

Application for 2011 funding
Deadline: Monday, April 12, 2010 4:00pm

**Finney County
 United Way**



Checklist

One (1) original application. *Signed by all parties involved in the application process.*

The following items are part of the application and should be included.

1. **This checklist**
2. **One page cover letter** stating how FCUW funds were used in 2009 to achieve results. (if applicable)
3. **Attachment A--Financial Pages** including Reserves tables (pgs 8-10)
4. **Attachment B--Signed Counterterrorism Compliance form** (pg 11)
5. **Attachment C--Activity Log of volunteer hours** (pg 12)
6. **Signed Criteria for United Way funding** in Finney County (pages 13-15)

The following are additional items that are required.

7. Copy of the minutes from your annual meeting and most recent Board meeting
8. Copy of the list of Current Board of Directors, officers and term of office per item B5 of Criteria for funding. Please include rotation procedure and how often you meet.
9. Copy of Balance sheet and income statement (most recent)
10. Copy of Tax Form 990 most recent. Please check this box if not required by your agency.
11. Copy of Annual Report for office file. Please check this box if not required by your agency.
12. Copy of Annual audit for office file. Please check this box if not required by your agency.

In order to update our files, please submit the following even you have done so in the past.

13. IRS tax determination letter (i.e. 501©(3))
14. Bylaws/Charter
15. Equal Opportunity Employer (EOE) statement
16. Articles of incorporation and applicable amendments

Twenty (20) copies of the completed application and 20 copies of items 1-9. If possible, please copy double-sided and staple all items together.

Direct questions to:
Phone: 620-275-1425 **E-mail:** fcuw@windstream.net

Please deliver all materials to:
 Finney County United Way • 1511 E. Fulton Terrace • P.O. Box 1268 • Garden City, KS 67846

FCUW Board of Directors reserves the right to request additional information.

The following documents have been created to gather information regarding your agency operations, structure, finances, and programming and will be shared with those participating in our Agency Review process.

This application is for YOUR agency. All information must reflect your presence, programs, numbers served and financials in Finney County not your national or state information.

Administrative

| | |
|---------------------------|--|
| Funding request for 2011 | |
| Funding received for 2010 | |
| Percent Increase/Decrease | |

| | |
|--|------|
| Agency Name: | |
| Executive Director: | |
| Physical Address: | |
| Mailing Address: | |
| Phone: | Fax: |
| E-mail: | |
| Web Address: | |
| Please check here if you grant permission for us to put your link on our website. <input type="checkbox"/> | |
| Fiscal Year begin to end | |

List number of your agency staff:

| Type | # of full-time employees | # of part-time employees |
|--------------|--------------------------|--------------------------|
| Admin | | |
| Professional | | |
| Support | | |
| Other | | |
| Totals | | |

| | |
|---|--|
| Total number of volunteers utilized annually: | |
|---|--|

Signatures should include Agency Executive Director and any other staff or board members directly involved in the Application process.

Signed: Agency President/Executive Director

Signed:

Signed:

Overview

State your mission statement:

Name of program(s) that funds will be used for (be specific):

Please explain your reason for your request for funding and how the money will be used.

**List total number served in Finney County (unduplicated):
(From the yellow box in the numbers table on page 5)**

Does your agency have an operating reserve? _____yes _____no
If yes, balance at the end of most recently completed fiscal year \$ _____
How many months does the reserve cover? _____months

Does your agency have an endowment fund? _____yes _____no
If yes, balance at the end of most recently completed fiscal year \$ _____
Do you reinvest the interest earned or use the interest? (explain)

United Way Partnership

Do your agency's staff and board members contribute to United Way by:

| | Yes | No |
|--|-----|----|
| Contributing monetarily to the United Way fund? | | |
| Volunteering sufficient campaign hours? (Please attach hour log) | | |

United Way encourages prevention or unnecessary duplication by promoting collaboration and efficiency of operations. Explain how your agency partners with other agencies to improve the condition of a demonstrated need in the area of health, welfare, or community benefit.

Programs and Services

Choose the impact area that best describes your agency:

| | |
|--|--|
| Protecting Children and Strengthening Families | |
| Fostering Health and Promoting Independence | |
| Providing basic needs and security | |

Do you believe you address needs in any of the following areas? (For information only)

- Health
- Education
- Financial Stability

If so, how?

Please complete the following table:

| | Yes | No | Explain |
|---|-----|----|----------|
| Does your agency charge fees for services? | | | |
| Do you have a sliding fee scale? | | | |
| Does your agency require a license? | | | By whom? |
| Has your agency completed a community assessment? | | | Date: |

Total unduplicated cases directly served (USE LOCAL STATISTICS, NOT NATIONAL OR STATE)

| | Finney | Other counties | Total |
|------------------|--------|----------------|-------|
| Caucasian | | | |
| Hispanic | | | |
| African American | | | |
| Native American | | | |
| Asian | | | |
| Other | | | |
| Total served | | | |

Program Impact

INPUTS

Describe the resources dedicated to the program.

EXAMPLES: money, staff, staff-time, volunteers, facilities, equipment, etc.

ACTIVITIES & SERVICES

Describe strategies, techniques, and types of treatment that comprise the program's service methodology.

EXAMPLES: sheltering & feeding, training, counseling, etc.

OUTPUTS

Volume of work accomplished. Please list number of unduplicated clients to be reached by county, as well as any other relevant service data.

EXAMPLES: number of classes taught, counseling sessions conducted, educational materials distributed, etc.

PROGRAM OUTCOMES

Explain benefits or changes for individuals or populations during or after participating in program activities.

EXAMPLES: Short-term should reflect new knowledge, attitudes or skills. Long-term should produce meaningful changes in their lives.

INDICATORS

Give specific data tracked to measure progress in achieving outcomes. Each Partner Agency should develop its own, appropriate methods of measuring its program outcomes and collecting data.

EXAMPLES: Data on improvement on housing stability, nutritional status, school performance, job retention, physical or mental health, behavior, etc.

Attachment A

Financial

What percentage of overall expenses are associated with administrative costs? _____ %

***Please note that in regard to your financial information the FCUW Board of Directors will focus their attention on the Financial Information sheets included in this packet. Therefore, please transfer your information to these pages to the best of your ability to give the board uniform information to review. If you feel that you have additional information to include for clarification, please feel free to do so.**

Financial Information—(USE LOCAL NUMBERS, NOT NATIONAL OR STATE)

| REVENUES | Previous Fiscal Year | Current Fiscal Year | Next Fiscal Year | % of total budget |
|--|----------------------|---------------------|------------------|-------------------|
| United Way Allocation | | | | |
| | | | | |
| Government Funding | | | | |
| Federal | | | | |
| State | | | | |
| County | | | | |
| City | | | | |
| Grants list each | | | | |
| | | | | |
| | | | | |
| Unrestricted Reserves (complete attachment pg 9) | | | | |
| Restricted Funds (complete attachment pg 9) | | | | |
| | | | | |
| Foundations | | | | |
| | | | | |
| | | | | |
| | | | | |
| Program/service fees (List each | | | | |
| | | | | |
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| | | | | |
| | | | | |
| Fund Raising List each | | | | |
| | | | | |
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| | | | | |
| Other Revenues List | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total Revenues | | | | |
| | | | | |

Attachment A (continued)
RESTRICTED FUNDS TABLE

| Name of Restricted Fund | Begins | Expires | Source of Fund | Purpose for which restricted |
|--------------------------------|---------------|----------------|-----------------------|-------------------------------------|
| | | | | |
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UNRESTRICTED RESERVES TABLE

| Name of Reserve | Begins | Expires | |
|------------------------|---------------|----------------|--|
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| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Attachment B COUNTERTERRORISM COMPLIANCE

In compliance with the spirit and intent of the USA PATRIOT Act and other counterterrorism laws, the United Way of Finney County requests that each funded agency (“Organization”) certify that it is in compliance with the United Way of Finney County and the United Way of America’s (“UWA”) compliance program.

ORGANIZATION NAME: _____

| Check the Appropriate Box to Indicate Your Compliance With Each of the Following: | Comply | Do Not Comply |
|--|--------------------------|--------------------------|
| This Organization is not on any federal terrorism “watch lists,” including the list in Executive Order 13224, the master list of specially designated nationals and blocked persons maintained by the Treasury Department, and the list of Foreign Terrorist Organizations maintained by the State Department. | <input type="checkbox"/> | <input type="checkbox"/> |
| This Organization does not, will not and has not knowingly provided financial, technical, in-kind or other material support or resources* to any individual or entity that is a terrorist or terrorist organization, or that supports or funds terrorism. | <input type="checkbox"/> | <input type="checkbox"/> |
| This Organization does not, will not and has not knowingly provided or collected funds or provided material support or resources with the intention that such funds or material support or resources be used to carry out acts of terrorism. | <input type="checkbox"/> | <input type="checkbox"/> |
| This Organization does not, will not and has not knowingly provided financial or material support or resources to any entity that has knowingly concealed the source of funds used to carry out terrorism or to support Foreign Terrorist Organizations. | <input type="checkbox"/> | <input type="checkbox"/> |
| This Organization does not re-grant to organizations, individuals, programs and/or projects outside of the United States of America with out compliance with IRS guidelines. | <input type="checkbox"/> | <input type="checkbox"/> |
| This Organization takes reasonable, affirmative steps to ensure that any funds or resources distributed or processed do not fund terrorism or terrorist organizations. | <input type="checkbox"/> | <input type="checkbox"/> |
| This Organization takes reasonable steps to certify against fraud with respect to the provision of financial, technical, in-kind or other material support or resources to terrorists and terrorist organizations. | <input type="checkbox"/> | <input type="checkbox"/> |

* In this form, “material support and resources” means currency or monetary instruments or financial securities, financial services, lodging, training, expert advice or assistance, safe houses, false documentation or identification, communications equipment, facilities, weapons, lethal substances, explosives, personnel, transportation, and other physical assets, except medicine or religious materials.

I certify on behalf of the Organization listed above that the foregoing is true.

Print Name: _____

Title: _____

Signature: _____

Date: _____

Attachment C

Activity Log of hours for Finney County United Way

* This form will be helpful in tracking the hours that your agency provides to Finney County United Way. Also, your agency should include this form in FCUW grant applications. If you have any questions, please contact Margaret Anderson at 620-275-1425.

Agency: _____

Expected Allocation: _____ **Hours Anticipated:** _____

Note: You must show **1 hour per \$1000**. Hours must be earned by contacting prospective donors and/or volunteering at Tyson. FCUW events such as the kickoff and volunteer luncheon do not qualify as donated hours; however, attendance at UW events is expected.

| Description (i.e. Tyson presentations/Contacting prospective FCUW Donors) | Date | # of Hours | Names of FCUW Members Present | Name of Agency Volunteer(s) |
|---|-----------|------------|-------------------------------|-----------------------------|
| | | | | |
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| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | Total Hrs | | | |

Criteria for United Way funding in Finney County
Adopted 02/26/08

Definition:

1. Member Agencies--The Finney County United Way bylaws *Sec. 1 of Article V-Membership States: Agency membership shall be held by any health welfare or public service organization which applies for and is accepted by this organization and which is in accord with the purposes of this organization. All agency members must be approved annually by the Board of directors.* In other words, "member agencies" refers to a partnership between a United Way funded agency and FCUW for a period of one year. It does not, in any way, suggest entitlement to receive funds beyond the current year.

Current member agencies may retain status as member agencies as long as they meet the criteria and conditions of membership.

There will be annual competition for our limited funds between programs with demonstrable results.

Finney County United Way (FCUW) must take into account a number of factors in considering the conferring of agency status. Paramount among these would be the factors of community need, standards of performance of the agency, stage of readiness for the community to accept certain agencies for federated fundraising, and the capacity of the FCUW to finance the agencies.

Applications will be considered from any incorporated non-profit organization that meet a demonstrated need in the field of health, welfare, and/or community benefit, and to which contributions are deductible under appropriate sections of the Internal Revenue Code. Specific programs not eligible for United Way support are identified at the end of this document.

Responsibility (Emphasis on Organizational Responsibility)

It is important for the funding organization to make certain that the purposes for which the funds are expended by the funded organization are in furtherance of the funding organization's exempt purposes. Regular monitoring, specific purposes of the grant clarified and a written verification of use of grant funds is warranted.

Incorporation, Function and Exemption from Taxation

Legal accountability of the agency must be established by its having been incorporated as a health, welfare or community benefit organization under the non-profit corporation laws, or chartered as a local unit by an organization or incorporated. The agency must be incorporated, non-profit, voluntary, and exempt from Federal income tax.

Contributions to the agency must qualify for an income tax deduction under the Internal Revenue code.

Bylaws and Charter

The agency must have a charter and/or bylaws which clearly define the agency's purpose and organization, and the duties, authority and responsibilities of the governing body of the agency.

Accounting

The agency must provide FCUW with a copy of each of the following: an annual audit or CPA review, an annual report and the most recent 990 if applicable.

Stability and Continuity

The agency must have been organized and operating for a sufficient length of time to demonstrate its stability and likelihood of continuity.

Satisfactory Level of Board Control

The organization of the agency must assure effective control by a volunteer board of Directors selected in a satisfactory manner and representative of the community and the people served. The agency board must have rotation procedures for its members. The organization must assure efficient management, effective service, and a reasonable prospect of continuity.

The agency must have a governing or advisory body whose members serve without compensation, and who shall be generally regular in attendance at its meetings and otherwise take an active part in the agency's affairs.

The governing body must have full power to establish operating policy; to employ, supervise and dismiss its employees; to control and be responsible for its auxiliaries and other groups operating in or using the name of the agency; to enter into contracts with FCUW; and to acquire, manage and dispose of real and capital properties obtained in the name of the agency.

The governing body must be so organized as to assure accountability and operating efficiency, and it must meet not less than four times a year. (Minutes of the annual meeting and most recent monthly board meeting provided to FCUW) The governing body must review and approve the annual operating budget of the agency and approve any significant change.

No paid staff member may be allowed to serve as a voting member of the governing body.

The agency shall operate on a nondiscriminatory basis with respect to age, sex, race, religion, national origin and/or disability. This policy shall apply to persons served, to persons employed by the agency and to the membership on its governing body and committees.

2. Licensing and Insurance

- i. The agency must maintain any required licenses, certifications, permits and insurance.

Efficiency (Emphasis on Management)

The agency must be able to document program need, target population, characteristics, service volume, fee structure, unit cost, accessibility and availability of services, measurability of objectives and mode of service delivery.

The agency must provide FCUW with *local* NOT *national* statistics of those served.

The agency must have an appropriate system for self-evaluation, and it must be able to show that this system is used on a regular basis.

The agency must demonstrate its cooperation with other agencies in planning and coordinating of community services to eliminate duplication and gaps, and by adapting its own services toward a more balanced and effective community program by active participation with appropriate planning and coordinating bodies (e.g. Community Services Council).

The agency must demonstrate that alternative funding sources have been appropriately explored.

Effectiveness (Emphasis on Impact Results)

The agency must render a needed service in a manner and in a field of work that justifies inclusion in a broad financial federation. This implies that the service meets a demonstrated need and can be continued without duplicating the efforts of any existing agencies or program in Finney County.

The agency must demonstrate that its program has an effective impact upon a board approved focus area as follows: Protecting Children and Strengthening Families, Fostering Health and Promoting Independence, and/or Providing Basic Needs and Security.

The service provided by the agency should be consistent with and capable of achieving the agency's goals and objectives and should justify the maintenance of a separate voluntary agency and the level of funding requested.

All funds allocated to an agency must be expended in Finney County.

Impact on FCUW & Ability to comply with FCUW requirements

The agency must:

- Have a demonstrated fund raising ability, or,
- Be of such importance to the community as to have potential fund raising capacity, and thereby add appropriate strength to United Way, or,
- Perform a service that in the opinion of United Way is essential to health, welfare, or community benefit in the community.

The agency must agree to establish and maintain sound financial practices as required by FCUW and must provide FCUW and its committee's full access to the agency's financial records and procedures.

The agency must agree to function as a member agency with United Way in spirit and purpose. The volunteer leadership and staff must actively participate in the United Way fund drive and adhere to FCUW's policy on fundraising and donor solicitation, i.e. blackout policy if reinstated.

All agencies funded will be asked to join with the fundraising efforts of Finney County United Way and will be held accountable. Agencies will be asked to visit businesses during the Blitz and participate in presentations to major businesses. A log of hours will be required. Support of United Way is required in all aspects.

Programs not eligible for United Way support

Programs not eligible for direct funding from FCUW include:

- programs seeking capital outlay funds;
- programs that are primarily political in nature;
- programs whose fiscal management capability is severely limited by an agency's indebtedness;
- programs that provide a service that is the mandated responsibility of another agency serving the entire community;
- programs that provide services limited to the members of a particular religious group, or that exist solely to advocate particular religious beliefs;
- any other programs that the United Way Board of Directors deems inappropriate for FCUW's support.

Conditions of Membership

The organization, (member agency) agrees to cooperate in the broad purposes of the United Way directed toward prevention of unnecessary duplication by promoting collaboration and efficiency of operations and adoption of sound planning.

The organization agrees to include the official United Way logo on all promotional materials (i.e. brochures, letterhead, website) for the period in which they are funded.

If a funded agency does not comply with the FCUW criteria for funding, the FCUW Board reserves the right to review and modify the allocated funds to such agency.

Executive Director

Date

Phil Escareno, FCUW Board President

Date