**Instruction Sheet to accompany Agency Application**

United Way of Sevier County

www.unitedwayseviercounty.org

865-366-3335

**June 2025 – May 2026 UW Campaign Funding Year**

**General Information**

* Please note that you must complete a separate application for **each** program for which you are requesting funding.
* **Please provide (11) 3-hole punched hard copies of both the proposal (Sections 1-8) and your audited financials and only the first page of the 990** by mail or in person **by Friday, May 22, 2026 by 2 PM**. **If submitted electronically, you must still provide eleven hole-punched hard copies.**
* You will only need to provide one (1) copy of the “Checklist for Agencies Submitting United Way Requests” and the items it requests, regardless of the number of programs submitted for funding.  Place the completed checklist and articles together in a separate packet.
* All proposals are due by **Friday, May 22, 2026 by 2 p.m**. **No late proposals will be accepted.** If you believe that you cannot turn the application in on the 22nd, please make arrangements with Kathy Voncannon to submit it earlier.
* Do not submit applications in separated sections. **All applications must be submitted as complete sets. Please do not place them in binders.**
* Definitions and examples of focus areas:
  + **Education**-help children, youth, and adults achieve their potential by promoting school readiness, academic achievement, productive & engaged youth, and adult literacy & life skills. An example would be a program that seeks to improve a child’s achievements in school or promote school readiness for a young child. UWOSC focus is toward programs that will increase the graduation rate.
  + **Income-**promotes financial stability and independence by providing stable employment & access to job skills training, maximized income, increased savings, and financial assets for long term stability. An example would be a program that provides job skills training to individuals in order to improve their income and build assets.
  + **Health**-create opportunities to improve people’s health such as maternal health & infant well-being, healthy lifestyle behaviors, health care coverage & preventive health and mental health. An example would be a program that provides medical services to low income working persons.
  + **Basic Needs**-resources given through human service networks providing emergency services, food & clothing, critical support services, and shelter & utilities. An example would be a program that provides shelter and emergency services to clients in crisis.

**Checklist for Agencies Submitting United Way Requests**

* Highlighted items must be supplied. The application will not be accepted without these items.
* Please provide copies of your articles of incorporation, constitution and bylaws.
* Please mark each item included with your proposal on the checklist with an X.
* Note that you may bring extra materials/brochures to the **July** reviews. Review time may change, but you will be notified.

**Funding Application**

*Cover Sheet* ***(SECTION 1)***

* Please remember that applications are not valid without the signatures of the board president/chair and the Director or Executive Director.
* Be sure to choose the focus area (education, health, income, or basic needs) that most closely describes your program. If you believe that your program fits more than one, please select the focus area that reflects the major part of your work. If you are still unsure, please contact Tim Bismarck, UWOSC Director or Kathy Voncannon, Administrative Assistant at (865) 366-3335.
* Make sure that the contact phone number is the primary number for whoever can answer questions about the application and for accessing information on a daily basis.
* If the phone number for client services is different than the one for the contact person, please provide this number also.

**Program Overview & Outcome Measurement**

*Program Overview* ***(SECTION 2)***

* Please note that the Program Overview should be no more than two typed pages.
* Think of the five questions in the Program Overview as a way to provide key information about your agency and the program requesting funding.

*Program Success Indicators Form* ***(SECTION 3)***

* Please complete this form for the outcomes and/or outcome indicators for 2025/2026 period.
* Please keep in mind that results/outcomes and indicators should be formed thoughtfully in a way that can best measure the success of the program on clients’ lives.
* Be sure to include the appropriate number of indicators for your program based on the level of funding that you are requesting for 2025/2026. The table below can be used as a reference.

|  |  |
| --- | --- |
| Level of UW funding for the program | Number of indicators required |
| $0-4,999 | 3 |
| $5,000-9,999 | 4 |
| $10,000-25,000 | 5 |
|  |  |

**Program Finances** ***(SECTION 4)***

* Please note that there is a 2-page maximum for this section. This **does** **not** include the budget narrative attachments required under Question 9.
* Under Question 9, please attach a separate budget narrative sheet with answers to the five questions.
* Under Question 9 (#1 ), please provide an explanation of all program line items is Section 6 (both revenue and expenses) that increase or decrease in excess of 10% using the format in the following example:

Line Item Explanation

4200 Expected increase from new fundraising event in

Sept.

**Note: Any variance in excess of 10% but under $500 need not be explained.**

* Under Question 9 (#3), please list the specific amount of funding received from each United Way (other than UWOSC).

**Section 5: Program Budget Form**

* Refer to the “Summarized Chart of Accounts” page for detailed line item definitions.

**Section 6: Composite Agency Budget Form**

* Refer to the “Summarized Chart of Accounts” page for detailed line item definitions.

**Section 7: Program Success Story & Program Statistical Data**

* Under Success Story, please provide a success story. Due to the nature of your organization’s work, we understand that specific names cannot be used in order to protect the client.

**Section 8: What Your Gift Will Buy**

* Please complete this sheet. Our donors wish to know what their dollars can provide.