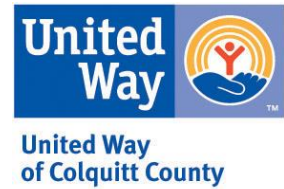


United Way of Colquitt County
P. O. Box 969
Moultrie, GA 31776-0969



Annual Request for Program Funding 2021

Submission Instructions:

1. All proposals are due to the **United Way office by Friday, April 24, 2020 at 5:00 PM.**
2. **Provide the original copy plus seven (7) additional copies of your proposal.**

Checklist for Proposals:

- ✓ A. Community Investment Allocation 2019 - Label this section **A**

For Each Program:

1. Program Purpose and Goals
 2. Program Funding Request Revenue and Expenses
 3. Success Story
- ✓ B. List of supplemental fundraising activities **from previous year** – Label this Section **B**
 - a. Results **from previous year**
 - b. Months conducted
 - ✓ C. Most recent board approved budget – Label this section **C**
 - ✓ D. List of Board of Directors – Label **D**

Items below you need only one copy.

- ✓ Signed copy of the agency membership agreement (1 copy only) (Attached)
- ✓ Copy of your 501c3 tax exempt status letter (1 copy)
- ✓ Form 990 (Must be from timeframe within past 18 months)
- ✓ Most recent audit or CPA review

UNITED WAY OF COLQUITT COUNTY

**Community Investment
Allocation 2020 Application Form for 2021.**

*Please complete the following questions completely. Incomplete information will not be accepted. You will have the opportunity to elaborate on your request during your presentation with the Allocation Panel. Applications are **due by 5 p.m. Friday, April 24.***

APPLICATION COVER SHEET

Section A. Organization Information

Date of Application: _____ **Agency Name:** _____

Executive Director: _____

Contact Person if other than Executive Director: _____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Fax:** _____

Email: _____ **Website:** _____

Your agency's mission statement:

2. Total agency operating budget last fiscal year \$ _____

Total agency operating budget current fiscal year \$ _____

3. Dollar Amount of United Way Funding Request \$ _____

United Way request as a percent of Agency's budget _____%

I am authorized to submit the 2020 United Way of Colquitt County Funding Application:

Executive Director - Signature

Chief Volunteer Officer - Signature

Executive Director – Please Print/Type

Chief Volunteer Officer – Please Print/Type

Agency Name: _____

PREVIOUS ALLOCATION/CURRENT REQUEST BY PROGRAM (S)

NAME OF PROGRAM	2020 ALLOCATION	2021 REQUEST	<u>DIFFERENCE</u>	
			DOLLARS	PERCENT
1.				
2.				
3.				
4.				
5.				
TOTALS				

▶ FOR EACH OF THE PROGRAMS LISTED ABOVE, COPY AND COMPLETE THE NEXT THREE PAGES ◀

PROGRAM PURPOSE AND GOALS (Complete a separate sheet for each program.)

B. Program Name: 1. _____

Program Director's name: _____

Community Need: **(You MUST provide complete information.)**

1. Describe the program being funded. - The activities and purpose of your program.
(Expand this section to provide complete information.)

2. Which of our target areas does your program primarily address?
 - ___ *Education - helping children achieve their potential through education.*
 - ___ *Health - Helping people in our community improve their health.*
 - ___ *Income - Helping families become stable and financially independent.*

3. Why has your agency determined this program is needed in Colquitt County?
(Use county data, waiting lists, or another dependable research).

4. Provide a specific *statement of the desired changes in the lives of your clients and the goals* that this program will accomplish.

5. Are services to clients free of charge or fee based? () Free () Fee Based
 - a. What is the percentage of your clients who receive free services? _____
 - b. If fee based: Flat fee or sliding scale fee? _____
 - c. If sliding scale: What is the threshold for free services? _____

6. Please list the number of residents served by this program in 2019 and 2020 (per your fiscal years, last and current) to date.

7. Have any other grants or applications been submitted to fund this request? If so, what is the status of the request?

8. Detail the information you use to track your program's success.

9. Success Story: Your program is designed to make your clients' lives better in a variety of ways. Provide one (1) example of how this program has helped someone. Success stories should be from the last 12 months. This story may be used in marketing to demonstrate how donations to the United Way of Colquitt County are utilized. Feel free to change names or identifying details if necessary.

2021 Program Funding Request Form

(Complete a separate sheet for each program)

Program Revenue & Support

B. Program Name 1. _____

Dates of Program _____

<u>Use your fiscal year and note dates</u>	<u>Actual</u> 2019	<u>Projected</u> 2020	<u>Proposed</u> 2021	<u>% increase</u> <u>(decrease)</u>
1. United Way Grants				
2. Revenue from Other United Ways				
2. Government Support/Fees and Grants				
3. Foundations/Private Grants				
4. Legacies and Bequests (Unrestricted)				
5. Client/Program Service Fees				
6. Contributions				
7. Sales of Materials				
8. Fundraising Events/Other Income				
9. Investment Income				
10. Special Events				
11. Membership Dues				
12. Incidental Revenue				
13. Miscellaneous Revenue				
<u>14. TOTAL PROGRAM REVENUE (ADD LINES 1-13)</u>				

Program Expenses- specific to the program for which you seek funding

Program Name 1. _____

Use your fiscal year and note the dates	<u>Actual</u> 2019	<u>Projected</u> 2020	<u>Proposed</u> 2021	% increase (decrease)
15. Salaries of Program Staff				
16. Payments to Affiliated Organizations				
17. Contract Labor				
18. Benefits/Taxes				
19. Professional Fees				
20. Specific Assistance to Individuals				
21. Supplies				
22. Travel				
23. Conferences /Training /Conventions/Meetings				
24. Printing & Publications				
25. Occupancy (utilities, etc.)				
26. Rental/Maintenance of Equipment				
27. Major Property/Equipment Acquisition				
28. Program Administration				
29. Membership Dues				
30. Insurance				
31. Communication (phone, fax)				
32. Postage/Shipping/Printing				
33. Miscellaneous Expenses				
34. TOTAL PROGRAM EXPENSES (ADD LINES 15-33)				
EXCESS OR (DEFICIT)- Total Program Revenue (Line 14) minus Total Expenses (Line 34)				
Agency Reserves held at this time				

PROGRAM PURPOSE AND GOALS (Complete a separate sheet for each program.)

B. Program Name: 2. _____

Program Director's name: _____

Community Need: **(You MUST provide complete information.)**

1. Describe the program being funded. - The activities and purpose of your program.
(Expand this section to provide complete information.)

2. Which of our target areas does your program primarily address?
 - ___ *Education - helping children achieve their potential through education.*
 - ___ *Health - Helping people in our community improve their health.*
 - ___ *Income - Helping families become stable and financially independent.*

3. Why has your agency determined this program is needed in Colquitt County?
(Use county data, waiting lists, or another dependable research).

4. Provide a specific *statement of the desired changes in the lives of your clients and the goals* that this program will accomplish.

5. Are services to clients free of charge or fee based? () Free () Fee Based
 - d. What is the percentage of your clients who receive free services? _____
 - e. If fee based: Flat fee or sliding scale fee? _____
 - f. If sliding scale: What is the threshold for free services? _____

6. Please list the number of residents served by this program in 2019 and 2020 (per your fiscal years, last and current) to date.

7. Have any other grants or applications been submitted to fund this request? If so, what is the status of the request?

8. Detail the information you use to track your program's success.

9. Success Story: Your program is designed to make your clients' lives better in a variety of ways. Provide one (1) example of how this program has helped someone. Success stories should be from the last 12 months. This story may be used in marketing to demonstrate how donations to the United Way of Colquitt County are utilized. Feel free to change names or identifying details if necessary.

2021 Program Funding Request Form

(Complete a separate sheet for each program)

Program Revenue & Support

B. Program Name 2. _____

Dates of Program _____

	<u>Actual</u> 2019	<u>Projected</u> 2020	<u>Proposed</u> 2021	<u>% increase</u> <u>(decrease)</u>
1. United Way Grants				
2. Revenue from Other United Ways				
2. Government Support/Fees and Grants				
3. Foundations/Private Grants				
4. Legacies and Bequests (Unrestricted)				
5. Client/Program Service Fees				
6. Contributions				
7. Sales of Materials				
8. Fundraising Events/Other Income				
9. Investment Income				
10. Special Events				
11. Membership Dues				
12. Incidental Revenue				
13. Miscellaneous Revenue				
14. TOTAL PROGRAM REVENUE (ADD LINES 1-13)				

Program Expenses- specific to the program for which you seek funding

Program Name 2. _____

	<u>Actual</u> 2019	<u>Projected</u> 2020	<u>Proposed</u> 2021	% increase (decrease)
15. Salaries of Program Staff				
16. Payments to Affiliated Organizations				
17. Contract Labor				
18. Benefits/Taxes				
19. Professional Fees				
20. Specific Assistance to Individuals				
21. Supplies				
22. Travel				
23. Conferences /Training /Conventions/Meetings				
24. Printing & Publications				
25. Occupancy (utilities, etc.)				
26. Rental/Maintenance of Equipment				
27. Major Property/Equipment Acquisition				
28. Program Administration				
29. Membership Dues				
30. Insurance				
31. Communication (phone, fax)				
32. Postage/Shipping/Printing				
33. Miscellaneous Expenses				
34. TOTAL PROGRAM EXPENSES (ADD LINES 15-33)				
EXCESS OR (DEFICIT)- Total Program Revenue (Line 14) minus Total Expenses (Line 34)				
Agency Reserves held at this time				

In compliance with the Revised IRS Form 990, please answer the following questions.

Section A- Governing Body and Management

1. Number of voting members of the governing body _____
2. Did any officer, director, trustee or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee? _____
3. Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? _____
4. Did the organization become aware of a material diversion of the organization's assets? _____
5. Did the organization contemporaneously document the meetings held or written actions undertaken during the year by a) the governing body and b) each committee with authority to act on behalf of the governing body? _____
6. Was a copy of the Form 990 provided to the organization's governing body before it was filed?

Section B- Policies

1. Does the organization have a written conflict of interest policy? Are officers, directors, trustees and key employees required to annually disclose interests that could give rise to conflicts? Does the organization regularly monitor and enforce compliance with this policy? If so, describe how this is done.
2. Does the organization have a written whistleblower policy? _____
3. Does the organization have a written document retention and destruction policy? _____
4. Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision: a) CEO, executive director or top management official, b) other officers or key employees of the organization? _____

Section C- Disclosure

1. Indicate how the organization makes its Form 1023, 990, and 990-T available for public inspection (organization's website, another's website, upon request).
2. Does the organization make its governing documents, conflict of interest policy, and financial statements available to the public? If so, how?

UNITED WAY OF COLQUITT COUNTY
AGENCY MEMBERSHIP PROVISIONS

A. All members shall agree to:

1. Cooperate with other agency members of the United Way of Colquitt County (UWCC) in eliminating duplication, securing economy and securing efficiency.
2. Accept the budget for the year as approved by the Board of Directors of the UWCC. The approval of the budget by the Board of Directors shall be final. Any agency desiring to withdraw from the United Way, for any reason, shall notify the Executive Director of the organization, in writing, of its decision within 30 days of notification of the approved budget.
3. Maintain such books and records as may be necessary to produce desired information on finances and services.
4. Give free access to their books of account and records for examination by authorized representatives of the UWCC.
5. Make no solicitation for current expense funds, within the territory covered by the UWCC's campaign, including ticket sales, bazaars, etc. without the prior knowledge and consent of the Directors of the UWCC. This provision is understood to cover those situations where the solicitation is made in the name of an agency financed by the UWCC although the purpose is to raise money for a division of service not financed by the UWCC.
6. Make no solicitation of capital funds within the territory covered by the UWCC's campaign without the prior knowledge and approval of the Directors of the UWCC and abiding by the decisions of said Director's as to time of such solicitation and manner in which it will be conducted. This provision is understood to cover those situations where the solicitation is made in the name of an agency financed by the UWCC although the purpose is to raise money for a division of service not financed by the UWCC. Capital Fund Drives may be approved by the Directors of the UWCC with payments to be made over one or more years' time period.
7. Operate under the management of a responsible local Board of Directors who shall hold regular meetings, at least quarterly, or under such management as may be authorized by the Executive Committee.
8. Report bi-annually to the Director of the UWCC. The reports are to include a financial statement, numbers served, and outcomes and expenditures of programs and services offered.
9. Consider these by-laws to be in effect in all particulars throughout the entire fiscal year, except as otherwise provided in any contract between such institutional member and the UWCC.

- B.** If a member agency is affiliated with a national organization whose Constitution or By-laws contain any provision in conflict with any provision of these By-laws, the Board of Directors of the UWCC shall have authority to make contracts with such member agency in accordance with the provisions of the Constitution or By-laws of such national organization, and such contracts shall be binding upon the UWCC.

- C. Funds shall be disbursed to member agencies on a monthly basis or in a manner approved by the Board of Directors of the UWCC.
- D. The Board of Directors of the UWCC may terminate the membership of any institutional member by two-thirds vote of the members present at any regular or special meeting of the Board, provided, however, said member and each member of the Board shall receive at least thirty days written notice of such proposed action, and the time and place of said meeting. Any institutional member may resign from membership in the UWCC upon thirty days written notice to the UWCC. (See A-2)
- E. Member agencies shall be required to attend fund raising events sponsored on their behalf by the UWCC. This shall include, but is not limited to, Campaign Kickoff, and Campaign Victory events. Bi-Annual meetings of member agencies will be held, and attendance is requested for the purpose of networking and sharing information which may assist agencies in their delivery of programs and services to this community.
- F. In compliance with the USA Patriot Act and other counterterrorism laws, the UWCC requires that each agency certify the following: "I hereby certify that all United way funds and donations will be used in compliance with all applicable anti-terrorist financing and asset control laws, statutes and executive orders."
- G. It is understood by member agencies that failure to comply with the requirements set forth in this agreement could result in the loss of funding by the UWCC.

On behalf of _____

I accept and agree to the above Institutional Membership Provisions of the United Way of Colquitt County on this _____ day of _____, 20____.

Agency Director

Agency Chief Volunteer Officer

Executive Director, United Way

Amended February 2013

AGENCY COPY

United Way of Colquitt County

Partner Agency Allocation and Special Grant

Appeal Policy

October 2004

It is the policy of United Way of Colquitt County to provide partner agencies the right to appeal an allocation/special grant decision and request consideration of that decision.

United Way of Colquitt County has complete confidence in its review and allocation process. Through this process community volunteers, as members of the Allocation Panels and Board members, annually review programs and finances. These committees ensure partner agencies who receive funds from United Way are competent, efficient, and fulfilling the mission of United Way of Colquitt County.

Because of the confidence in this process, the initial allocation/special grant decision will be respected unless it is clearly demonstrated and substantiated that the partner agency has a valid basis for appeal.

The following are grounds for appeal of an allocation decision:

- There is significant new information since the Panel hearing/ Board meeting or there has been a significant change in partner agency circumstances that were not foreseeable at the time of the original presentation.
- There was a crucial misunderstanding by the Allocation Panel/ Board of information provided during the review process.

An appeal will not be considered solely because a partner agency is dissatisfied with the approved allocation or because the partner agency feels it is necessary to re-emphasize points made in the original presentation.

Appeals Process

A written request for an appeal must be sent to United Way of Colquitt County no later than 21 days following notification of approved allocation/special grant. The request must be an official action of the partner agency's Board of Directors.

The appeal must be addressed to the President of United Way of Colquitt County and signed by the Executive Director and President of the Board of the partner agency.

The request must clearly demonstrate in summary fashion the appealing agency's reasons and grounds under which the appeal is being submitted.

AGENCY COPY (continued)

Within 15 days of receipt of request, the President of United Way of Colquitt County will convene a meeting of the following persons:

- President of United Way of Colquitt County
- Executive Director of United Way of Colquitt County
- Allocation Committee Chair
- Allocation Panel Chair
- Treasurer of United Way
- Partner Agency Board President
- Partner Agency Executive Director

The purpose of this meeting will be to explore additional information in an attempt to resolve the appeal.

If a resolution is not reached at this meeting and the partner agency wishes to pursue its appeal, the President of United Way of Colquitt County will direct the Executive Board of the United Way Board and the appropriate Allocation Panel Chair to review the request and any additional information provided to determine if the appeal is valid.

If the appeal is deemed invalid, the partner agency will receive written notification. The partner agency may then accept its allocation as proposed or surrender it. The decision of this committee is considered final.

If the appeal is deemed valid, the Executive Committee of the United Way Board and the appropriate Allocation Panel Chair will schedule a new hearing as soon as possible. The partner agency will present oral presentation in support of their appeal.

The Executive Board will prepare a Report of Findings and Recommendations for presentation as the next scheduled meeting of the United Way of Colquitt County Board of Directors. The Board of Directors will consider the Report of Findings and Recommendations and make final disposition of the partner agency's appeal. The agency will receive written notification of decision.

Policy developed October 2004