



United Way
of Laurens County

2010 Request for Investment Program Application

In the year 2009, United Way of Laurens County is taking a closer look at the Programs offered through our partner agencies and the impact they have on our community and its residents. We define Programs as “a set of related activities and outputs directed at common or closely related purposes that a meaningful portion of the agency’s resources is dedicated to achieve.”

DEADLINE FOR SUBMISSION: February 26, 2010

What this means for the partner agency is that you are applying for funding for a **specific program or programs** within your organization versus funding for the general budget. We feel this change in funding will provide a way to better measure results of the allocated dollars and to provide optimum value of service delivery to our community.

Application Checklist of items to submit:

- Signed checklist-----_____ (agency director signature)
- Signed cover page
- Client Population and Conditions (2 pages)
- Program Description
- Zip Code Data
- Client Outcomes (other than basic need)
- Client Outcomes for basic need
- Basic Needs Data (where applicable)
- Client Success Story
- Program Budget information
- Additional Budget Narrative
- Board Roster
- Agency Activity page
- 501 (c) (3) letter
- Most recent 990
- Most recent audit/financial review
- Most recent year-end financial statements (Rev. & Expense and Balance Sheet) as presented to agency’s board. Also provide last year’s overall budget and your latest proposed overall agency budget.
- Statement of Agreement, Criteria for Outside Fundraising, Patriot Act Form

2010 Request for Investment

PLEASE READ AND FOLLOW ALL APPLICATION INSTRUCTIONS

For the funding period of 7/01/2010 – 6/30/2011
Failure to follow instructions and/or failure to answer all questions or provide necessary documentation could result in rejection of your application.

Agency name:

Program(s) Name(s):

Address:

Phone:

Fax:

Website:

Agency Director:

Email:

Program(s) Director(s):

Email:

List <u>all</u> of your agency programs for which you are applying for United Way dollars to fund:	Tell which general area—Education, Income, or Health---your program falls under:

Signature of Board President

Date

Signature of Agency Director

Date

Agency name:

Program name:

CLIENT POPULATION & CONDITIONS

Describe why the community should be compelled to invest in this program. Clearly describe the clients that are served by the program and the general conditions they experience (demographics and other pertinent facts for this target population.) Further describe the specific condition(s) and/or behavior(s) clients experience that call for intervention and the scope of the problem(s) this program seeks to address.

Agency Name:

Program Name:

CLIENT POPULATION & CONDITIONS

List the unduplicated number of persons served in this program during the one year period of July 1, 2008, through June 30, 2009.

TOTAL NUMBER OF CLIENTS SERVED:

Age group	Female	Male	TOTAL
0-4			
5-9			
10-15			
16-17			
18-20			
21-34			
35-59			
60-64			
65-74			
75-84			
85 +			
unknown			
TOTAL			

Ethic/Racial Background	Female	Male	TOTAL
Asian/Pacific Islander			
Black/African American			
Hispanic/Latino			
Native American			
White/Euro America			
Other			
Unknown			
TOTAL			

Household Income:	
\$0 - \$9,999	
\$10,000-\$14,999	
\$15,000-\$19,999	
\$20,000-\$24,999	
\$25,000-\$49,999	
\$50,000 or more	
unknown	
TOTAL	

Based on this historical information, please comment briefly on current and/or projected trends in this client population that the community should be aware of:

List your normal days and hours of program operation(also indicate calendar or school year)

Agency Name:

Program Name:

PROGRAM DESCRIPTION

Describe how this program contributes to the community in general, and specifically what it does to change the lives and/or conditions of the identified client population with respect to Education, Income or Health and how it is achieved. This should be a **CONCISE** narrative that explains program resources (inputs), how clients gain access to program services (activities) and the products (outputs) delivered that lead to direct benefit for the client (client outcomes.) Include a brief explanation of how the program advances the needs of the community—NOT JUST THE NEEDS OF YOUR AGENCY. Explain how it advances the common good of our community.

Agency Name:

Program Name:

Zip Code Data

Please list the unduplicated number of persons served in this program from July 1, 2008 through June 30, 2009.

City:	Zip Code:	Number:
Laurens	29360	
Clinton	29325	
Gray Court	29645	
Ware Shoals	29692	
Joanna	29351	
Mountville	29370	
Cross Hill	29332	
Fountain Inn	29644	
Enoree	29335	
Other		
Unknown		

Agency Name:

Program Name:

CLIENT OUTCOMES

(Emergency Service Providers skip this page and complete pages 8 & 9)

Define the specific, targeted changes that are expected in the lives of program participants. Outcomes should identify changes in behavior, skills, knowledge, condition or status of the client. Describe the indicators of success (criteria for measuring and assessing results), the actual results that have been achieved in the past 12 months, as well as a projection for the 2010-2011 year. List up to 3 outcomes.

Targeted Outcome 1

Define outcome:	
Describe selected indicator of Success:	
Actual results for this outcome Over the past 12 months:	
Projected results for this Outcome in 2010-2011:	

Targeted Outcome 2

Define outcome:	
Describe selected indicator of Success:	
Actual results for this outcome Over the past 12 months:	
Projected results for this Outcome in 2010-2011:	

Targeted Outcome 3

Define outcome:	
Describe selected indicator of Success:	
Actual results for this outcome Over the past 12 months:	
Projected results for this Outcome in 2010-2011:	

Agency Name:

Program Name:

CLIENT OUTCOMES (Basic Needs)

THIS PAGE TO BE COMPLETED BY EMERGENCY SERVICE PROVIDERS ONLY

Please identify the specific, targeted changes that are expected in the lives of program participants by filling in the number and percent of total program clients that did or are anticipated to experience assistance through basic needs services.

Targeted Outcome 1

Define outcome:	_____ of people in crisis received food or were fed prepared meals.
Projected results for this Outcome in 2010-2011:	

Targeted Outcome 2

Define outcome:	_____ of households in financial crisis received utility assistance.
Projected results for this Outcome in 2010-2011:	

Targeted Outcome 3

Define outcome:	_____ of homeless clients were provided with a safe place to live for 1 to 7 days.
Projected results for this Outcome in 2010-2011:	

Targeted Outcome 4

Define outcome:	_____ of families secured stable long-term housing.
Projected results for this Outcome in 2010-2011:	

Agency Name:

Program Name:

BASIC NEEDS DATA

THIS PAGE TO BE COMPLETED BY EMERGENCY SERVICE PROVIDERS ONLY

Place an "X" next to the services that are provided by this program and estimate what percentage each category represents of both the total emergency services provided AND the emergency assistance budget.

.....
FOOD

%	Emergency Food to families
%	Community Food Distribution
%	prepared meals

Represents..... _____% of the total emergency services PROVIDED.

_____ % of the total emergency assistance BUDGET.

.....
HOUSING

%	Rental assistance
%	Utilities
%	Security Deposits
%	Other (transient housing, homeless shelter, domestic violence shelter)

Represents..... _____% of the total emergency services PROVIDED.

_____ % of the total emergency assistance BUDGET

.....
OTHER

%	Clothing
%	Furniture
%	Medication
%	Christmas assistance (non-food only)

Represents..... _____% of the total emergency services PROVIDED.

_____ % of the total emergency assistance BUDGET

Agency Name:

Program Name:

CLIENT SUCCESS STORY
(maximum one page)

Please share a specific story of client success. The story should be outcome-based and clearly convey the change in behavior, skills, knowledge, condition and/or status that led to improvement in the client's life. Include details about the challenge(s) faced, intervention required, period of time needed, and current status of client. Please maintain confidentiality—do not use client names unless they have previously given consent.

Agency Name:

Program Name:

PROGRAM BUDGET

This is NOT your agency budget. This is the program budget for United Way of Laurens County communities. This budget is for the specific program you are wanting United Way to fund. Failure to provide a complete budget for program services in our geographic area will disqualify your program from funding consideration.

PROGRAM REVENUE specific to program for which you seek funding	Actual 2009	Proposed 2010	Budgeted 2010
United Way Grant			
Foundation & Private Grants			
Government Support			
In-Kind support			
Client/Program Service Fees			
Fundraising/special events			
Investment Income/Interest			
Miscellaneous Revenue			
TOTAL PROGRAM REVENUE			
*provide sources on separate page			

PROGRAM EXPENSES specific to program for which you seek funding	Actual 2009	Proposed 2010	Budgeted 2010
Salaries (program staff)			
Benefits/Taxes (program staff)			
Professional Fees			
Program Supplies and Equipment			
Occupancy and Utilities			
Travel and Vehicles			
Specific Assistance to Individuals			
Miscellaneous Expense			
TOTAL PROGRAM Expense			
*if program runs at a deficit, please explain on separate page			

UNITS OF SERVICE	Actual 2009	Proposed 2010	Estimated 2010
Units of service delivered			
Unduplicated count of people served			

VOLUNTEER UTILIZATION	Actual 2009	Proposed 2010	Budgeted 2010
# of volunteers used in the program			
# of volunteer hours			

From your most current IRS Form 990, what % of your organization's expenses are administrative costs? _____

Agency Name:

Program Name:

**ADDITIONAL BUDGET NARRATIVE
(maximum one page)**

Please explain any material changes in revenue, expenses, or United Way request. Include any comments that would explain specific line item information listed for the agency and/or program budget. If United Way investment is used to leverage additional funds, please specify which funding source and how it is matched. Please note which comments pertain to the AGENCY budget, and which pertain to the PROGRAM budget.

Agency Name:

Program Name:

AGENCY ACTIVITY

During the past 12 months:	YES	NO
1. Were you unable to make any employee payroll on time?		
2. Were you unable to pay any bills within 60 days of the due date?		
3. Did you lose your 501 (c) 3 Tax Exempt Status?		
4. Did you buy or sell any real estate?		
5. Did you hold any fundraising events in which expenses exceeded 50% of the gross?		
6. Did you become or remain delinquent in the transmission of employee payroll taxes to the IRS, State of SC?		
7. Were any legal suits filed against you asking for judgment in excess of 2% of your organization's total assets?		
8. Did United Way withhold any payments from your agency?		
9. Did you request an advance payment of your United Way allocation?		
10. Were any major revenue sources either non-recurrent or known to be uncertain as to continuation?		
11. Did your agency operate in a deficit within the past fiscal year?		

STANDARD AGREEMENT

between the

United Way of Laurens County

and

(Official Agency Name)

(Agency Mailing Address)

This agreement is entered into with the mutual beliefs of the above named parties who recognize that:

- (a) the participation of representative citizens in community-wide planning, allocations, communications and fundraising for local agencies is essential;
- (b) a combined fundraising approach is the most effective way to provide for the financial need of agencies; and,
- (c) consideration of the total needs of the community in the establishment, continued maintenance, and improvement of effective and necessary human services forms the basis for this working relationship.

IN FURTHERANCE OF THESE MUTUAL BELIEFS:

BOTH UNITED WAY AND THE AGENCY (having been determined incorporated, not-for-profit, and tax-exempt and having a 501(c)(3) status) AGREE:

1. To maintain an active, rotating structure, composed of local volunteers, which assumes and fulfills the responsibility of managing its affairs within the scope and spirit of respective by-laws and this agreement;
2. To provide needed services on a nondiscriminatory basis to the citizens of the area served by United Way of Laurens County;
3. To strive to increase the public's understanding and appreciation of and participation in human services programs; and,

4. To consult and work together on matters of common interest in an effort to achieve the best interest of the community as a whole.

B. THE AGENCY AGREES:

1. To support and assist in the United Way annual fundraising campaign in all appropriate ways;
2. To engage in an effective public relations program in which the objectives, services, and accomplishments of the Agency and the United Way's support of such services are adequately publicized; to cooperate with and assist the United Way by placing the United Way logo on letterhead, publications and the like; at the facility occupied by the agency, and at all of its public functions;
3. To submit its proposed budget request each year to the United Way and to cooperate with the Allocations Committee in accordance with its review procedures;
4. To prepare and adopt a balanced budget based upon the available funds from the United Way and other sources;
5. To submit quarterly financial reports which indicate its financial performance, comparing actual revenues and expenses with its annual and year to date budgets;
6. To submit its revised budget for the current year at the beginning of each calendar year;
7. To keep accurate and complete records of financial and program information and submit them to the United Way on a periodic basis;
8. To obtain annually (a) an independent certified audit of its financial affairs if the Agency's budget exceeds \$100,000; (b) a review by a CPA firm if the Agency's budget is between \$50,000 and \$100,000; or (c) compiled financial statements if the Agency's budget is less than \$50,000; and to submit a copy of said audit, review or compiled financial statements to the United Way upon receipt of the document by the Agency.
9. To conduct its operation in accordance with its budget;
10. To carry out the programs of the Agency in such a manner as will best meet the needs of the community and be consistent with standards of service, efficiency and economy;

11. To cooperate with other Agencies and coordinate services to meet the needs of the community without duplication;
12. To submit for prior approval all proposals for programs and/or staff expansion that require United Way financial support now or in the future;
13. To submit for prior approval all proposals for independent fund raising efforts (both capital and supplementary operating funds), including program goals, procedures and dates, and to comply with United Way's *Criteria for Outside Fundraising*;
14. To maintain an operational reserve not to exceed one-fourth (1/4) of the agency's annual budget, unless approval to do so is obtained from the United Way Board of Directors;
15. To have on file at the United Way office:
 - a. a list of current Board Members with home and business phone numbers and addresses
 - b. a copy of most recent annual report
 - c. a copy of the most recent IRS Form 990. If the IRS does not require the agency to file Form 990, the agency must still complete one to be eligible for United Way funding.
 - d. a copy of the most recent audit, review or compiled financial statements (see B-8).
 - e. a copy of the agency's Bylaws and Articles of Incorporation
 - f. a copy of the IRS letter stating the agency's 501(c)(3) status

THE UNITED WAY AGREES:

1. To respect the agency's prerogative of determining its own policies and programs within the communities served;
2. To develop its recommendations for the campaign objectives for the annual fundraising campaign with due regard for the requirements of all participating agencies, fundraising realities and other pertinent considerations to raise the maximum of funds;
3. To use its best efforts to achieve the campaign objectives;
4. To provide a reasonable and comprehensive volunteer review for the Agency;
5. To act as a responsible steward of funds publicly contributed to the United Way by fully informing contributors of the allocations and use of such funds; and

6. To submit all of its financial records to an audit by an independent public accountant.

This contract shall be ongoing and may be revoked by either party giving notice to the other party 90 days before its desire to terminate this agreement. Any Agency where rights are terminated in such a manner shall have the right to a hearing before the United Way Board of Directors to request a reconsideration of the termination.

This agreement has been read and approved at the meeting of the governing body of this agency held on _____ and at a meeting of the United Way governing board.

UNITED WAY AGENCY _____

AGENCY

UNITED WAY

Signed _____
Chief Volunteer Officer

Signed _____
Chief Volunteer Officer

Chief Executive Officer

Chief Executive Officer

Date

Date

Revised 01/09
Approved 01/14/09

CRITERIA FOR OUTSIDE FUNDRAISING

by United Way of Laurens County Agencies

1. Understanding that United Way of Laurens County utilizes workplace solicitation as its primary source for obtaining campaign revenue, including corporate contributions and employee payroll deductions, and campaign volunteer or mail solicitation of professionals and self-employed individuals, **partner agencies will not conduct nor participate in any form of an organized, formal, employee workplace campaign/solicitation at any time.**
2. Requests for new fund drives, special events, etc. must be approved at least 60 days prior to the event and will only be considered at regular United Way meetings of the Executive Committee or Board.
3. Annual fundraising events by agencies do not have to receive approval annually after the initial approval.
4. Any monies raised by agencies in violation of these rules will be deducted from the agency's United Way allocation.
5. As recipients of UWLC funds, partner agencies are expected during the annual UWLC campaign to:
 - a. Provide volunteers for campaign projects and activities such as kickoff, workplace presentations, and any other opportunities to increase awareness of agency programs and services.
 - b. Communicate partnership with UWLC via the use of the United Way logo on agency materials and by posting the logo and campaign materials on agency property.
 - c. Conduct in-house United Way campaigns for staff and board. This can be accomplished through payroll deductions, one-time giving, or anonymous donations.

This policy was reviewed and adopted by _____,
a United Way agency, at the _____ Board of Directors meeting.
(date)

Chief Executive Officer Date

Chief Volunteer Officer Date

Please retain a copy of your signed statement and return the original to the United Way office

Anti-Terrorism Compliance Measures

In compliance with the USA PATRIOT Act and other counterterrorism laws, the United Way (dba United Way of Laurens County) requires that each agency certify the following:

“I hereby certify on behalf of _____
(*name of grantee*) that all United Way funds and donations will be used in compliance with all applicable anti-terrorism financing and asset control laws, statutes and executive orders.”

Print Name: _____

Title: _____

Signature: _____

Date: _____