**Harvey County United Way**

Community Investment Grant Application

Grant Year April 1, 2010 to March 31, 2021

**ADDENDUM A – (COMPLETE ONLY IF APPLICABLE).**

Organization Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- |
| If your organization is part of a state or national affiliation, how does Harvey County and your agency benefit from the regional/state affiliation? |
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| --- | --- | --- |
|  | State Affiliation | National Affiliation  |
| List the amount of your income sent to the affiliate last year.  |  |  |
| What percent is this of your total budget?  |  |  |
| What amount do you raise locally?  |  |  |
| What percent is this of your total budget?  |  |  |
| What amount do you retain locally?  |  |  |
| What percent is this of your total budget?  |  |  |
| Does your affiliate conduct a fundraising campaign for its service area? (If yes, describe below)  |  |  |
| Does your affiliate conduct a fundraising campaign in Harvey County?  |  |  |
| If applicable, please describe fundraising activities by your affiliate including description, duration/months, and your participation:  |