**2020 COMMUNITY INVESTMENT**

**APPLICATION NARRATIVE**

**OXFORD COUNTY**

AGENCY NAME:

ADDRESS;

CITY, STATE, ZIP:

TELEPHONE:

WEB SITE ADDRESS:

PROGRAM TITLE:

PRIORITY AREA UNDER WHICH PROGRAM FALLS:

Education: Supports families to ensure children are ready to succeed when they enter school, as well as beyond.

Health: Ensures individuals and families have access to services promoting physical and mental well-being.

Income: Works to ensure basic needs are met in our community.

OUTCOME TO WHICH AGENCY IS RESPONDING:

PROGRAM INVESTMENT REQUEST:

AGENCY FISCAL YEAR:

COST PER UNIT SERVED:

HOW IS THE ABOVE COST DETERMINED:

CONTACT PERSON:

Telephone Number:

E-Mail:

FAX Number:

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 fundraising policies and procedures as presented.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chief Professional Officer Chief Volunteer Officer

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

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

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



**2020 COMMUNITY INVESTMENT**

**CRITICAL CRITERIA CHECKLIST**

**OXFORD COUNTY**

To assist you in ensuring that your 2020 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 mark for those CIA elements which are enclosed. **Please mail the** **application to United Way of Androscoggin County, P.O. Box 888, Lewiston, ME 04243 and email a copy to Joleen Bedard, Executive Director at** [**jbedard@unitedwayandro.org**](mailto:jbedard@unitedwayandro.org)**.**

PROPOSAL NARRATIVE:

Signed Cover Sheet.

Name of Contact Person, with telephone, fax and e-mail information.

(I) Statement of Problem at Year End 2020.

(II) Program Prevention, Intervention or Combination (with explanation if needed).

(III) Most Significant Accomplishments of the Program in 2020.

(IV) Greatest Challenges Faced by the Program in 2020 (including Systemic Barriers).

(V) How will the UWAC Investment be Utilized in 2021?

BUDGET INFORMATION:

Community Investment Forms 1 and 2.

Agency Supplemental Fund Raising Activity Form.

Current Agency Audit

Current Agency IRS Form 990.

OTHER:

\_\_\_\_\_\_Statistical Report.

\_\_\_\_\_\_Anti-Terrorism Compliance Measures Form.

IF ANY OF THE ABOVE FUNDING REQUEST ELEMENTS ARE MISSING OR INCOMPLETE, PLEASE ATTACH A WRITTEN EXPLANATION.

THE ABOVE CRITICAL ELEMENTS CHECKED ARE COMPLETE AND INCLUDED IN

COMMUNITY INVESTMENT APPLICATION.

Name of Agency

Signature/Title of Person Submitting CIA Package Date

**2020 COMMUNITY INVESTMENT**

**APPLICATION NARRATIVE**

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**l. STATEMENT OF THE PROBLEM AT YEAR END 2020.** *(Limit to 1,500 characters with spaces)*

**ll. PROGRAM PREVENTION, INTERVENTION OR COMBINATION. PLEASE EXPLAIN IF NEEDED.** *(Limit to 1,500**characters with spaces)*



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**OXFORD COUNTY**

**lll. PROPOSED OUTCOMES AND MOST SIGNIFICANT ACCOMPLISHMENTS OF THE PROGRAM 2020.** *(Limit to 1,500 characters with**spaces.)*

**lV. GREATEST CHALLENGES FACED BY THE PROGRAM IN 2020, INCLUDING SYSTEMIC BARRIERS.** *(Limit to 1,500**characters with spaces.)*



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**APPLICATION NARRATIVE**

**OXFORD COUNTY**

**V. HOW WILL THE UWAC INVESTMENT BE UTILIZED IN 2021?** *(Limit to 1,500 characters with spaces.)*

**VI. OUTREACH.** *(Limit to 1,500 characters and spaces)*

**COMMUNITY INVESTMENT**

**APPLICATION NARRATIVE**

**OXFORD COUNTY**

**VII. STAFF ORGANIZATION:** *(Limit to 1,500 characters and spaces)*

**VIII. COMMUNITY COLLARBORATION:** *(Limit to 1,500 characters and spaces)*



**2020 COMMUNITY INVESTMENT**

**AGENCY SUPPLEMENTAL**

**FUNDRAISING ACTIVITY FORM**

**OXFORD COUNTY**

1. Please list each project and financial results from the last completed fiscal year.
2. Please list all anticipated fundraising activities planned for the upcoming budget year.



**2020 COMMUNITY INVESTMENT**

**STATISTICAL REPORT**

**OXFORD COUNTY**

STATISTICAL REPORT: (for last completed fiscal year)

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

Agency Definition of UNIT OF SERVICE:

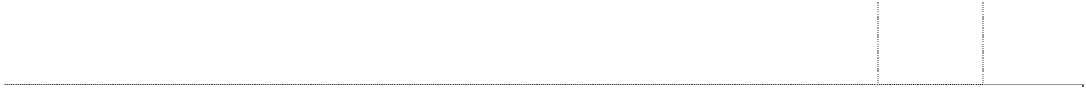
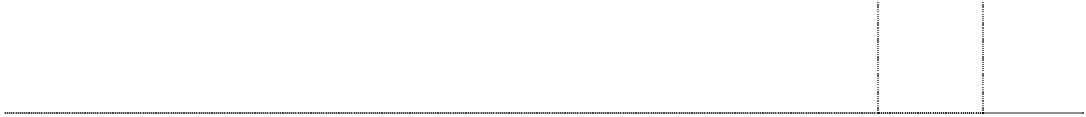
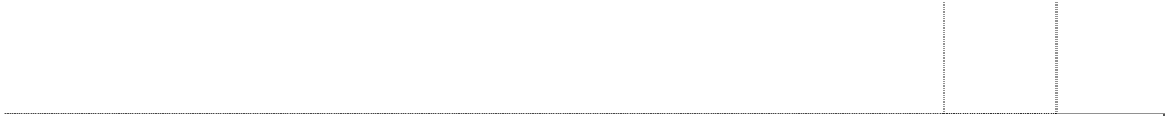
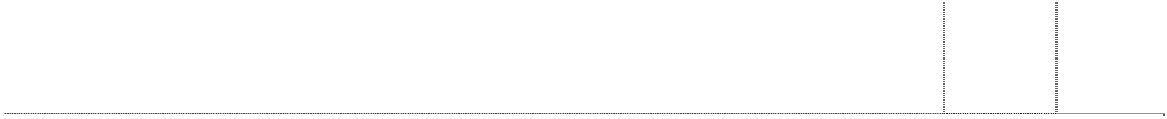
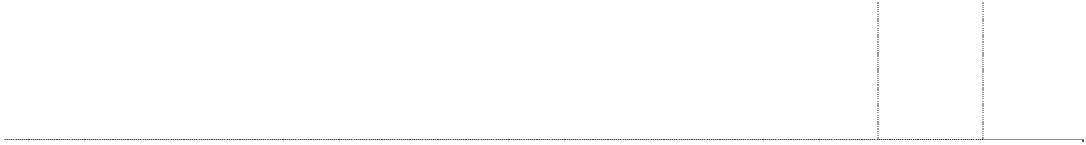
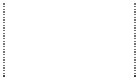
|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | United Way Funding | | Total | |
| TOWN | # Served (undupl.)  FY | Units of Service FY | # served FY | Units of Service FY |
| Andover |  |  |  |  |
| Bethel |  |  |  |  |
| Brownfield |  |  |  |  |
| Buckfield |  |  |  |  |
| Byron |  |  |  |  |
| Canton |  |  |  |  |
| Denmark |  |  |  |  |
| Dixfield |  |  |  |  |
| Fryeburg |  |  |  |  |
| Gilead |  |  |  |  |
| Greenwood |  |  |  |  |
| Hanover |  |  |  |  |
| Hartford |  |  |  |  |
| Hebron |  |  |  |  |
| Hiram |  |  |  |  |
| Lovell |  |  |  |  |
| Mexico |  |  |  |  |
| Newry |  |  |  |  |
| Norway |  |  |  |  |
| Otisfield |  |  |  |  |
| Oxford |  |  |  |  |
| Paris |  |  |  |  |
| Peru |  |  |  |  |
| Porter |  |  |  |  |
| Roxbury |  |  |  |  |
| Rumford |  |  |  |  |
| Shepardsfield Plantation |  |  |  |  |
| South Paris |  |  |  |  |
| Stoneham |  |  |  |  |
| Stowe |  |  |  |  |
| Sumner |  |  |  |  |
| Sweden |  |  |  |  |
| Upton |  |  |  |  |
| Waterford |  |  |  |  |
| West Paris |  |  |  |  |
| Woodstock |  |  |  |  |
| TOTAL |  |  |  |  |

**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:**

*(Print 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.  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.  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.  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.  This Organization does not re-grant to organizations, individuals, programs and/or projects outside of the United States of America with out compliance with IRS guidelines.  This Organization takes reasonable, affirmative steps to ensure that any funds or resources distributed or processed do not fund terrorism or terrorist organizations.  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. | | |

\* 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: