



**United Way of Mower County Get Fit Application
DUE DATE: July 30, 2010**

Name of Organization		Legal name, if different	
Address		Employer Identification Number (EIN)	
City, State, Zip	Phone		Website
Fax	Name of top paid staff		E-mail
Title		Phone	E-mail
Name of contact person re: application		Phone	E-mail
Title			

Complete questions below by circling appropriate answer.

Is your organization an IRS 501 (c) (3) not-for-profit? YES NO
 If no, check with United Way for details on using fiscal agents, and list name and address of fiscal agent

Fiscal Agent's EIN # _____

Our board represents a broad cross-section of the community YES NO
 Our board met _____ times last year. We have _____ (#) members on our Board of Directors. The average attendance at board meetings last year Was _____ (#) members.

We require two signatures on all checks; with at least one of them being an officer of the board. YES NO
 If no, who is authorized to sign checks?

Our agency conducts an annual audit performed by an independent accounting firm. YES NO

We have written bylaws and/or articles of incorporation YES NO

We currently have a method for measuring the outcomes of our services YES NO

Long-range planning efforts are occurring YES NO

Policies are developed and implemented at the Mower County level YES NO

Is the agency located or is the program provided in Mower County YES NO

Proposal Information

Please give a 2-3 sentence summary of request:

Population served:

Geographic area served:

Cover Sheet

Project dates (if applicable): _____

Fiscal year end: _____

Budget

Dollar amount requested: \$ _____

Total annual organization budget: \$ _____

Total project budget \$ _____

Authorization

Name and title of top paid staff of board chair: _____

Signature _____