

**Hawaii Island United Way, Inc. (HIUW)  
2018 - 2020 Funding Application Instructions**

**All funding requests must be submitted only in this format provided by HIUW. Re-formatted documents will NOT be considered.**

The completed application and electronic portion is due in the **Hilo Office on or before Wednesday, January 31, 2018, 4:00 p.m.** Applications received after this date will not be considered.

**Physical Address:**  
**Hawaii Island United Way**  
**688 Kinoole Street Rm. 201**  
**Hilo, HI 96720**

**Electronic Address:**  
[\*\*cheryl@hiuw.org\*\*](mailto:cheryl@hiuw.org)

This packet includes the following documents:

1. Cover Sheet
2. Proposed Outcomes
3. Program Logic Model
4. Outcome Summary Page
5. Program Beneficiary Statistics
6. Client Outcome Story
7. Standards Compliance Worksheet - Pg1
8. Standards Compliance Worksheet - Pg2
9. Financial Questionnaire
10. Total Agency Operating Budget
11. Program Support/Revenue and Expense
12. Form 990 Financial Information
- 13. MEMORANDUM OF AGREEMENT- NOT included; To Be Emailed on 2/19/18.**
14. Required Document Checklist

**Instructions**

**■ Cover Sheet**

Enter the information as indicated. (*Sample*)

Program Name	2018-19 Funding Request	2019 - 2020 Funding Request
<i>Program Name</i>	<i>\$10,000</i>	<i>\$10,000</i>

➤ **Signatures.** The cover sheet must be signed by the **Executive Director and the Board President prior to submission.** Please note that you must confirm the review and approval of your funding request by your organization’s Board of Directors. The Agency Financial Questionnaire must also be signed.

**■ Outcomes**

- **Proposed Outcomes.** State the conceptual chain of intended outcomes for the program. These statements **must** be addressed in your Semi-annual Reports.
- **Program Logic Model.** Restate outcomes and complete each box. A sample document has been provided.
- **Program Summary Page.** Complete as instructed. **ONE paragraph only is allowed for each number.**
- **Outcome Measurement Chart.** Follow instructions on chart.

- Program Beneficiary Statistics Characteristics. Complete the current stats and projected number. This document will also be included in the Semi-annual Report, where numbers of persons directly and indirectly served should be reported.
- Client Outcome Story. Completion of this form is mandatory. The names will be kept confidential, but must be provided and recorded.
- Standards Compliance Worksheet 1 & 2. These documents contain information that the HIUW must report to United Way Worldwide to remain certified and in good standing.

### ■ Financial Reports

These forms summarize the financial position of your organization; including the two years for which funding is sought and the year of your most recent audit. Report the entire agency's operating budget.

- Total Agency Operating Budget. Use your agency's fiscal year. Indicate your fiscal year end in each of the columns.
- Program Support/Revenue and Expense. Report the total financial resources directed to the program. Figures should report both revenues and expenses associated with the program's portion of overhead (general administrative costs) and fundraising costs.
- Agency Financial Questionnaire. Complete and make sure **Executive Director and Chair, Board of Directors sign.**
- Form 990 Financial Information. Complete document and pay special attention to the alert item.

■ **MEMORANDUM OF AGREEMENT:** This document must be completed and signed by the Executive Director and Chair, Board of Directors.

### ■ Additional Items

- 1 Hard Copy of Current Agency Organizational Audit
- 1 Hard Copy of Agency Non-discrimination Policy
- 1 Hard Copy of Board of Directors List

**Electronic Copy (scanned into ONE PDF file only – individual pages will not be accepted) and 6 Hard Copies:**

Cover Sheet – Agency information  
 Proposed Outcomes  
 Program Logic Model  
 Outcome Measurement Chart  
 Program Outcome Report Summary Page  
 Program Beneficiary Statistics  
 Program Support/Revenue and Expense  
 Form 990 Financial Information (Year 1 & 2)

### ■ Completed Required Document Checklist

Please address any questions or concerns to Cheryl Holland, Office Coordinator: (808) 935-6393, ext. 1 or [cheryl@hiuw.org](mailto:cheryl@hiuw.org). Mahalo

***The mission of Hawaii Island United Way:  
 Unite people, organizations, and resources to build a healthier community.***