

## **BASIC CRITERIA FOR FUNDING**

### **GENERAL FUNDING POLICIES**

- All United Way agencies shall request monies by program, and not general agency support. (see definition below)
- Agencies which address critical basic human needs shall be given priority consideration for receiving United Way allocations
- Application does not guarantee funding

### **NON-FUNDED AGENCY POLICIES**

- A non-funded agency can use the United Way name and benefit from member agency status (including the receipt of designated contributions) if all the necessary financial reporting requirements of the Board of Directors and Admission and Distribution Committee are met by the annual deadline.

*Adopted May 25, 1995*

### **DEFINITION:**

**PROGRAM:** A program is that specific piece, part, or portion of an agency's overall operation for which funding is requested. For many smaller agencies, it is understood that the agency itself may be the entire program. When larger agencies are involved, however, we need to break out the specific part of the agency's operation (the program) for which United Way funding is to be used. We are looking for a specific, tangible and articulatable program that we can show has a direct impact on needy individuals in our community; a specific service which your agency has determined is needed, that can be provided in a cost effective manner, and produces beneficial and measurable results. We are interested in such things as: supported memberships for underprivileged youth; prescriptions for medication; hot meals delivered to home bound seniors; medical care for an uninsured family; teaching a specific course to children or emergency worker; and transportation for medical treatment.

**Program funding is not money for general agency support.** It is not money to simply fill in the gaps in your general agency budget not covered from other funding sources or program fees.

*Adopted August 27, 1998*

# **SUPPLEMENTARY FUND RAISING POLICY**

## *GENERAL STATEMENT*

The partnership of the United Way and its member agencies is one of the great assets of our community. Efforts from both entities continue to strengthen each other, for as the parts of are strong so shall be the whole. The United Way encourages agencies to continually have adequate capital. Agencies are encouraged towards greater financial independence and stability. Towards this end, the member agencies should live within the following guidelines.

## **ANNUAL FUND RAISING ACTIVITIES**

### A. Allowable fund raising activities

1. Special events – where tickets may be sold to the public to generate “net profit” funds.
2. Product sales – merchandise sales for value received.
3. Client fees – for services provided.
4. Membership – agencies may solicit individuals who have an interest in the agency’s programs for constituent memberships.
5. Grant requests – program and special project needs.

### B. Allowable prospects

1. Foundations/Trusts – private and family foundations
2. Corporations/Business
3. Individuals
4. Public at Large – special events and product sales

### C. Non-allowable fund raising activities and prospects

1. Employee Solicitation – through a workplace-giving program
2. Direct Mail Solicitation– during the annual United Way campaign dates of Sept 1 – Oct 31.
3. Corporate/Business Solicitation– participants in United Way and those who give through the United Way office during Sept 1 – Oct 31.

## *DEFERRED GIFTS*

- A. Testamentary gifts – An individual’s Will may provide a bequest to one or more charitable organizations. The development of testamentary gifts is encouraged as a fund raising activity.
- B. Other types of deferred gifts such are Charitable Remainder Annuity Trusts and Unitrusts and Gift Trusts; and Insurance are encouraged.

**CONDITIONS FOR THE ADMISSION OF AGENCIES**

A member agency of United Way of Grays Harbor MUST:

1. Be incorporated in the State of Washington as a charitable organization according to the IRS under the code 501(c)(3) under which contributed income is fully exempt from Federal and state taxes. The 501(c)(3) category also confers tax deductions on donations made to such organizations.
2. Be governed by a responsible, active volunteer Board of Director’s that serves without pay, meets regularly and exercises effective administrative control. We request that at least one member of the policy making board be a resident of Grays Harbor and/or Pacific County.
3. Provide a program or human service that meets a community need and is appropriate to the volunteer field.
4. Comply with the non-discrimination policies of the federal government.
5. Be willing to comply with policies and procedures established by United Way and to sign an agreement annually so stating.
6. Maintain efficient, effective and economical operation in conformance with modern financial practices, procedures and budgetary control. Submit a complete financial report compiled in accordance with the American Institute of Certified Public Accountants Statement on Standards for Accounting and Review Services, which includes an Audit from the most recently completed fiscal year; to be supplied within six (6) months following the completion of the year
7. Demonstrate reasonable expectation that the agency, with its staff, resources and organization structure, can accomplish it’s stated objectives.
8. Give evidence that the public is or will be willing to support the program.
9. Demonstrate that community wide financial support through United Way is needed in addition to income generated by fees, memberships, grants and other sources.
10. Have been doing business in Grays Harbor County for a minimum of two years prior to admission as a member agency. Exception: a new agency formed and designated to meet a particular community need and on the recommendation of the A&D Committee may be accepted as a participating agency.
11. Failure to comply with any of these conditions for the Admission of Agencies could result in the interruption or termination of United Way funding.

**Organizational Standards- If you answer NO to any of these you do not qualify for United Way Funding**

**Please check “Yes” or “No” as appropriate next to each statement.**

<i>Yes</i>	<i>No</i>	
___	___	Agency is classified as a 501©3. Date of status determination _____.
___	___	Agency has a board-approved vision or mission statement that is accurately reflected in program for which United Way funding is requested.
___	___	Agency has written by-laws meeting state and federal requirements.
___	___	Agency has a board that meets at least quarterly and keeps written minutes of its meetings that are kept in a designated location.
___	___	New board members are oriented to the organization, including the organizations mission, bylaws, policies, and programs, as well as their roles and responsibilities as board members.
___	___	Agency provides written financial reports to the board at least quarterly.
___	___	Agency has affirmatively determined whether it will maintain board/officers’ liability insurance.



**Partner Agency Application**  
**APPLICATION DEADLINE IS 3pm February 10, 2012**

Program Name \_\_\_\_\_

<b>For Agency Use:</b>	<b>For UWGH Use:</b>
Mark line with X	DATE
if submitted	RECEIVED

***PART 1***

**FUNDING APPLICATION (25 copies - 3 hole punched - stapled in upper left hand corner.)**

Section 1 -Agency Information /Funded Program Results/Program Information (including the cover sheet)	_____	_____
Section 2- Financial Information- including Budgets and Narrative, and supplemental information	_____	_____
Section 3- Program Logic Model/Resolution	_____	_____
IRS from 990 from the most recently completed fiscal year (first 2 pages only)	_____	_____
Copy of signed United Way audit exemption (if applicable)	_____	_____
Current List of the Policy Making Board Members	_____	_____
Most recent Annual Report	_____	_____

***PART 2 (some items may be repeated) These copies are for office use***

**ADDITIONAL INFORMATION (1 copy - assembled and paper clipped together)**

Federal 501©(3) tax-exempt status letter	_____	_____
Recently Completed fiscal year audit (or the Exemption letter FROM the United Way of GH) Note on Audit Submission: -If fiscal year end is 6/30/11, a 2011 audit should be submitted -If fiscal year end is 12/31/11, a 2010 audit should be submitted	_____	_____
Minutes for the three most recent Board meetings	_____	_____
Current acceptance letter registering you as a Charitable Organization under the State of Washington Charitable Solicitations Act	_____	_____
Comprehensive brochure describing Agency and Program	_____	_____
Current address list of Board of Directors or Advisory Council Members	_____	_____

**Incomplete packets will be returned and will not be accepted for this funding cycle.**

Deliver to the United Way of Grays Harbor, 101 E. Market Street, #544, Aberdeen, WA 98520

QUESTIONS: Call the United Way office, 532-6260.

# **ANNUAL FUNDING APPLICATION COVER SHEET**

## **GENERAL PARTNER AGENCY INFORMATION**

**NAME OF AGENCY/PROGRAM:** \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

WEBSITE: \_\_\_\_\_

**EXECUTIVE DIRECTOR:** \_\_\_\_\_

PROGRAM CONTACT PERSON (if different): \_\_\_\_\_

LOCAL ADDRESS (if different): \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

LOCAL PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

BOARD PRESIDENT or ADVISORY COUNCIL CHAIR: \_\_\_\_\_

TERM OF OFFICE: FROM: \_\_\_\_\_ TO: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

How Many Members of your board/council reside in Grays Harbor? \_\_\_\_\_ Pacific County? \_\_\_\_\_

**TOTAL FUNDING REQUESTED:** \$ \_\_\_\_\_

(Please list in order of priority)

PROGRAM: \_\_\_\_\_ \$ \_\_\_\_\_

PROGRAM: \_\_\_\_\_ \$ \_\_\_\_\_

PROGRAM: \_\_\_\_\_ \$ \_\_\_\_\_

PROGRAM: \_\_\_\_\_ \$ \_\_\_\_\_

*By signing below, it is acknowledging that this application is complete with all the requested information. I have looked it over and concur all information within the application is correct. I have also read and understand the criteria for funding, supplementary fund raising policy, and conditions for the admission of agencies.*

\_\_\_\_\_

*Signature of Person Completing Application*

\_\_\_\_\_

*Signature of the Executive Director*

Program Name: \_\_\_\_\_

## **Section 1: Program Overview & Outcome Measurement**

**(USE A SEPARATE SET OF FORMS FOR EACH PROGRAM)**

The Program Overview highlights key information and describes the program that is being considered for funding.

The Program Overview should include the following:

- 1) A brief history of the organization;
- 2) A program summary; include mission and vision.
- 3) The community need addressed [including a demographic profile of the targeted population (age, gender, race, income levels, etc.) and service area];
- 4) Who are the intended beneficiaries for this program? How many program participants are you projecting for the funding period?
- 5) Why do the intended beneficiaries need the program at this point in their lives?
- 6) To what extent does their situation reflect a greater need, trend, or issue in the community?
- 7) Describe your approach or strategy to achieving success with the beneficiaries.
- 8) Why are you confident that it is the best approach or strategy with these individuals
- 9) What outcomes or impact does the program/service provide and how is it measured?
- 10) Provide the most recent program/service statistics.
- 11) Is this service/program provided by any other organization in the service area and if so who?
- 12) Current challenges facing the program (other than funding);

# 2011 FUNDED PROGRAM RESULTS

PLEASE QUANTIFY THE PROGRAM SERVICES THAT WERE PROVIDED IN 2011 FOR THE PROGRAMS FUNDED BY UNITED WAY.

PROGRAM	RESULTS FROM THE SERVICE PROVIDED
2011 (past twelve months) Example: Safe Haven Shelter	41 children, 30 women & 20 men were served with total of 450 bed nights over the year at the shelter
1.	1.
2.	2.
3.	3.
	If you are a new agency applying for partnership, please state "new agency" and state what services you provided from July 2010 – July 2011.

2) **SERVICES PROVIDED IN 2011 BY GEOGRAPHIC AREAS:**  
(This is a breakdown of the total services noted above)

Aberdeen \_\_\_\_\_ Hoquiam \_\_\_\_\_ North Beach \_\_\_\_\_  
 Cosmopolis \_\_\_\_\_  
 Aloha, Copalis Beach, Copalis Crossing, Moclips, Ocean Shores, Ocean City, and Pac Beach \_\_\_\_\_  
 Elma/Oakville \_\_\_\_\_ McCleary \_\_\_\_\_ South Beach(Westport, Grayland, and Ocosta \_\_\_\_\_  
 Montesano \_\_\_\_\_ Satsop/Brady \_\_\_\_\_ Unincorporated (Grays Harbor County) \_\_\_\_\_

**Pacific County**

South Bend \_\_\_\_\_ Raymond \_\_\_\_\_ Tokeland \_\_\_\_\_  
 North Cove \_\_\_\_\_ South County \_\_\_\_\_ Illwaco \_\_\_\_\_  
 Naselle \_\_\_\_\_ Long Beach \_\_\_\_\_ Unincorporated \_\_\_\_\_

**Other: Please specify**

**PROGRAM NAME:** \_\_\_\_\_

**AMOUNT OF FUNDING REQUESTED FOR THIS PROGRAM:** \$ \_\_\_\_\_

1. HOW LONG HAS THIS PROGRAM BEEN OPERATING? \_\_\_\_\_
2. WHAT ARE THE GOALS OF THIS PROGRAM?
3. HOW ARE THESE GOALS MEASURED?
4. HAVE THESE GOALS BEEN MET IN THE PAST? EXPLAIN.
5. Explain how the funding requested of United Way will be utilized.
7. IF THIS IS A NEW PROGRAM, WHAT MOTIVATED ITS INCEPTION?
  - a) Answer the following questions if the program is requesting program expansion funding-
    1. Explain the program expansion.
    2. How does the expansion involve capacity building?
    3. How does the program incorporate funding efficiencies, collaboration and the use of other resources in the expansion?
    4. What are the specific benefits and costs the expanded program?
8. WHO WILL PROVIDE THIS PROGRAM?
  - A. STAFF - specify particular types of positions
  - B. VOLUNTEERS - specify particular types of roles
9. WHERE DOES THIS PROGRAM TAKE PLACE? Please describe...  
(Community, client homes, school, agency facilities, etc...)
10. WHAT OTHER ENTITIES COORDINATE WITH YOU IN YOUR EFFORTS TO PROVIDE THIS PROGRAM? (Please be specific)
  - a) With whom and how does the program collaborate on a formal or informal basis to:
    1. Avoid duplication of services?
    2. Better achieve program outcomes?
    3. Decrease costs

11. DESCRIBE CURRENT OR PLANNED COLLABORATIVE EFFORTS AND ACTIVITIES INVOLVING THE APPLICANT AGENCY. (These may include work with other agencies or groups, and/or municipal, state and federal government. Also include information on how the agency collaborates with other agencies in establishing and maintaining a referral process. If the United Way funding may leverage other sources of funding, provide specific examples and dollar amounts (if available).
12. WHAT WILL BE THE RESULT IF THE PROGRAM IS NOT FUNDED AT THE LEVEL YOU ARE REQUESTING?
13. DESCRIBE HOW THE AGENCY REACHES OUT TO THE COMMUNITY IN GENERAL, AND TO TARGET A GROUP SPECIFICALLY, IN IDENTIFYING CLIENTS FOR THE PROGRAM AND HOW THE PROGRAM IS PUBLICIZED.
14. Does your organization support the United Way? If so how?
15. OTHER INFORMATION YOU WOULD LIKE TO SHARE WITH PANEL MEMBERS (Significant changes at the agency; new staff, changes in the budget due to state/federal cuts, etc...)
16. GIVE **ONE** NARRATIVE EXAMPLE OF HOW THIS **PROGRAM** IMPACTED THE LIFE OF A PARTICIPANT.

Program Name: \_\_\_\_\_

## **Section 2: Program Finances**

1. Describe specifically how United Way funds will be used to achieve the program's stated outcomes.
2. List the number of employees and volunteers involved with this program.
3. Please estimate the number of Grays Harbor/Pacific County individuals served by this program:

	Most Recent Fiscal Year	Next Fiscal Year (projected)
# of people receiving one time services	_____	_____
# of people receiving multiple/ongoing services	_____	_____
<b>Total # of people receiving services</b>	_____	_____

4. Provide a rationale for any increase in requested United Way funding compared to the previous year.
5. Are fees charged for program services? Why or why not? If so, how are fees determined?
6. Discuss any potential sources or scenarios in which United Way funds may be matched or leveraged. Provide source and amount matched.
7. Describe any anticipated financial constraints during 2012-2013 (e.g., state and/or federal cuts, end of grant or matching funds, etc.).
8. What % of budgeted income has been secured for the upcoming year?
9. Please attach a budget narrative including the following information:
  - 1) a listing of funding support from other United Ways;
  - 2) an explanation of any surplus funds; and
  - 3) an explanation of agency reserves for both capital expenditures and operation expenses.

Please complete the following budget forms for both the program and agency

## Program Budget Form

**PROGRAM NAME:** \_\_\_\_\_

**AGENCY FISCAL YEAR:** \_\_\_\_\_ to \_\_\_\_\_ (month to month)

Round all financial information to nearest dollar.

<u>PUBLIC SUPPORT &amp; REVENUE</u>	<u>This Year Actual or Projected</u>	<u>Next Year Proposed</u>	<u>\$ Difference</u>	<u>% Difference</u>
4000 Contributions				
4200 Special Events				
4300 Legacies & Bequests				
4600 Contributed by Associated Organizations				
4700 United Way of Grays Harbor				
4701 Allocations & Designations from United Ways other than United Way of Grays Harbor				
5000 Fees from Government Agencies				
5500 Grants from Government Agencies				
6000 Membership Dues				
6200 Program Service Fees				
6300 Sales of Materials				
6400 Sales to Public				
6500 Investment Income				
6900 Miscellaneous Revenue				
<b>TOTAL PROGRAM REVENUE</b>				
<b>EXPENSES</b>				
7000 Salaries				
7100 Employee Benefits				
7200 Payroll Taxes				
<b>TOTAL SALARY EXPENSES</b>				
8000 Professional Fees				
8100 Supplies				
8200 Telephone				
8300 Postage & Shipping				
8400 Occupancy				
8500 Rental & Maintenance of Equipment				
8600 Printing & Publications				
8700 Travel				
8800 Conferences/Meeting Expense				
8900 Specific Assistance to Individuals				
9000 Membership Dues				
9100 Awards & Grants				
9300 Insurance (non-payroll related)				
9400 Miscellaneous				
9691 Payments to Affiliated Organizations				
<b>TOTAL NON-SALARY EXPENSES</b>				
<b>TOTAL PROGRAM EXPENSES</b>				
<b>SURPLUS/(DEFICIT) OF PUBLIC SUPPORT &amp; REVENUE OVER EXPENSES</b>				

If program runs at a deficit, explain:

# Composite Agency Budget

AGENCY NAME: \_\_\_\_\_

FISCAL YEAR: \_\_\_\_\_ to \_\_\_\_\_ (month to month) Round all financial information to nearest dollar.

<b>SUPPORT, REVENUE AND EXPENSES</b>	<b>LAST YEAR</b>	<b>THIS YEAR BUDGET</b>	<b>THIS YEAR ACTUAL or PROJECTED</b>	<b>NEXT YEAR PROPOSED</b>
<b>REVENUE</b>				
<b>PUBLIC SUPPORT (DIRECT)</b>				
4000 Contributions (including Sustaining Memberships)				
4100 Contributions to Building Fund				
4200 Special Events				
4300 Legacies & Bequests				
<b>PUBLIC SUPPORT (INDIRECT)</b>				
4500 Local Member Units				
4600 Contributed by Associated Organizations				
4700 United Way of Grays Harbor				
4701 Allocations & Designations from United Ways other than United Way of Grays Harbor				
<sup>1</sup> 5000 Fees from Government Agencies				
5500 Grants from Government Agencies				
<b>OTHER REVENUE</b>				
6000 Membership Dues				
6100 Assessments & Dues (Local Units)				
6200 Service Fees				
6300 Sales of Supplies & Services (Local Units)				
6400 Sales to Public				
6500 Investment Income				
6900 Miscellaneous Income				
<b>TOTAL PUBLIC SUPPORT &amp; REVENUE</b>				
<b>EXPENSES</b>				
7000 Salaries				
7100 Employee Benefits				
7200 Payroll Taxes				
8000 Professional Fees				
8100 Supplies				
8200 Telephone				
8300 Postage & Shipping				
8400 Occupancy				
8500 Rental & Maintenance of Equipment				
8600 Printing & Publications				
8700 Travel & Transportation				
8800 Conferences, Conventions, Meetings				
8900 Specific Assistance to Individuals				
9000 Membership Dues				
9100 Awards & Grants				
9200 Interest Expense				
9300 Insurance (non-payroll related)				
9400 Miscellaneous				
9691 Payments to Affiliated Organizations				
9900 Major Property & Equipment Acquisition (\$500+)				
<b>TOTAL EXPENSES</b>				
<b>SURPLUS/(DEFICIT) OF PUBLIC SUPPORT &amp; REVENUE OVER EXPENSES</b>				

Do you have a cash reserve? Yes or No (circle one)

If so, what is the amount as of 12/31/11?

Is the reserve restricted? Yes or No (circle one)

If yes, how? \_\_\_\_\_

\_\_\_\_\_

# SUPPLEMENTAL FINANCIAL INFORMATION

## PART I - ENDOWMENTS

If your **AGENCY**, or an associated entity, receives or maintains a trust or endowment fund, please complete the following questions.

- 1) Balance as of this report \_\_\_/\_\_\_/\_\_\_ \$\_\_\_\_\_
- 2) Describe your **AGENCY** policy on endowments **and the restrictions on these funds.**  
(i.e. actual restrictions on the endowment and the earnings from the endowment)
- 3) Are there endowment dollars that are specifically dedicated to Grays Harbor? \_\_\_\_\_
  - A. Balance as of this report \$\_\_\_\_\_
  - B. Amount invested in services for Grays Harbor in 2011 \$\_\_\_\_\_

## PART II- FUNDRAISING INFORMATION

Please list **AGENCY** fundraising activities held during the past fiscal year:

Activity				Month Conducted
1)				
2)				
3)				
4)				
5)				