

**Kishwaukee United Way  
Agency Questionnaire for Potential Admission**

*Please note – This is not an application for funding, rather the first step in being considered for membership as a partner group of the Kishwaukee United Way. If you are looking to apply for a one time grant in the DeKalb County area, the DeKalb County Community Foundation may be helpful. They can be reached at 815.748.5383. Thank you for the services you provide!*

*(See list of requested enclosures at the ends of the document)*

Official Name of Agency: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Date & Place of Incorporation: \_\_\_\_\_

Current status as an Illinois not-for-profit corporation:

Certification as a tax-exempt, not-for-profit organization as provided under Section 501(c)3 of the United States Internal Code.

Is agency using Uniform Standards of Accounting & Reporting for Voluntary Agencies?  
\_\_\_\_\_ If not, when does the agency plan on implementing these procedures?

What is the geographical area served by the agency? (Specify cities, townships, and/or counties)

What are the general eligibility requirements for receiving service from your agency?

What are the specific programs provided by your agency for which you are requesting funds?

What is the number of persons served in each of your program areas for the last two years (actual) and the most current year (projected)?

Identify the number of people received your services by zip code. (For residency purposes.)

If you do not have a Board of Directors, please explain your administrative structure.

Project a five-year plan on expected future initiatives now being contemplated by your agency. Delineate any proposed new programs and expected financing for each.

Number of full-time personnel: Professional \_\_\_\_\_ Clerical: \_\_\_\_\_ Other: \_\_\_\_\_  
Number of part-time personnel: Professional \_\_\_\_\_ Clerical: \_\_\_\_\_ Other: \_\_\_\_\_

List staff positions, year employed, current salary range, educational background and experience.

Please explain any evaluation procedures you implement to monitor your programs and services.

List actual sources of income for the last two years (actual) and the most current year (projected).

Does your agency have a Foundation or endowment accounts? Explain.

Additional information you wish to supply.

Attachments:

- Proof of 501(c)3 not for profit status
- A copy of your most recent organizational financial audit
- A copy of your Foundation audit (if applicable)
- A copy of your personnel policies & procedures
- A copy of your current organizational bylaws
- Staff resumes or profiles
- Listing of your Board of Directors explaining member composition