**United Way of Baldwin County – Member Agency Application for Fiscal Year 2025**

DEADLINE: **March, 21, 2024**

(Applications received after the deadline will NOT be considered.)

**Please fill out below:**

**Date:Click or tap to enter a date. Tax ID No.** Click or tap here to enter text.

**Agency/Organization Name (Exactly as listed on 501(c)(3) determination letter):**Click or tap here to enter text.

**Physical Address:** Click or tap here to enter text.

**Mailing Address (if different):** Click or tap here to enter text.

**Telephone Number:**Click or tap here to enter text.

**Contact Name:** Click or tap here to enter text. **Contact e-mail:** Click or tap here to enter text.

**Website Address:** Click or tap here to enter text. **Does your agency have an event in Sept/Oct:** Choose an item.

**Mission Statement:** Click or tap here to enter text.

**Hours of Operation:** Click or tap here to enter text. **Days of the Week Open:** Click or tap here to enter text.

**No. of Full Time Staff:** Click or tap here to enter text. **No. of Part Time Staff:** Click or tap here to enter text.

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**UWBC Allocation for 2024:** Click or tap here to enter text.

**Funds BEING REQUESTED FOR 2025:** Click or tap here to enter text.

**If requesting an increase, please state reason:** Click or tap here to enter text.

**What percentage of your budget is from United Way funds?** Click or tap here to enter text.

**Type of BC Residents served:** Choose an item.

**Number of BC Residents served in 2023:** Click or tap here to enter text.

**Are programs free or fee based:** Choose an item.

**If fee based, what method is used:** Click or tap here to enter text.

**What part of Baldwin County is served (List cities, etc.):** Click or tap here to enter text.

**Ethnicity/Race percentage served (Enter percentage into gray boxes. Total should be 100%):** Hispanic/Latino       Black/African American       White       Two or More Races (Multi-Racial)

**Age Group served (Enter percentage into gray boxes. Total should be 100%):**

Age 0 to 17       Age 18-40       Age 41 to 64       Age 65 and over

Gender served (Enter percentage into gray boxes. Total should be 100%):Male       Female

**Programs/Services PROVIDED with 2023 UWBC Funds:** Click or tap here to enter text.

**Programs/Services to be provided with 2025 UWBC Funds:** Click or tap here to enter text.

**Program/Service impact area:** Choose an item.

**How does the agency measure outcomes of the program/service provided:** Click or tap here to enter text.

**We certify that the programs for which we are requesting funding from the United Way of Baldwin County will not discriminate on the basis of race, color, gender, disability, sexual orientation, age, national origin or religion toward the people to whom these programs are offered. I also certify that all United Way funds and donations will be used in compliance with all applicable anti-terrorist financing and asset control laws, statutes and executive orders.**

**I am the duly appointed representative of the above agency/organization. I am authorized to certify and affirm all statements enclosed in this application:**

*Click or tap here to enter text.*Click or tap to enter a date.

**Signature Date**

Click or tap here to enter text.Click or tap here to enter text.

**Print Name Title**