

**GIVE. ADVOCATE. VOLUNTEER.  
LIVE UNITED** 

**UNITED WAY OF EAST MISSISSIPPI**

**2003 23<sup>rd</sup> Avenue  
P. O. Box 5376  
Meridian, MS 39302**

**Partnership Application**

**This Application is due to The United Way of East Mississippi Office no later than:  
October 3, 2011 at 4:00pm**

Agency/Program:

Mailing Address:

Telephone:

Fax:

Email address:

Hours of office operation:

Total Annual Budget:

2011 United Way allocations:

Percentage of actual budget funded by United Way:

2012 United Way grant request:

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Signature of Executive Director

## AGENCY/VOLUNTEER INFORMATION

1. Describe ALL services provided and the number of individuals served by the agency/program (i.e. meals, nights stay, phone calls logged, tutoring).
2. How many volunteers served with your agency/program during the year? Report the number of volunteer hours associated with this service.
3. Please describe the importance of United Way funding and the impact that would occur with the omission of these funds to the agency/program.
4. If the agency sponsors multiple programs, include the following for EACH:
  - A. Objectives
  - B. Outcomes/Impact
  - C. What evaluation method is used to measure the outcomes/impacts?

## ATTACHMENTS

1. Most recent Annual Audited Financial Statements (must be from 2009 and beyond)
2. Most recent IRS Form 990 (must be concurrent with audited financial statements)
3. Copy of current "Certificate of Registration" with the Mississippi Secretary of State's Office
4. List of current board of directors with officer identification
5. Line item budget for agency/program for 2011 (Actual expenditures vs. plan)
6. Mission Statement, objectives, and strategic plan for agency/program
7. Please list current partnerships (local, state, federal, et al.) to achieve agency/program objectives