

**United Way of Oxford, Ohio, and Vicinity**

**Agency Request for Funding in 2009**

**Deadline: Tuesday, March 4, 2008**

The agency selection and budget determination is accomplished by the efforts of two volunteer committees--the Social Service Committee, which reports at the April Board of Directors' meeting, and the Budget Committee, which reports at the May meeting. In order to meet this schedule, it is critical that this form be returned to United Way of Oxford, Ohio, and Vicinity, P.O. Box 262, Oxford, Ohio 45056, by **Tuesday, March 4, 2008**.

**Name of Agency and Complete Address:**

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**Phone:** \_\_\_\_\_ **Federal Employers ID #** \_\_\_\_\_

**Name of person preparing this application:**

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Name	Title	Agency E-mail Address
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**Signature of applicant** \_\_\_\_\_

**I certify that the information provided in this application is accurate.** **Date**

**Name of Executive Officer and title:**

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Name	Title
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**Name of Chair, Board of Directors/Trustees:**

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Name	Phone number
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**Mission Statement**

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**Are agency services free?** \_\_\_\_\_ **If not, include a copy of the most recent fee scale.**

**Your service/geographic area:** \_\_\_\_\_

**Type of services provided:**

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**Specific programs (include a brief description for each) that you provide for United Way of Oxford and Vicinity area, which consists of Hanover, Milford, Oxford and Reily Townships:**

**Programs provided for youth:**                      **Percentage of clients served** \_\_\_\_\_

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**Programs provided for college students:**                      **Percentage of clients served** \_\_\_\_\_

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**Programs provided for adults:**                      **Percentage of clients served** \_\_\_\_\_

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**Programs provided for seniors:**                      **Percentage of clients served** \_\_\_\_\_

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**What new, expanded or eliminated programs, if any, are planned for the Oxford area?**

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**How many unduplicated individuals did you serve in our area in 2006 and 2007? Do not include volunteers. Do not include multiple contacts with the same individuals.**

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**How many contacts did you have with recipients in 2007 in our service area? Multiple contacts with individuals are to be included in this tally. How does your agency define a "contact?"**

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**Do you coordinate caseload services with related agencies, particularly with agencies supported by United Way of Oxford? If so, which UW Oxford-designated agency and please describe.**

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**For calendar year 2007, what quantifiable measurement tools did you use to determine levels of your success? What did you measure? What were your outcome goals?**

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**What were your actual outcomes (your results) for 2007?**

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**How do your outcomes (your results) this past year compare to previous years?**

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**What is your agency's total budget? \_\_\_\_\_**

**What amount are you requesting from United Way of Oxford, Ohio, and Vicinity for the 2009 calendar year?**

\$ \_\_\_\_\_

**Provide a rationale for the requested amount. If you are requesting an amount larger than you requested last year, please explain why you need additional funds?**

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**What percentage of your total budget was/is provided by Oxford United Way in:**

2007 \_\_\_\_\_ %      2008 \_\_\_\_\_ %

**What percentage of your total budget is spent in our service area? \_\_\_\_\_ %**

**What fund-raising activities does your agency carry out in our service area?**

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**How is/are the fundraiser(s) conducted? Be specific.**

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**What are your sources of funding, and percentage of each, beyond Oxford United Way. List by type of fund raising, e.g., contributions, grants, gifts-in-kind, and special events.**

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List the three highest paid employees of your agency and their current salaries.

Name	Position	Salary	Tenure
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Number of Compensated Employees: Full-Time: \_\_\_\_\_ Part-Time: \_\_\_\_\_  
Number of Volunteer Staff Members: \_\_\_\_\_

Requested of your agency: mention in as many of your publicity items as possible that your agency is supported by the United Way of Oxford, Ohio, and Vicinity.

Requested with the application: promotional materials for use in our campaign, such as pictures of your agency in action and half page stories of your agency serving people.

The following information *must be submitted with your application* or support may be significantly reduced or denied:

- ~ Most recent financial statement.
- ~ Budgets for 2007 and 2008. Please explain any pertinent changes between the two.
- ~ Most recent 501(C) 3.
- ~ Complete copy of your most recent Form 990.

To provide the Federal and Combined Ohio campaigns with accurate answers for their applications, please include the following information from your most recent 990 form.

Management and general expenses \$ \_\_\_\_\_  
(Line 14 on IRS 990)

Fund-raising expenses \$ \_\_\_\_\_  
(line 15 on IRS 990)

Total Revenue \$ \_\_\_\_\_  
(Line 12 on IRS 990)

On 990, if the total of lines 14 and 15, divided by line 12 exceeds 25% of your total revenue, include an additional page with an explanation justifying the cost higher than 25%.