



United Way  
of Monroe County

**AGENCY APPLICATION**  
**2010-2011 Grant Process**

**SECTION 1**

Applying Partner Agency The Follow Me Foundation Inc.

Address (Main Office) 402 Analomink Rd, East Stroudsburg pa. 18301

Phone\_(570) 420-1077 Fax\_(570) 424-6811

Executive Director (Chief Professional Officer)\_Gerald Reynolds

E-Mail [Address angels4u@ptd.net](mailto:angels4u@ptd.net) Website\_www.followmefoundation.org

Agency Board President\_Gerald Reynolds Term of Service\_4 Years

Address\_15 Wooded Acres Dr, Stroudsburg Pa. 18360

Phone\_(570) 420-1077 Fax\_(570) 424-6811

E-Mail [Address angels4u@ptd.net](mailto:angels4u@ptd.net)

Give a summary (25 word) description of the agency's mission (use SECA description if applicable)  
To reach out to ALL in need of food. We supply the most nutritious food available to us for  
distribution to the less fortunate working and non working families in our community.

Complete Agency Financial Form (see attached template)

Submit all other documents requested (see attached list)

**SIGNATURES (Required with Application)**

I (signed below) certify that the information presented, both narratives and financials, are presented truthfully and to the best of the agency's abilities.

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Executive Director or CEO

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Board President

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Board Treasurer

**APPLICATIONS ARE DUE: 4:30 p.m. FRIDAY FEBRUARY 12, 2010**

**REQUIRED AGENCY DOCUMENTS**

**2010-2011 Grant Process**

**The following materials are  
ONLY FOR AGENCIES THAT DID NOT PARTICIPATE IN SECA**

- 1) Provide a current listing of the Board of Directors with names, addresses, and phone numbers.
- 2) Provide a copy of your IRS Tax Determination Letter.
- 3) Provide a copy of your **current** certificate of registration from the Department of State, Bureau of Charitable Organizations.
- 4) Please provide a copy of your IRS 990 and a justification of administrative and fundraising expenses over 25% (if applicable). Your IRS 990 **must** cover the same fiscal period as your audit/financial statements.
- 5) Provide agency's **most recent** annual report.
- 6) Provide one agency or program promotional piece such as brochure, newsletter, flyer, etc.
- 7) Provide a copy of your **most recent** financial audit.

**THE FOLLOWING MATERIALS ARE REQUIRED BY ALL  
APPLYING AGENCIES**

- A. Give examples of how the organization identifies itself as a United Way partner agency. Please provide samples if applicable such as letterhead or brochure, etc.
- B. Provide some organizational structure showing various programs and lead volunteer/staff.
- C. Provide a schedule of Board meetings for the past year. Also, please have the past year's Board minutes available at the upcoming site visit.

**PLEASE SUBMIT APPLICATION & FINANCIAL MATERIALS  
ELECTRONICALLY TO [monica@unitedwaymonroe.org](mailto:monica@unitedwaymonroe.org)**

**APPLICATIONS ARE DUE: 4:30 p.m. FRIDAY FEBRUARY 12, 2010**

## **PROGRAM APPLICATION**

### **2010-2011 Grant Process**

## **SECTION 2**

(If you are seeking funding for more than one program, complete a separate program application for each)

Program Name\_Food for Friends

Address (Program Location) \_402 Analomink rd, East Stroudsburg Pa. 18301

Phone\_(570) 420-1077 Fax\_(570) 424-6811

Primary Contact for Program \_Gerald Reynolds

E-Mail [Address angels4u@ptd.net](mailto:angels4u@ptd.net) Website\_www.followmefoundation.org

Name the targeted community concern addressed through this program (i.e. youth delinquency)

The target community concern for us is ALL in need of food for themselves and their families. We are the safety net for those individuals who are hit hard by bad economic times. These people do not qualify for public assistance but do not have the ability to make ends meet financially. We also assist in supplying mothers with infants with baby formula and clothing.

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Provide a brief written summary of the program seeking funding in 2010-11

The food for friends program reaches out to ALL in need of food. We supply our guests with a \$10 food card as well as bagged groceries, when available. Our guests receive food on a bi-monthly basis, with extreme cases more often.

What is the target population(s)? Give supporting demographic need information and source.

Our target population is all of Monroe County. The majority of our recipients come to us from the 18301 area (east Stroudsburg) and 18360 (Stroudsburg) with the rest spread out over the following zip codes: 18058,18302,18321,18322,18324,18326,18344,18335,18353,18466,18372. The source of this information is our data base.

Describe how the program improves the lives of the targeted population

Our program provides the daily nutritional values required and promotes healthier eating habits. Our guests may not always have the fund to provide their family's with these necessary needs. Our guests are always welcomed with the utmost respect and dignity.

Complete Program Outcome Worksheet (**attach using UWMC template**)

Complete Program Financial Form (**attach using UWMC template**)