

United Way of McLeod County

218 Main Street South, Suite 124, PO Box 504, Hutchinson, MN 55350

Phone: 320-587-3613

Email: unitedw@hutchtel.net Web address: www.unitedwaymcleodcounty.org



2011 United Way of McLeod County AGENCY FUNDING APPLICATION

DEADLINE FOR APPLICATIONS: Friday, April 23, 2010

1. Name of organization _____

Address _____

Phone Number _____

E-mail _____ Website _____

2. Contact's Name _____ Position _____

3. Incorporation Date _____ Date Established in McLeod County _____

4. Fiscal Year _____ To _____

5. Is your agency tax exempt? (IRS 501©3) Yes No 501©3# _____

(If your agency is not a non-profit 501©3 organization, you do not need to proceed, the United Way of McLeod County will only fund 501©3 organizations. If you are in the process of applying for or becoming a 501©3 organization, you may qualify with the appropriate filed paperwork).

6. Is your agency registered with the State of Minnesota? Yes No

Please provide copy of latest annual registration (MN Secretary of State - 1-651-296-2803).

7. Does your agency have a disaster plan in place? Yes No

A disaster plan is a requirement to receive funding from the United Way of McLeod County. A complete and current disaster plan must be submitted each year that funding is applied for.

Agency Information

8. Write a brief history of your agency in McLeod County and the current programs you operate.

9. What is your Agency's Mission Statement?

10. What is the geographic area your agency serves?

11. Client Information:

2008

2009

A. Total number of persons served in McLeod County _____

B. Number of new clients admitted to program in McLeod County _____

C. Number of persons completing program (if applicable) _____

D. Number of persons dropping out of program (if applicable) _____

12. Please indicate the number of McLeod County clients in each of the following categories:

Children (ages 0-12) _____ Teens (ages 13-19) _____ Adults (ages 20-64) _____ Seniors (ages 65+) _____

13. Maximum number capacity for your program _____

14. What is the total number of persons in the McLeod County area you anticipate serving in 2011? _____

Identification of Need

15. What direct services does your program provide within McLeod County?

16. Identify the needs in our community for which your program is providing services?

17. State how you have determined a need exists for your program in McLeod County (surveys, data, etc.).

Program Goals/Quality Assessment

18. State your program's goals and objectives.

19. Specify how this funding will be used to achieve your goals and objectives.

20. Describe how your program determines its effectiveness in addressing the need you have identified (surveys, client feedback, other measurement tools, etc.).

21. State positive program outcomes your program has made over the past year in the community.

22. How are you trying to improve your quality of service/program, and what tools do you have in place to measure outcomes?

23. List all collaborative efforts with other community organizations, and describe any programs that provide similar services to the residents of McLeod County.

Client Information

24. Do any or all of your clients pay for services you provide? _____

A. What is your cost per client? _____

B. Of those who pay for services provided:

How much do you collect in fees? _____

How is the cost of the service to a client determined? _____

25. Please identify which priority area your program focuses on.

Financial Information for this Program

26. (For returning applicants) What was your dollar allocation from last year's United Way of McLeod County campaign? _____

A. Does your organization receive funds from other United Way organizations? _____

If yes, please list each United Way where funds are received from and the dollar amount received.

27. If you received funds last year,

A. What did you intend to use the money for? _____

B. What did you actually use last year's funds for? _____

C. Is there an "apportionment requirement" or policy within your organization that requires that you submit a portion of any funding received to your national organization? Yes No

If yes, what percent? _____%

28. Amount of Funding Requested for 2011? _____

29. Expenditure of Requested Funds- Please indicate the amount requested for this program and how you plan to expend it. Please be specific, and include percentages if the funding will be expended in different areas. Amount Requested _____.

Area		Percent of Funding

30. A. What is the total budget for your local agency? _____

B. What percent of your budget is allocated for administrative/overhead costs? % _____

31. What percentage of your local operating budget is funded by United Way of McLeod County dollars?

2008 % _____

2009 % _____

32. Does your organization receive government funding? _____

33. Has your agency established a Foundation? _____

What is the Foundation's current value? _____

34. What other sources of revenue do you have? _____

Bequests _____

Trusts _____

Other _____

35. In reference to Fundraising:

A. Did you do any fund raising drives in 2008/2009 for your own agency? _____ If so how much money was raised? _____

Time of year collected _____

How obtained? (Mail, Special Event, Solicitation, etc.) _____

B. Are you planning any future fund drives in 2010-11 for your own agency or for the United Way? _____

If yes, explain _____

36. What is your carry-over dollar amount (Funds left from 2008 and 2009)?

2007 \$ _____ 2008 \$ _____

37. Are matching funds available for your agency? Yes No

If so, when? _____

38. Are there any special considerations we should be aware of when considering your request?

39. In the table below, please list the number of presently employed individuals who perform each type of agency function listed below. Do not count an employee twice. If an employee works in more than one area, count them in the area in which they spend most of their time.

Type of Employee	Full-Time Paid		Part-Time Paid		Volunteer
	Number Of Positions	Salaries Paid Per Position	Number Of Positions	Salaries Paid Per Position	Number In Each Category
ADMINISTRATIVE: Persons who are responsible for the executive functions of the agency.					
DIRECT SERVICE: Persons who are responsible for the implementation of the program directly with the participant or client in the program.					

PLEASE BE SPECIFIC AND FILL IN COMPLETELY!!

PLEASE SUBMIT 2009 FINANCIAL STATEMENT!! (Or use, and fill out, the enclosed Financial Statement)

****Agencies not showing up for their scheduled hearing will not receive funding.**
Agency Hearings will be conducted on Thursday, May 13, 2010.**

This is to certify that this application for funding from the United Way of McLeod County was authorized by proper action of the agency governing personnel.

Dated this _____ day of _____, 2010.

Agency _____

By: _____ Title: _____
_____ Title: _____

**Please return to:
United Way of McLeod County, 218 Main Street South, PO Box 504, Hutchinson, MN 55350**

Deadline for applications: Friday, April 23, 2010

**** Applications must be postmarked or delivered by close of business Friday, April 23, 2010. Applications received after that deadline will not be considered for funding for the current campaign. Please call 320-587-3613 if you would like to pick-up a printed version of the application.**

Check List

- _____ Application – Completed and Signed (6 copies)
- _____ Contract – Signed
- _____ State of MN Annual Registration
- _____ 2009 Financial Statement including most recent budget (6 copies)
- _____ Most recent 990 Tax Form (1 copy)
- _____ **6 copies of application, financial statement, and any other accompaniments.**

**UNITED WAY OF MCLEOD COUNTY
AGENCY FUNDING CONTRACT
YEAR 2011 CAMPAIGN**

1. Fundraising efforts may not be conducted during our local campaign from Friday, August 20 through Friday, November 12, 2010, WITHOUT specific written approval from the current UWMC Executive Board and full disclosure of your fundraising intent.
2. Member agencies are encouraged to seek grants, sustaining or participating memberships, investments, estates, wills, and/or sale of related material(s) as a means of additional funding.
3. Member agencies are requested to submit a yearly schedule of community fundraising activities to accompany the request for United Way support.
4. United Way reserves the right to deny any fundraising request which nullifies the goal of both the United Way and the member agency to support and provide quality services to meet human care needs in McLeod County, or to any agency that is not a non-profit organization with a 501©3 status (or in the process of obtaining 501©3 status).
5. We agree to include the United Way logo when possible in our news releases and publications (including mailings and brochures) that we are a United Way supported agency and to visibly display the United Way logo (please obtain the logo from the UWMC executive director if you not possess it).
6. Provide community service based on documented need(s). Agencies receiving United Way dollars must be not-for-profit organizations offering programs based upon an identifiable current need, demand, or problems in the community within United Way target and services areas. Services which are supported by United Way dollars should be clearly defined and their impact documented by the organization applying for or receiving funds. Services should be targeted toward an identifiable population and/or geographic locale within the service area of the United Way of McLeod County.
7. Be non-discriminatory. Discrimination by race, creed, color, sex, age, religion, or sexual orientation is prohibited. Each organization receiving United Way dollars must have an up-to-date non-discrimination policy.
8. Have active, rotating volunteer leadership that represents diverse elements of McLeod County. The agency's board of directors or governing body should consist of volunteers who: 1) participate in the policy-making process; 2) represent the diverse elements of the community; 3) periodically rotate off the board on a planned basis; 4) meet at least quarterly.
9. Have sound financial and program management. It is critical for United Way support that there is demonstrated ability to manage the programs and services in accordance with generally accepted accounting procedures, e.g. American Institute of Certified Public Accountants (AICPA) Guide. When requested, the organization must be willing to provide copies of its annual audit using an independent certified public accountant or accounting firm.
10. Agencies receiving funding will be requested to attend a minimum of 2 quarterly United Way of McLeod County Partner Agency Meetings in 2010.
11. Agencies receiving funding over \$2,000 will be requested to make a campaign or public appearance with a board member or UWMC staff member sometime during the fall of 2010.
12. Non-compliance with the terms of this contract will result in discontinuance of agency funding.

We agree to abide by the above conditions.

Agency Name: _____

Signature: _____

Title: _____

Date: _____

Agency Copy

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