unable to get your Board signature prior to turning in the application, please make a note of it and email the completed page to CCUW when you have the signature.
* Please answer all the questions in the application and complete all of the charts. If you are unable to do so, please explain why instead of leaving anything blank. Do not assume the volunteers know why it is blank.
* Call Megan if you have questions about your outcomes…or email them to her prior to completing the application so she can help you!!
* Financial Statements sections – put your completed Excel Spreadsheets after the Unit of Service Summary.
* Please make a copy of your Revenue, Expenses, and Balance Sheet pages from your most recent 990 and put them after the Excel Spreadsheets.
* Narrative Explanation of Fiscal Changes is next.
* **THE FINAL PORTION** of the application is your most recent 990, most recent audit, proof of 501c3, annual report, and list of board of directors.
* **ALL APPLICATIONS MUST BE 3-HOLE PUNCHED 😊**

Once you have the application complete, you will need to turn in:

1 – Full Application

5 – copies of the application WITHOUT the Final Portion.

**As you are completing the application, imagine the person reading it has no idea what your agency does or what the program(s) you are requesting funding for is all about. They do not know your “lingo” – they want to understand how you know if your program is working - they want to know who you are serving – they want to understand why this program is needed in Centre County – they want to be sure that the community dollars that people have donated are being spent in the best possible way – they want to know how resources are shared and how the CCUW network really works together to help our neighbors. You are the expert – you know better than anyone else so just tell them 😊 Good Luck!**

**A picture containing text, clipart

Description automatically generatedCENTRE COUNTY UNITED WAY  
PARTNER AGENCY FUNDING APPLICATION**

Agency Name:

Mailing Address:

City, State, Zip Code:

Website:

Facebook:

Person(s) Completing Forms: Position(s):

Telephone(s): Email(s):

**TOTAL Centre County United Way Funded Program(s) Fiscal Summary  
*\*\*Please insert fiscal year dates to match your fiscal year\*\****

|  |  |  |  |
| --- | --- | --- | --- |
| **Financial Highlights** | **Requested Funds** | **Per Current Budget** | **Actuals for Last Year** |
| Total Expenses |  |  |  |
| Total Support & Revenue –  All Sources |  |  |  |
| Excess or Deficit |  |  |  |
| % Of Allocation Requested for Administration |  |  |  |
| % Of Allocation Requested for Programs |  |  |  |
| Allocation requested/received from Centre County United Way |  |  |  |
| Allocation from other United Ways |  |  |  |
| What percent is the request of the Total Agency Budget? |  |  |  |

The enclosed application and projected budget were considered and approved for submission to the Centre

County United Way at this agency’s Board of Directors meeting on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.   
 (Date)

Our signatures affirm that all funds received from CCUW will be used for Centre County programs and clients.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Chief Executive/ Professional Officer Chief Volunteer Officer

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PROGRAM DESCRIPTION(S) & IMPACT SUMMARY**  
Please answer for ALL CCUW FUNDED PROGRAMS   
You do not need to duplicate this page for each program. Simply address all programs in your answer.

1. List every program for which you are requesting CCUW funding and amount of funding for each.   
   This should add up to the Total Request listed on page 1.
2. Briefly describe each program for which you are requesting funding. Please include:
   1. The mission of the program
   2. How long has the program been in existence?
   3. Approximately how long has CCUW funded the programs?
   4. How long has the agency been a CCUW partner?
3. What are the eligibility criteria for your program(s)?
4. What target population are you serving with your program(s)?
5. Where in Centre County is the program(s) being offered?
6. What problem or need in Centre County does the program(s) address? Please refer to an objective needs or other data available.
7. What community impact area does this program address? (Health, Education, Financial Stability)
8. How does the Centre County community benefit from the outcomes of the program(s)?
9. Is your program(s) duplicated by another program in Centre County? If so, how does your program(s) differ from the other program? (for example, geographic area served, income guidelines, etc.)
10. Please give 3 brief examples of how your organization collaborated with other agencies in the past year.
11. Explain specifically how CCUW funding will be used for the program(s). Include whether the funding will help add new services or supplement funding to maintain current service levels.
12. Why are you applying for CCUW funding and not other funding opportunities? If you are applying for other funding, what is it?
13. If concerns were raised by the panel during last year’s fund distribution process, how did you address those concerns?
14. CCUW would like to learn more about what your agency is doing to impact Diversity Equity Inclusion. Please share what activities you are or have implemented.
15. Please include a success story or a story that stands out to you about your program(s).

**CLIENT/MEMBER SUMMARY**  
*Please duplicate this page for each CCUW funded program.  
Please use data from your last fully completed program year.*

**Program Name: Financial Care**

# of people on the program waiting list:

# of clients/members your agency served during the last fully completed program year:

# of those clients/members enrolled in this program:

Please complete the following tables:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Client/Member Area of Residence by School District**  **Service Year 7/1/23 – 6/30/24** | | | | | | |
| Bald Eagle Area | Bellefonte Area | Philipsburg Osceola Area | Penns Valley Area | State College Area | Other School Districts | Total |
|  |  |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Gender**  **Service Year 7/1/23 – 6/30/24** | | | |  |  |
| Woman | Man | Transgender | Non-binary | Unknown | Total |
|  |  |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Race**  **Service Year 7/1/23– 6/30/24** | | | | | |  |
| American Indian or Alaska Native | Asian | Black or African American | Native Hawaiian or Other Pacific Islander | White | Mixed  Race | Total |
|  |  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **Ethnicity**  **Service Year 7/1/23 – 6/30/24** | | |
| Hispanic or Latino | Not Hispanic or Latino | Total |
|  |  |  |

Please be prepared to provide this data every year.

If you are unable to answer any of the above questions, please explain why you cannot do so:

**PROGRAM OUTCOMES***Please duplicate this page for each CCUW funded program.*

1. What changes/impacts/outcomes do you want the clients to achieve because of their participation in your program? (list at least 3)
2. Of the total # of clients who participated in the program, what percentage achieved your desired outcome?
3. If your desired outcomes were not achieved by your clients, what changes do you plan to make to your program to increase their achievement of those outcomes?

**UNIT OF SERVICE SUMMARY**  
*Please duplicate this page for each CCUW funded program.*

What is the name of the program?

What is your definition of a unit of service for this program?

|  |  |  |  |
| --- | --- | --- | --- |
| **COST ANALYSIS** | Next Year – estimated | This year – estimated | Last Year – actual |
| a.Program Expenses Total |  |  |  |
| b.Supporting Management and General Fundraising Expenses Total |  |  |  |
| c.Total Expenses (a+b) |  |  |  |
| d.Total # of Units |  |  |  |
| e.Cost per Unit (c/d) |  |  |  |

Please explain any significant increases or decreases in your unit of service cost analysis.

**FINANCIAL STATEMENTS**

* Excel Spreadsheets for each program seeking funding, other agency programs, total agency
* Revenue, Expenses, and Balance Sheet from most recent 990

## **Agency Financial Review Form 2025-2026**

**Overhead rate (administrative cost)** Threshold of 25% or less

Calculated using IRS Form 990:

Mgt & Gen (IRS Form Part IX, Line 25,Column C) \_\_\_\_\_\_\_\_\_\_ + Fundraising (IRS Form IX, Line 25, Column D) \_\_\_\_\_\_\_\_

= \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ÷ Total Revenue (Form IRS Part VIII, Line 12, Column A) = \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_%

Total Administrative Cost

\* Must also provide at local level, if applicable. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ %

**Operating Reserves: Answer a,b, and c then complete the calculation**

(The portion of “unrestricted net assets” that nonprofit boards maintain or designate for use in emergencies to sustain financial operation in the unanticipated event of significant unbudgeted increases in operating expenses and/or losses in operating revenues.)

a) Do your bylaws or charter require that you maintain an operating reserve? YES NO (circle one)

f, YES, how much? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and how/where is it reported on your financial statements?

*Explain:*

b) Do you have other sources of emergency funds such as unrestricted investment accounts or endowment funds?

*Explain:*

c) Do you have a written Operating Reserve Policy? YES NO (circle one)

If, YES, include a copy with this form.

The minimum operating reserve ratio at the lowest point during the year suggested by the Nonprofit Operating Reserves Initiative Workgroup is 25% or about 3 months of the annual operating expense budget. With this in mind each organization must arrive at its own rationale for what it considers adequate for financial stability.

**Calculate Operating Reserve Ratio in terms of months**:

Operating reserves divided by 1/12th of the annual operating expense.

Example: $600,000 (annual expense) ÷ 12 = $50,000 per month

$75,000 (available) ÷ $50,000 (1/12th annual expense) = 1.5 or 1 ½ months

*\*Use prior year actual expenses from submitted audit/990*

Annual Expense \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ÷ 12 = \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ per month

Available \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ÷ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(per month from above) = \_\_\_\_\_\_\_\_\_\_\_\_\_\_mths.

**NARRATIVE EXPLANATION OF FISCAL CHANGES**

Explain below any changes in revenue or expense line items for both your program budgets and your agency that are greater than 10% AND greater than $3,000 in net change.

|  |  |
| --- | --- |
| **Account #** | **Explanation** |
|  |  |
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|  |  |

Reproduce this sheet if necessary.)

**EXPLANATION OF DONOR-RESTRICTED FUNDS & ENDOWMENTS**

(For funds restricted by their source. The donor has stated the fund or endowment   
may be used only for program supplies).

Agency Name:

Name of Restricted Fund:

1. Fund Balance at beginning of fiscal year:

2. Fund Balance at end of fiscal year:

1. Purpose(s) for which established:
2. Are the investment earnings available for operating expenses?

(Reproduce this sheet if necessary.)

**EXPLANATION OF BOARD-DESIGNATED RESERVES**

**(For operating programs, general operating expenses, or capital reserves not restricted by the source)**

Agency Name:

Name of Reserve Fund:

1. Fund Balance at beginning of fiscal year:
2. Fund Balance as of fiscal year end:
3. What was the gain or loss as of fiscal year-end:
4. Purpose(s) for which established:
5. Are the investment earnings available for operating expenses?

**Please also include in the ORIGINAL COPY of the application.**

* **Most recent 990**
* **Most recent audit**
* **PA Certificate of Charitable Organizations**
* **Annual Report**
* **Board of Directors List**