



United Fund of Perry

P.O. Box 294
Perry, OK 73077

If your organization wishes to participate, please provide the information requested on the enclosed application forms. Please address each item and only submit a complete application. Incomplete application may be at risk for reduced or no funding.

Electronic, typed, or online applications are REQUIRED.

Participation Guidelines for *The United Fund of Perry, Inc.*

All entities desiring to be included in the United Fund Drive must agree to the "Agreement with Agencies" provision as expressed in Article XI of the by-laws of the United Fund of Perry, Inc. These terms are expressed as follows:

1. Unless previously disclosed in the current Allocation Request, to conduct no benefits, campaigns or solicitations for financial assistance for ordinary routine purposes within the geographic area included in the campaign of this organization except with the consent first obtained from the Board of Directors.
2. After being given full consideration and hearing, to accept the apportionment of funds made to it by the United Fund Board.
3. To maintain a responsible management, with a qualified board of directors or administrative committee which shall meet at least four times a year and a responsible local management.
4. To cooperate with social agencies in preventing duplication of effort and in promoting effective service, efficiency, and economy of administration.
5. To undertake no new line of work or substantial expansion of service in the community except with the consent first obtained from the Board of Directors of this organization.
6. To keep complete and regular books of accounts open to inspection by a representative of the United Fund. To submit to the organization such reasonable information concerning finances, programs, etc. and in such form as the Board of Directors may require.
7. To abide by the rule and regulations as promulgated by the Board of Directors of this organization.

**Applications are due back by close of business on October 9, 2026
Interviews will be on October 22, 2026**

Agency Name: _____

Allocation Request Amount: \$ _____

President or Chairperson: _____

Agency Mailing Address: _____

Contact Number: _____ Contact Email: _____

Vice-President or Chairperson: _____

Secretary: _____ Treasurer: _____

Other Board Members & Staff: _____

Your organization agrees to the following:

1. **PHOTO REQUIREMENT:** Organizations receiving United Fund funding will be required to provide photographs showing the organization, its programs, activities, projects, or use of United Fund dollars. Photographs must be submitted to Amy Chenowith with application.
2. **PERMISSION TO USE PHOTOS:** By accepting United Fund funding, your organization authorizes the United Fund of Perry, Inc. to use submitted photographs for promotional and informational purposes, including brochures, newspaper articles, social media, flyers, campaign materials, and other publications.
3. **FUNDRAISING ACTIVITIES:** Organizations receiving United Fund funding may be asked to limit, coordinate, or reduce the number of additional fundraising activities conducted throughout the year. The purpose of this requirement is to reduce overlapping fundraising efforts within the Perry community and support the United Fund's mission of conducting a coordinated community-wide fundraising campaign.
4. **CONDITION OF PARTICIPATION:** Compliance with these requirements, including supporting and promoting the annual United Fund Drive, is a condition of receiving and continuing to receive United Fund funding. Failure to comply may be considered by the Board of Directors when making current or future funding decisions.

By signing below, I acknowledge that I have read, understand, and agree to these conditions on behalf of the organization.

Agency Representative Signature: _____ Date _____

Agency Name: _____

Allocation Request Amount: \$_____

ORGANIZATION INFORMATION

1. Briefly describe your organization, its mission, and the programs or services it provides to residents of Perry and/or Noble County.

2. Explain how your organization addresses a health or human-care issue, meets a community need, or provides a local service that benefits Perry and/or Noble County.

3. Approximately how many people does your organization serve in Perry and/or Noble County each year?

Number Served: _____

4. Fundraising – Past 12 Months

List each fundraiser conducted during the past 12 months and the NET profit from each.

Net Profit = Total Amount Received minus Expenses

<u>Fundraiser</u>	<u>Total Received</u>	<u>Expenses</u>	<u>Net Profit</u>
1.	\$	\$	\$
2.	\$	\$	\$
3.	\$	\$	\$
4.	\$	\$	\$
5.	\$	\$	\$
6.	\$	\$	\$

5. Describe specifically how the United Fund dollars requested will be used.

6. Prior-Year Funding (*if applicable*)

Did you receive United Fund funding last year?

___ Yes

___ No

Agency Name: _____

Allocation Request Amount: \$_____

Your agency may submit internally prepared Financials or complete the following:

**Statement of Financial Position
As of September 30, 2026 or August 31, 2026**

ASSETS:

1. Cash: _____
2. Receivables: _____
3. Prepaid Expenses: _____
4. Investments: _____
5. Property and Equipment, Net: _____

TOTAL ASSETS

LIABILITIES:

1. Accounts Payable: _____
2. Accrued Expenses: _____
3. Notes Payable: _____
4. Other: _____

TOTAL LIABILITIES

TOTAL NET ASSETS

TOTAL LIABILITIES & NET ASSETS

Total Assets minus Total Liabilities equals Net Assets.
Total Liabilities & Net Assets should equal Total Assets.