



Kishwaukee United Way

PO Box 311 • 115 N. First Street • DeKalb, IL 60115 • 815.756.7522

**2014 Application for Partner Consideration
For potential admission as partner agency
of Kishwaukee United Way, Inc.**

Note: This is not an application for funding, rather it is the first step in being considered for membership as a partner agency of Kishwaukee United Way. If you are looking to apply for a one-time grant in the DeKalb County area, the DeKalb County Community Foundation may be helpful. They can be reached at 815.748.5383. *Thank you for the services you provide in our community!*

(See list of requested enclosures at the end of the document.)

Official name of organization:	
Date & Place of incorporation:	
Contact person:	
Address:	
Phone:	
e-mail:	
Website:	

Current status as an Illinois not-for-profit corporation:

Certification as a tax-exempt, not-for-profit organization as provided under Section 501(c)3 of the United States Internal Code? YES NO

Is agency using Uniform Standards of Accounting & Reporting for Voluntary Agencies? YES NO
If not, when does the organization plan on implementing these procedures?

What is the geographical area served by the organization? (Specify cities, townships, and/or counties.)

What are the general eligibility requirements for receiving service from your organization?

Please explain your anticipated dollar amount request and how it would be utilized by your organization should Kishwaukee United Way partnership status be granted.

What are the specific programs provided by your organization for which you are requesting funds?

What is the number of persons served in each of your program areas for the 2014, 2015 and projected 2016?

Identify the number of people received your services by ZIP code. (For residency purposes.)

If you do not have a Board of Directors, please explain your administrative structure.

Project a five-year plan on expected future initiatives now being contemplated by your organization. Delineate any proposed new programs and expected financing for each.

Number of full-time personnel: Professional _____ Clerical: _____ Other: _____
Number of part-time personnel: Professional _____ Clerical: _____ Other: _____

List staff positions, the years employed, current salary range, educational background and experience.

Please explain any evaluation procedures you implement to monitor your programs and services.

List actual sources of income for 2014, 2015 and projected 2016.

Does your organization have a Foundation or endowment accounts? Explain.

Additional information you wish to supply.

Attachments:

- Proof of 501(c)3 not-for-profit status.
- Copy of your most recent organizational financial audit.
- Copy of your Foundation audit (if applicable).
- Copy of your personnel policies & procedures.
- Copy of your current organizational by-laws.
- Staff resumes or profiles.
- Listing of your Board of Directors explaining member composition.