

UNITED WAY OF Selma & Dallas County
2020 Community Crisis Fund
Agency Application for Human Needs Assistance Fund

Organization Name: _____

Contact Name: _____ Title: _____

Mailing Address: _____ City: _____ State: _____ ZIP: _____

Physical Address: _____ City: _____ State: _____ ZIP: _____

Telephone: _____ Fax: _____

Email: _____ IRS EIN Number (if applicable): _____

Total Amount Requested (not to exceed \$5,000): \$ _____

I certify that the information contained here is true and correct, and that any funding received as a result of this application will be utilized in a manner that is consistent with the proposed purposes of the projects and/or programs described. I understand that at any time, United Way of Central Alabama may request documentation related to any grant received, including verification of unduplicated clients and expenditures.

Signed: _____ Date: _____
(Authorized Representative)

1. Which counties will you serve with Human Needs Assistance Fund resources? (Check all that apply)

Dallas Perry Wilcox Other

Please select a funding option:

(A) Community Food Bank of Central Alabama (CFBCA) Credit: Amount \$ _____
(Must currently be a member in good standing of the CFBCA)

AND/OR

(B) Cash grant for client assistance (select all that apply): Amount \$ _____

Food Utility Assistance Rent/Mortgage Medications

Other (please describe): _____

Funding for other basic needs will be considered on a case-by-case basis. Please contact Jeff Cothran (jeffcothran@selmaunitedway.org) at the United Way for more information.

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3. **If this is your agency's first time to apply for a Human Needs Assistance Fund, please describe your organization's or program's mission, and provide a brief overview of the services you provide and the population you serve.** (You can upload program brochures and/or other materials that describe your services)

4. **Has the clientele your organization serves changed as a result of the current COVID – 19 pandemic? If so, please describe:**

5. **A) Please summarize the specific need for funds requested from the Human Needs Assistance Fund. Specify how and to what degree the demand for basic need goods and services you provide has increased.**

B) Please complete the following statement(s):

With a grant of \$ _____ our organization will be able to serve an additional _____ individuals per month.

AND/OR

With \$ _____ in food bank credit from the Community Food Bank, our organization will be able to feed an additional _____ individuals per month.

6. **Has your agency/program received Human Needs Assistance Funds in the past?** YES NO

If YES, has your agency spent all of the funds and/or Community Food Bank credits awarded in your previous Human Needs Assistance Fund grant? If not, how much funding and/or credits remain?
\$ _____

(Please Note: Applications for additional funding will NOT be considered until UWCA has received your agency's Human Needs Assistance Fund Follow-Up Report (available at www.selmaunitedway.org)

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REQUIRED ATTACHMENTS

All new Human Needs Assistance Fund applicants must provide the following documents with your application:

- IRS Tax Exemption Letter (if applicable)
- IRS Form 990 for the most recently completed tax year, including Schedule A (If applicable)
- Board of Directors list
- Most recent audit **OR** agencies without an audit or agencies with an annual budget less than \$250,000 please include a Statement of Financial Position and/or current annual operating budget (revenues and expenses)

 Current partner agencies are NOT required to submit the above attachments.

For United Way office use ONLY:

Number of applications previously submitted _____

Number of grants awarded: _____ Total amount awarded: _____

When: _____ Amount: _____