

OVERVIEW:

United Way of the U. S. Virgin Islands, Inc. is seeking applicants from the USVI NGO Community whose mission is to address significant social challenges. The organization should demonstrate a well-designed and compelling program built on innovative solutions with evidence of their effectiveness. These programs must focus on one or more of the following areas:

- **Education: (Youth & Adults Development)** – Preparing Virgin Islanders for success in education, active citizenship, productive lives, and good samaritanism.
- **Financial Stability** – Increasing financial stability and economic opportunities for the economically disadvantaged individuals.
- **Health** – Promoting healthy lifestyles for all of our community and reducing the risk factors that can lead to illness.

INSTRUCTIONS

- A. Please complete the attached application and return **original plus three (3) paper copies** to United Way in the following format:
- Submit application and attachments on 8½” by 11” white copy paper
 - Make **single-sided** copies only
 - Copies must be **three-hole punched and ready for binding (Evenly Punched)**
 - Do not** staple or bind individual copies of the application.
 - Submit application and attachments electronically to cigrants@unitedwayusvi.org**

DO NOT MODIFY THE APPLICATION IN ANYWAY. ANSWER QUESTIONS IN SPACE INDICATED AND IF MORE SPACE IS REQUIRED, NUMBER THE ADDED PAGES AS a, b, c...(e.g., page 15 remains 15 with additional pages marked 15 a, 15 b, etc.)

ONLY INCLUDE DOCUMENTATION THAT IS REQUESTED. NEWSPAPER CLIPPINGS, LETTERS, ETC. THAT MAY ENHANCE OR CLARIFY YOUR APPLICATION.

- B. **Three (3) copies** of the following attachments must be submitted:
- Financial statements for the most recent fiscal year and for the most recent fiscal period (month or quarter)
 - Most recent tax return form (Form 990).
 - Current Certificate of Good Standing from the Office of the Lieutenant Governor
 - Amendments or modifications, if any, to the **NGO’s bylaws**
 - COPIES of your organizations tax-exempt** determination letter by the **IRS**.
 - Most recent **Bank Statement** for the **past sixty days** prior to application date.
- C. **A paper copy submission deadline for applicants interested is December 16, 2016 by 5 pm (AST), to be delivered to the United Way Office in your district by January 16, 2017.**
- D. **An electronic copy submission deadline for applicants interested is December 15, 2016 by 5 pm (AST), to be emailed to the United Way Office in your district by January 16, 2017.**
- E. The Application is also available via our website at www.unitedwayusvi.org. Please call the United Way office should you require any further details.

GENERAL ORGANIZATION APPLICATION INFORMATION

***2017 NGO GRANT APPLICATION:**

Are you a New Applicant: Yes: No:

If yes list the year funded and the amount Requested _____ & Received _____

NGO Name: _____

Mailing Address: _____

Physical Address: _____

Phone: _____ Fax: _____

Email: _____ Website: _____

Chief Professional Officer: _____
Name/Title

Chief Volunteer Officer: _____
Name/Title

Contact Person: _____ Phone: _____

Alternate Contact: _____ Phone: _____

I affirm that I have reviewed this request and, to the best of my knowledge, the information furnished is true, correct and complete.

Signature of Chief Professional Officer

Date

Signature of Chief Volunteer Officer

Date

***REQUIRED**

NGO NAME _____

BOARD MEMBERS AND OFFICERS

Names	Number of Served Terms	Current Term Expiration	Serving Since
<i>Officers:</i>			
<i>Directors:/Trustees:</i>			

Dates of full board meetings held during calendar year 2016: _____,
_____, _____, _____,
_____, _____, _____,

NGO NAME _____

OVERVIEW – NGO & PROGRAMS

1. What is your NGO's mission? What are the long range plans your NGO has to provide service to the community?

2. Provide a descriptive overview for each of your programs. Describe the services provided, the target population and anything else that will help provide a snapshot of the programs.



2017 NGO Program
Services Worksheet

3. How do your programs support your NGO's mission?

4. Provide a success story that illustrates your program(s) effect on **one client or family**.
Please be as descriptive as possible – this information is important for our campaign promotional activities.

NGO NAME _____

5. When are your program services available?

Circle one or more:

Monday thru Friday Saturday thru Sunday Other: M T W Th F Sa Su
Hours _____ Hours _____ Hours _____

6. Is there a fee for your program services? Yes: No:

If yes, what percent of your clients pay fees to participate? _____%.

7. List the specific objectives you set for your programs this year. Discuss the extent to which you are attaining your objectives: what portions of your programs have been completed, which are in progress, when are others scheduled to take place?

8. What programs do you plan for the coming year?

9. What objectives have you set for those programs? Describe specific community impact goals, which your program (s) is aiming to achieve in 1 year, 2 year, 5 year and 10 year intervals.



2017 NGO Program
Objectives Workshee

NGO NAME _____

10. What methods will you use to evaluate the achievement of those objectives? Be specific.

11. What are the total projected costs of each program? What percentage of the total cost for each program will be administrative support and what percentage will be program service? How much of the total cost is covered by participant fees?



2017 NGO Program
Cost Worksheet

12. Do you anticipate any capital expenditures in the coming year? Please provide details.

NGO NAME _____

STATISTICAL DATA

1. How many individuals did your NGO serve in:

2014 _____ 2015 _____ 2016 _____

2. Define your NGO’s unit of service:

(A service unit is an umbrella term used to quantify the volume of services provided to the clients/target group in a program. Its definition varies, depending on the nature and the service delivery system of each program. It may refer to individuals, families or cases served or activities like number of meals served, days of care or hours of counseling provided.)

3. How many units of service did your NGO deliver in:?

2014 _____ 2015 _____ 2016 _____



2017 NGO Demographics Worksheet

4. Please complete the following information.

<i>Age Range</i>	<i>Actual 2016</i>
< 2 years	
2 - 12	
13 - 17	
18 - 34	
35 - 54	
55 - 64	
65 - 74	
75 and over	
Unknown	

<i>Race/Ethnicity</i>	<i>Actual 2016</i>
White	
Black/Af. Amer.	
Hispanic Origin	
Native American	
Asian	
Pacific Island	
Unknown	

<i>Annual Household Income</i>	<i>Actual 2016</i>
< \$11,999	
\$12,000 - 14, 999	
\$15,000 - 24,499	
\$25,000 - 49,999	
\$50,000 - 74,999	
\$75,000 and over	
Unknown	

<i>Gender</i>	<i>Actual 2016</i>
Male	
Female	
Unknown	

<i>Resident</i>	<i>Actual 2016</i>
St. Thomas	
St. John	
St. Croix	
Water Island	
Total	

NGO NAME _____

5. Describe the method used to collect the statistics reported in this section: (e.g., every client completes an intake form which is entered into a database).

SUPPLEMENTARY FUNDRAISING ACTIVITIES

1. Please provide information about supplemental fund raising activities which your NGO conducted during the last fiscal year or plans to conduct this year and next year.

Name of your Fund Raising Activity	Month in which conducted	Net \$ Raised or Projected		
		Last Fiscal Year ____ Actual	This Fiscal Year ____ Budgeted	Next Fiscal Year ____ Projected
Totals (should equal to line 2, page 10)				

2. Describe the structure and goals of your fundraising activities (location, resources, etc.).

NGO NAME _____

FINANCIAL SUMMARY

1. What is your fiscal year: MM/DD/YY _____ to MM/DD/YY _____
2. Please provide information about funds received from organizations (governmental or non-governmental) other than United Way during the **last fiscal year, approved for the current fiscal year and budgeted for the next fiscal year.**

Funding Organization	Restricted or Non-Restricted	Funds received or budgeted			
		Last Fiscal Year ____ Budgeted	Last Fiscal Year ____ Actual	This Fiscal Year ____ Budgeted	Next Fiscal Year ____ Projected
Totals (should equal to lines 3 & 4, page 10)					

3. Financial Highlights: **Please be sure that the figures listed below correspond with your NGO's budget totals listed on page ten (10).**

Fiscal Highlights	Last Fiscal Year ____ Budgeted	Last Fiscal Year ____ Actual	This Fiscal Year ____ Budgeted	Next Fiscal Year ____ Projected
Total Expenses				
Total Support				
Excess <Deficit>				

4. Please provide an explanation regarding any surplus/deficit that occurred for last year. How will the surplus dollars be used in the current year? Did a deficit impact the delivery of program services?

NGO NAME _____

NGO's Fiscal Year _____

SUPPORT REVENUE & EXPENSES (NGO's Total Operating Budget)	Last Fiscal Year _____ Budgeted	Last Fiscal Year _____ Actual	This Fiscal Year _____ Budgeted	Next Fiscal Year _____ Projected
PUBLIC SUPPORT & REVENUE				
1. Contributions.....				
2. Supplementary Fund Raising.....				
3. Fees & Grants from Government				
4. Contributions by any other NGO Organization				
5. Membership Dues.....				
6. Program Service Fees.....				
7. Sales of Materials.....				
8. Investment Income/Bank Interest.....				
9. Other Revenue (attach detail).....				
10. TOTAL SUPPORT REVENUE(Add 1 thru 9)				
11. Restricted portion of line 10.....				
EXPENSES:				
12. Salaries.....				
13. Employees Benefits.....				
14. Payroll Taxes etc.....				
15. Professional Fees (accounting & Legal).....				
16. Telephone/Internet/Long Distance.....				
17. Postage and Shipping.....				
18. Rent/Mortgage.....				
19. Property Insurance.....				
20. Property Tax/CAM.....				
21. Property Maintenance.....				
22. Vehicular Maintenance Cost (parts, fuel, labor).....				
23. Vehicular Insurance.....				
24. Utilities (Water &Light).....				
25. Office Supplies & Cleaning.....				
26. Licensing & Maintenance Fee.....				
27. Printing/Publication/Marketing.....				
28. Travel/Training/Meeting Expenses.....				
29. Payments to affiliated Organizations.....				
30. Business Expenses (alarms/security).....				
31. Other Expenses (Miscellaneous attach detail).....				
32. TOTAL EXPENSES (add 12 thru 31)				
33. How much of line 32 is financed by RESTRICTED FUNDS. (all/part of 11)				
34. How much of line 32 is financed by UNRESTRICTED FUNDS. (32 minus 33)				
35. SURPLUS or <DEFICIT> of Total Support Revenue after Expenses. (10 minus 32)				

*Amount Requesting

NGO NAME _____

EXPLANATION OF RESTRICTED FUNDS
(Source Restricted only – exclude Board Restricted)

A. Name of Restricted Fund: _____

1. Source of Fund: _____ Amount \$ _____

2. Restricted By: _____

3. Purpose to which restricted: _____

4. Are investment earnings available for current expenses: _____

a. If yes, what is the amount: \$ _____

5. Effective Date of Restriction: _____

6. Date when Restriction Expires: _____

B. Name of Restricted Fund: _____

1. Source of Fund: _____ Amount \$ _____

2. Restricted By: _____

3. Purpose to which restricted: _____

4. Are investment earnings available for current expenses: _____

a. If yes, what is the amount: \$ _____

5. Effective Date of Restriction: _____

6. Date when Restriction Expires: _____

C. Name of Restricted Fund: _____

1. Source of Fund: _____ Amount \$ _____

2. Restricted By: _____

3. Purpose to which restricted: _____

4. Are investment earnings available for current expenses: _____

b. If yes, what is the amount: \$ _____

5. Effective Date of Restriction: _____

6. Date when Restriction Expires: _____

NGO NAME _____

DETAILED LISTING OF NGO PERSONNEL

Position Title & Employee Name	Filled or Vacant	Full or Part Time	Gross Annual Salaries		
			Last Fiscal Year ____ Actual	This Fiscal Year ____ Budgeted	Next Fiscal Year ____ Projected
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
*Annual Totals					

* Fiscal year totals must equal line 12 on page ten.

NGO NAME _____

BALANCE SHEET INFORMATION

Assets	Year End 20____	Year End 20____	Most Current Quarter
Cash on Hand.....			
Cash in Banks.....			
Checking Accounts.....			
Time/Savings Accounts.....			
Total Cash			

Accounts Receivable.....			
Fixed assets, net of accumulated Depreciation.....			
Other assets			
Total Non Cash Assets			
Total Assets			

Liabilities/Fund Balances:

Accounts Payable			
Accrued Expenses			
Long Term Debt			
Total Liabilities			

Fund Balances:

Restricted			
Unrestricted			
Total Fund Balances			

Total Liabilities/Fund Balances			
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NGO NAME _____

NGO CERTIFICATE OF NON-DISCRIMINATION

At a meeting of the governing Board of _____

held on _____ at _____,

the Board (a) adopted a policy of non-discrimination or (b) affirmed its policy of non-discrimination as follows:

1. No person is excluded from service because of race, color, religion, sex or national origin or disability.
2. There is no segregation of persons served on the basis of race, color, religion or national origin or disability.
3. There is no discrimination on the basis of race, color, religion, sex or national origin or disability with regard to firing, assignment, promotion or other conditions of staff employment.
4. There is no discrimination on the basis of race, color, religion, sex or national origin or disability in membership on the NGO's governing body.

I hereby certify that the above is a true and correct record and that the practices of this organization conform to the policy of non-discrimination as stated above.

Date

Chief Volunteer Officer or Chief Professional Officer