

Funding Application Checklist

Submit **ONE (1) of each item to ORIGINAL PACKET ONLY** as addendums, 3 hole punched, NO STAPLES

**Current
UWSC
Funded
Agency**

**Not
Current
UWSC
Funded
Agency**

REQUIRED DOCUMENTATION

	<input type="checkbox"/>	501 C (3) IRS tax exemption letter
	<input type="checkbox"/>	NC Department of Revenue tax exemption letter
	<input type="checkbox"/>	NC Solicitation License or exemption letter
	<input type="checkbox"/>	Agency and Program marketing/advertising materials (e.g. brochures)
	<input type="checkbox"/>	Agency By-laws
	<input type="checkbox"/>	Board Approved policy regarding non-discrimination signed by the Board President
<input type="checkbox"/>	<input type="checkbox"/>	Financial Records Attached in accordance with Audit Policy
<input type="checkbox"/>	<input type="checkbox"/>	I certify that I have read and understand the Audit Policy
<input type="checkbox"/>	<input type="checkbox"/>	I certify that I have read and understand the Agreement of Affiliation
<input type="checkbox"/>	<input type="checkbox"/>	I certify that I have read and understand the Supplemental Fundraising Policy
<input type="checkbox"/>	<input type="checkbox"/>	Supplemental Fundraising Form Attached - if applicable
<input type="checkbox"/>	<input type="checkbox"/>	List of Board of Directors (include addresses)

Submit **ONE (1) of each item to ORIGINAL PACKET ONLY**, 3 hole punched, NO STAPLES

<input type="checkbox"/>	<input type="checkbox"/>	Program Funding Request Application
<input type="checkbox"/>	<input type="checkbox"/>	Budget Variance Form
<input type="checkbox"/>	<input type="checkbox"/>	Program Staff Positions
<input type="checkbox"/>	<input type="checkbox"/>	Program Participant Demographics
<input type="checkbox"/>	<input type="checkbox"/>	Audit OR if n/a Most Recent IRS Form 990 OR if n/a Most Recent 6 Months Bank Statements and
		Include Income Statement and Balance Sheet