



Partner Agency Application

Instructions/Checklist

APPLICATION DEADLINE IS 3pm February 26, 2010

PART 1

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

Do not submit this part of the application any other way)

General Agency Information	PAGE	G-1, G-2
Current List of the Policy Making Board Members Board of Directors or Advisory Council Members		
Funded Program Results	PAGE	R-1
Program Information	PAGE	P-1, P-2
Financial Information	PAGE	F-1, F-2
"Most recent" (check wording) IRS form 990 (First two pages only) from the most recently completed fiscal year		

PART 2

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

_____ Current acceptance letter registering you as a Charitable Organization under the State of Washington Charitable Solicitations Act

_____ Current address list of Board of Directors or Advisory Council Members

_____ Most recent Annual Report

(need to reword) for 2008/2009 (depending on fiscal year)

_____ Most recent Recently Completed fiscal year financial Audit Audit or Review
(Ex: June 30 = 2009 audit, December 31 = 2008 audit)

_____ A 25-word agency description

_____ Comprehensive brochure describing Agency and Program.

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

Incomplete packets will be returned.

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

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 requestIt is highly recommended that at least one member of the policy making boardBoard or Advisory Council Member 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 financial year; to be supplied within six (6) months following the completion of the year. (check wording).
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.

ANNUAL FUNDING APPLICATION

GENERAL PARTNER AGENCY INFORMATION

NAME OF AGENCY:

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____ FAX: _____ E-MAIL: _____

EXECUTIVE DIRECTOR:

LOCAL CONTACT PERSON: _____

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: _____ \$ _____

Signature of Person Completing Application

G-1

PARTNER AGENCY INFORMATION

AGENCY FISCAL YEAR

(Ex: July 1-June 30)

AGENCY MISSION STATEMENT:

BRIEFLY DESCRIBE THE **PROGRAMS** FOR WHICH FUNDING IS REQUESTED:

G-2

2009 FUNDED PROGRAM RESULTS

- 1) PLEASE QUANTIFY THE PROGRAM SERVICES THAT WERE PROVIDED IN 2009 FOR THE PROGRAMS FUNDED BY UNITED WAY.

PROGRAM

TYPE OF SERVICE PROVIDED

2009 (past twelve months)

Example: Safe Haven
ShelterFood Distribution

41 children, 30 women & 20 men were served with total of
450 bed nights over the year at the shelter2,201,938 pounds
of food to local food banks

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
2008 – July 2009.

2) SERVICES PROVIDED IN 2009 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 _____ Unincorporated _____

R-1

PROGRAM INFORMATION

(USE A SEPARATE SET OF FORMS FOR EACH PROGRAM: P-1, P-2, F-1)

PROGRAM NAME: _____

AMOUNT OF FUNDING REQUESTED FOR THIS PROGRAM:

\$ _____

1. WHAT NEED IN THE COMMUNITY IS ADDRESSED BY THIS **PROGRAM**?

2. WHAT WILL BE THE RESULTS OF THIS **PROGRAM**?

PROGRAM

TYPE OF SERVICE PROVIDED

2009

Example: Safe Haven
ShelterFood Distribution

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450 bed nights over the year at the shelter
2,201,938 pounds of food to local food banks

- 1.
- 2.
- 3.

- 1.
- 2.
- 3.

10. WHAT WILL BE THE RESULT IF THE **PROGRAM** IS NOT FUNDED AT THE LEVEL YOU ARE REQUESTING?

12. OTHER INFORMATION YOU WOULD LIKE TO SHARE WITH PANEL MEMBERS:

13. ON A SEPARATE SHEET GIVE **ONE** NARRATIVE EXAMPLE OF HOW THIS **PROGRAM** IMPACTED THE LIFE OF A PARTICIPANT.

SUPPLEMENTAL FINANCIAL INFORMATION

PART I - ENDOWMENTS

If your **AGENCY**, or an associated entity, 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 2009
\$ _____

PART II - GENERAL INFORMATION

1) Please include your **AGENCY** annual budget

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

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