



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.

Electronic, typed, or online applications are **STRONGLY encouraged.**

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 to Mason Bolay **August 29, 2025**

m.bolay@fbt.bank

Agency Name: _____

Allocation Request Amount: \$_____

President or Chairperson: _____

Contact Number: _____

Agency Mailing Address: _____

Vice-President or Chairperson: _____

Secretary: _____

Treasurer: _____

Other Board Members & Staff: _____

United Fund of Perry would like to include pictures of your organization to help promote and advertise. We would ask that you include any pictures that we may use in brochures, newspaper articles, fliers, etc. By signing the line below, you are releasing the images to United Fund to use at the Board of Directors discretion.

Agency Representative Signature: _____ Date _____

Agency Name: _____

Allocation Request Amount: \$_____

1. Describe your agency, mission and how it benefits Noble County.
2. Describe your agency's fundraising activities.
3. Describe your programs and services.
4. List the number of people your agency serves in Noble County.
5. Describe how United Fund dollars will be used by your agency.
6. If you received United Fund dollars in the previous year, describe in detail how the funds were spent in Noble County.

Agency Name: _____

Allocation Request Amount: \$_____

Your agency may submit internally prepared financial statements or complete the following Statement of Activities and Statement of Financial Position.

**Statement of Activities
January 1, 2024 thru December 31, 2024**

REVENUE:

- | | |
|--------------------------------|-------|
| 1. Contributions: | _____ |
| 2. Special Events: | _____ |
| 3. Legacies and Bequests: | _____ |
| 4. Foundation Income: | _____ |
| 5. Fees and Grants: | _____ |
| 6. Membership Dues: | _____ |
| 7. Program Fees: | _____ |
| 8. Sales to Public: | _____ |
| 9. United Fund of Perry, Inc.: | _____ |
| 10. Other: Specify: | _____ |
| 11. Other: Specify: | _____ |

TOTAL INCOME

EXPENSES:

- | | |
|-----------------------------|-------|
| 1. Salaries and Wages: | _____ |
| 2. Occupancy: | _____ |
| 3. Supplies: | _____ |
| 4. Insurance: | _____ |
| 5. Telephone and Utilities: | _____ |
| 6. Other: Specify: | _____ |
| 7. Other: Specify: | _____ |

TOTAL EXPENSES

EXCESS/DEFECIT

(Income minus Expenses)

Agency Name: _____

Allocation Request Amount: \$_____

**Statement of Financial Position
As of June 30, 2025**

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.