



## 2019 Community Investment Critical Criteria Checklist

**United Way  
of Androscoggin County**

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To assist you in ensuring that your 2019 Community Investment Application is complete and will receive full consideration, please use the following checklist and submit, with appropriate signature, with your Community Investment Application. Indicate with a check (✓) for those CIA elements which are enclosed.

### PROPOSAL NARRATIVE:

- Signed Cover Sheet.
- Name of Contact Person, with telephone, fax and e-mail information.
- (I) Statement of Need at Year End 2018-2019.
- (II) Program Prevention, Intervention or Combination (with explanation if needed).
- (III) Most Significant Accomplishments of the Program in 2019. Outcomes Achieved.
- (IV) Greatest Challenges Faced by the Program in 2019 (including Systemic Barriers).
- (V) How are Barriers or Changes to the Program being Addressed?
- (VI) How will the UWAC Investment be Utilized in 2020?

### BUDGET INFORMATION:

- Community Investment Budget Form 1.
- Community Investment Budget Form 2.
- Agency Supplemental Fund-Raising Activity Form.
- Current Agency Audit
- Current Agency IRS Form 990.

### OTHER:

- Statistical Report.
- Anti-Terrorism Compliance Measures Form.
- Signed 2019 Agency Requirement Form.

**If any of the above funding request elements are missing or incomplete, please attach a written explanation. The above critical elements are complete and included in the 2019 Community Investment Application.**

Name of Agency:

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Signature/Title of Person Submitting CIA Package

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Date



## 2019 Community Investment Application Narrative

**United Way  
of Androscoggin County**

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**Agency Name:**

**Address:**

**City, State, Zip:**

**Telephone:**

**Website Address:**

**Program Title:**

**Priority Area under which Program Falls:**

Education

Income

Health

**Outcome to which Agency is Responding:**

**Program Investment Request:**

**Agency Fiscal Year:**

**Cost per Unit Served:**

**How is Above Cost Determined?**

**Contact Person:**

**Telephone Number:**

**E-Mail:**

**FAX Number:**

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Presented to United Way of Androscoggin County on \_\_\_\_\_ (*date of submission*). Agency agrees to meet all of the requirements and criteria established by this United Way, and to abide by the fund-raising policies and procedures as presented.

\_\_\_\_\_  
Chief Professional Officer

\_\_\_\_\_  
Chief Volunteer Officer (Chair of Board of Directors)

Date: \_\_\_\_\_

Date: \_\_\_\_\_

This Community Investment Application was considered and approved by the Board of Directors of the above agency on

\_\_\_\_\_  
(Date)



## 2019 Community Investment Application Narrative

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**I. Statement of the need at year end 2018-2019.** *(Limit to 1,500 characters with spaces)*

**II. Program prevention, intervention or combination. Please explain if needed.** *(Limit to 1,500 characters with spaces)*



## 2019 Community Investment Application Narrative

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**III. Most significant accomplishments of the program 2019. If your program received funding in 2019, what were the outcomes reached? If new program, what are the outcomes?** *(Limit to 1,500 characters with spaces)*

**IV. Greatest challenges faced by the program in 2018-2019. Include systemic barriers.** *(Limit to 1,500 characters with spaces)*



## 2019 Community Investment Application Narrative

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**V. In response to IV, how are you addressing barriers? Please explain any changes to the program. (*Limit to 1,500 characters with spaces*)**

**VI. How will the UWAC investment be utilized in 2020? (*Limit to 1,500 characters with spaces*)**

United Way of Androscoggin County

(Name of Agency) \_\_\_\_\_ Program Logic Model

(Please complete a separate table for each program requesting funding)

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Program Mission or Goal(s):

Brief Program Description:

<b>Activities</b>	<b>Outcomes</b>	<b>Indicators</b>
<b>Example:</b> A Place for Girls Journey Session: Friendship Circle	Instruction by Program Specialists	87% developed a strong sense of self, critical thinking skills, and positive values.



**United Way  
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## **2019 Community Investment Agency Supplemental Fundraising Activity Form**

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1. Please list each project and financial results from last completed fiscal year. If UWAC funds are used for a match please list or explain.

2. Please list all anticipated fund-raising activities planned for the upcoming budget year.



# 2019 Community Investment Statistical Report

**United Way  
of Androscoggin County**

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Statistical Report: (for last completed fiscal year)

Agency/Program \_\_\_\_\_

Agency Definition of "**Unit of Service**":

Town	United Way Funding		Total	
	# Served (undupl.) FY	Units of Service FY	# served FY	Units of Service FY
Auburn				
Durham				
Greene				
Leeds				
Lewiston				
Lisbon(s)				
Mechanic Falls				
Minot				
Poland				
Sabattus				
Turner				
Wales				
TOTAL				
Franklin County				
Oxford County				

## Counterterrorism Compliance

In compliance with the spirit and intent of the USA PATRIOT Act and other counterterrorism laws, United Way of Androscoggin County requests that each Agency certify that it is in compliance.

**Organization Name:** \_\_\_\_\_  
*(Partner Agency Name)*

Check the Appropriate Box to Indicate Your Compliance with Each of the Following:	Comply	Do Not Comply
This Organization is not on any federal terrorism "watch lists," including the list in Executive Order 13224, the master list of specially designated nationals and blocked persons maintained by the Treasury Department, and the list of Foreign Terrorist Organizations maintained by the State Department.	<input type="checkbox"/>	<input type="checkbox"/>
This Organization does not, will not and has not knowingly provided financial, technical, in-kind or other material support or resources* to any individual or entity that is a terrorist or terrorist organization, or that supports or funds terrorism.	<input type="checkbox"/>	<input type="checkbox"/>
This Organization does not, will not and has not knowingly provided or collected funds or provided material support or resources with the intention that such funds or material support or resources be used to carry out acts of terrorism.	<input type="checkbox"/>	<input type="checkbox"/>
This Organization does not, will not and has not knowingly provided financial or material support or resources to any entity that has knowingly concealed the source of funds used to carry out terrorism or to support Foreign Terrorist Organizations.	<input type="checkbox"/>	<input type="checkbox"/>
This Organization does not re-grant to organizations, individuals, programs and/ or projects outside of the United States of America without compliance with IRS guidelines.	<input type="checkbox"/>	<input type="checkbox"/>
This Organization takes reasonable, affirmative steps to ensure that any funds or resources distributed or processed do not fund terrorism or terrorist organizations.	<input type="checkbox"/>	<input type="checkbox"/>
This Organization takes reasonable steps to certify against fraud with respect to the provision of financial, technical, in-kind or other material support or resources to terrorists and terrorist organizations.	<input type="checkbox"/>	<input type="checkbox"/>

\* In this form, "material support and resources" means currency or monetary instruments or financial securities, financial services, lodging, training, expert advice or assistance, safe houses, false documentation or identification, communications equipment, facilities, weapons, lethal substances, explosives, personnel, transportation, and other physical assets, except medicine or religious materials.

I certify on behalf of the Organization listed above that the foregoing is true.

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_