A blue and white logo with a person in a circle and a hand

Description automatically generated

**Request for Funding Checklist**

**Agency:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Program:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Complete and include one copy of checklist with each proposal.

**IMPORTANT NOTE**: You must submit a complete set of **Required Documents A** for each program request in *multiple areas of concern*.

|  |  |
| --- | --- |
|  | **REQUIRED DOCUMENTS A** |
| □ | Please upload the following documents within the web form as requested:  □ Form 1: Work Plan and Evaluation  □ Form 2: Agency Budget and Reserves  □ Form 3: Geographic and Demographic Final Report  □ 2023 Form 1: Evaluation Outcome Report – with Actual Totals Added  □ 2024 Form 1: Evaluation Outcome Report – as submitted in 2022, **do not alter**  □ 2024 Board of Directors list, including professional affiliation and contact information  (address, telephone, and email)  □ 2025 Program Testimonials |
| **IMPORTANT NOTE**: Please upload the following documents within the web form as requested. | |
|  | **REQUIRED DOCUMENTS B** |
| □ | 1 agency brochure |
| □ | 1 copy evidence of annual Federal Form 990 submission (example: cover sheet or electronic confirmation) |
| □ | 1 copy State Attorney General’s Office Charities Division annual report |
| □ | 1 copy agency by-laws |
| □ | 1 copy 2023 year-end financial statement including balance sheet, budget to actual, and profit & loss sheets |
| □ | 1 copy most recent completed audit or compilation, if performed. |
| □ | Signed copy of Agency Correspondence Policy |
| □ | Signed copy of Counterterrorism Compliance Form |
| □ | 1 copy proof of insurance (see list on back) |
|  | |

* **Proof of Insurance**- Please have your agent(s) send us a certificate of insurance for the following coverages you have in place, *if applicable to your organization*:
  + Property
  + Liability
  + Worker’s Compensation
  + Auto
  + Professional liability
  + Management (D & O, E & O, Fiduciary, EPL, Crime)
  + Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **DUE DATE**  Proposals due in the UWSC office: 3/29/2024 by 4:00 pm  Mail or hand deliver to: 1850 Austin Rd. Ste 103, P.O. Box 32, Owatonna, MN 55060 |