

**NEW AGENCY ADMISSION APPLICATION**

- Please supply only requested information
- If you have any questions or need additional assistance, please call the Vice President of Community Investment at 674-5181
- Please submit 10 copies of your application to the Vice President of Community Investment, Heart of Illinois United Way, 509 W. High Street, Peoria, IL 61616
- Applications are due by October 1<sup>st</sup> of any year
- Agencies will be notified as to the status of their application by the summer of the same year
- Requests for funding are handled through a different process

**I. GENERAL INFORMATION**

Date of Application: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Business Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Website: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Date and place of incorporation: \_\_\_\_\_

Geographical area served by Agency (specify cities, townships and/or counties): \_\_\_\_\_  
\_\_\_\_\_

If approved as a new Agency, would you apply for grant funding?     Yes     No

If yes, approximately how much will you request and for what program(s)? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**II. AGENCY INFORMATION**

*Please provide the following documentation* (If not available, please explain):

- Proof of Registration as an Illinois not-for-profit organization
- Proof of certification as a tax exempt, not-for-profit organization provided under section 501 (C)(3) of the U.S. Internal Revenue Code
- A roster of the Agency's current/ local board members

II. AGENCY INFORMATION (con't.)

- Copy of the current by-laws of the Agency
- Copy of the personnel policies and/or administrative policies of the Agency

III. PROGRAM INFORMATION

This information should relate to the specific program(s) for which funds, if any, will be requested from HOIUW. If you will not be requesting funding, please provide a description of the program(s) your agency provides. Use additional space if needed (please be brief).

A) Describe the program.

B) How do you or did you document the need for the program?

C) List the current goals and objectives of the program for which you will be seeking funding.

D) How do you evaluate the effectiveness of your program?

III. PROGRAM INFORMATION (con't)

E) List up to three measurable outcomes/ results achieved by your program(s) during your last complete year.

F) Please indicate the number of staff, by position, for this program. Indicate the experience and educational background of key staff persons. Please include any program volunteers and how they are utilized.

G) Specifically, how will the funds requested from HOIUW be used?

IV. FINANCIAL INFORMATION

- Does the Agency use uniform standards of accounting and reporting?  Yes  No  
If no, please explain. \_\_\_\_\_  
\_\_\_\_\_
- Please provide a copy of an audit performed by a certified public accountant for the last complete fiscal year for your Agency.
- If the Agency has revenue from client fees for this program, please provide a copy of any policies relating to program service fees and a schedule.
- Please provide a copy of your most recent Form 990 filed with the Internal Revenue Service.

V. ADDITIONAL INFORMATION

Please provide any additional information that you think would be helpful in reviewing your application.