



To: 2012 United Way of McLeod County Community Grant Applicants
From: Paul Thompson
Executive Director
Date: Tuesday, July 5, 2011
Re: 2012 UWMC Community Grants

Thank you for your interest in the 2012 UWMC Community Grant application process. The complete "2012 United Way of McLeod County Application for Funding" is attached. We look forward to reading the applications and learning more about the important work you do.

Please submit the following information to complete your Agency's United Way of McLeod County Application for Funding for 2012. **Please use white paper and three-hole punch your application.** No notebooks or covers are required; the United Way staff prepares individual notebooks for the Allocations Committee members.

1. **Six** (6) copies of Agency's current (2011) budget.
2. **One** (1) copies of Agency's most recent Audit Report.
3. **Six** (6) copies of Agency's most recent Financial Statements.
4. **Six** (6) copies of completed Application for Funding Form for **EACH PROGRAM** for which your Agency is requesting funding.
5. **Six** (6) copies of Board of Directors and their affiliations.
6. **Six** (6) copies of IRS 501(c)3 determination letter or statement as unit of government.
7. **One** (1) copies of schedule of yearly community fundraising activities.

Please note that the United Way of McLeod County Board of Directors must review and approve the request for each program and the responsibilities of a participating agency per the "Participating Partner Agency Agreement" between (agency) and United Way of McLeod County.

Signatures of the Chief Professional Officer (Executive Director) and the Designated Officer of the Board are required as well as the date of Board Approval on the cover sheet of the Request for Funding for **EACH PROGRAM** your agency is submitting.

All completed United Way of McLeod County Applications for Funding received in the United Way of McLeod County office by **5:00 PM, Friday, August 12**, will be considered for 2012 funding. Please feel free to call me with any questions at (320) 587-3613.

2012 United Way of McLeod County Application for Funding

Cover Sheet

Date of application: _____

Organization Information

PROGRAM NAME:	
Agency Name:	
Executive Director:	
Contact Name & Title: (if different from ED)	
Web site:	
Telephone:	
Fax:	
Mailing Address:	
City, State, Zip:	
EIN/Tax ID Number:	

Proposal Information

Agency Fiscal Year: (ex: January 1, 2010 to December 31, 2010)	
Amount requested for this PROGRAM from the United Way:	
Percentage of PROGRAM budget requested from this United Way for each focus area:	Percent for Each Area (total = 100%)
Emergency and Basic Needs	
Health and Human Services	
Child Development	
Community Development	

Authorization

This funding request was considered and approved for submission by the Agency's Board of Directors at their meeting on this date: _____

The Board of Directors also reviewed and accepted the responsibilities of a participating agency as outlined in the "Participating Partner Agency Agreement" with the United Way of McLeod County.

Chief Professional Officer or Executive Director
(Type or Print)

Board President or Authorized Official
(Type or Print)

Application Prepared By: _____
Phone: _____ E-mail: _____

2012 United Way of McLeod County Application for Funding

AGENCY OVERVIEW

- A. Agency Mission Statement:
- B. Geographic area the agency covers:

PROGRAM INFORMATION

- A. What community need does this program address?
- B. Explain the service the program provides (2 to 3 sentences):
- C. Describe benefits the recipients receive (2 paragraphs):
- D. Write a brief story about your program that the United Way may use for marketing purposes during the Campaign (4 paragraphs):

PROGRAM EVALUATION

Limit of 3 pages

- A. **SUMMARY OF PREVIOUS YEAR'S PROGRAM IMPACT:** Briefly describe the program's outcomes from last year (or year to date) highlighting the indicators used to track those outcomes. If applying for a newly established program, move on to the next question.
- B. **INPUTS:** What resources are dedicated to the program (please be specific)? (Examples: # of FTE's, # of volunteers and volunteer hours, materials, technology, facilities, equipment, etc.)
- C. **ACTIVITIES & SERVICES:** What is done? How does the program function? (Examples: sheltering & feeding, training, counseling, etc.)
- D. **OUTPUTS:** Volume of work accomplished (Examples: participants served, number of workshops, meetings, educational materials distributed, etc.)
- E. **PROGRAM OUTCOMES:** Benefits or changes for people during or after participation in program activities. Initially outcomes should reflect new knowledge, attitudes or skills and ultimately, long-term meaningful changes in their lives. (Example: Increase in the number of students participating in after-school reading program)
- F. **MEASUREMENT TOOLS:** How do you measure progress toward outcome achievement (Example: survey, case notes, census data, etc.)
- G. **INDICATORS:** Explain the specific characteristics or behaviors that will be measured to show how fully the program is achieving the above stated outcomes. (Examples: % of participants that will gain new knowledge, % of participants that will use new skills, % of participants that will have a measureable change in their lives.)
- H. **EXPECTED RESULTS:** What will your impact on the community be? Also include a description of your organizations' expectations. (Example: Increase the number of students reading at grade level)

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I. **What other agencies or programs does this program partner with to provide services, increase awareness of each other, and avoid duplication?** Please list them below along with a brief description on their role in the partnership.

Agency or program	Their role

J. **What would be the impact on this program if it does not receive funding from United Way of McLeod County?**

PROGRAM BUDGET

- A. Complete **FORM B** (Three-year comparison Program Budget).
 - Use only amount for McLeod County area program. If your program is regional or statewide, please list the McLeod County area separately.
 - United Way of McLeod County funds appear in two places. Line one (1) is for United Way of McLeod County Allocations Only. United Way donor Designated Funds should be included in Line three (3).

- B. Explain any line items that have increased or decreased by 10% or more since last year.

- C. If an increase in United Way funding is requested, explain how the additional money will affect delivery of services.

- D. What percentage (%) of program funding remains in McLeod County?

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FORM A – PROGRAM CLIENT STATISTICS

Program Name:

Program Beneficiary Characteristics Clients/Patients/Recipients/Other	Prior Year Actual From __ to __	Current Year Estimated From __ to __	Next Year Budgeted From __ to __
1. Program Beneficiaries (<i>unduplicated</i>):			
A) total continuing from previous fiscal year			
B) total new for the year			
C) total terminated during the year			
Total 1			
2. Age Group (appropriate for your agency)			
A) infants (under 5)			
B) between 6 and 18			
C) between 19 and 29			
D) between 30 and 64			
E) 65 and over			
F) unknown			
Total 2			
3. Residence by Zip Code			
A) 55312 Brownton			
B) 55336 Glencoe			
C) 55350 Hutchinson			
D) 55354 Lester Prairie			
E) 55370 Plato			
F) 55381 Silver Lake			
G) 55385 Stewart			
H) 55395 Winsted			
Total 3			

Please note that total 1, total 2 & total 3 should be equal. These numbers will be used when marketing the 2011 campaign, please be as accurate as possible.

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FORM B – PROGRAM BUDGET			
Agency Name:	Prior Year Actual	Current Year Estimated	Next Year Budgeted
Program:	From __ to __	From __ to __	From __ to __
<i>Support and Revenue</i>			
1. Allocation from United Way of McLeod County (UWMC)			
2. Allocation from other United Ways			
3. Individual Contributions			
4. Foundation and Other Non-Government Grants			
5. Special Events			
6. Legacies and Bequests (Unrestricted)			
7. Contributed by Associated Organizations			
8. Fees and Grants from Government Agencies			
9. Membership Dues			
10. Program Service Fees and Net Incidental Revenue			
11. Gifts in Kind			
12. Sales of Products and Services			
13. Investment Income			
14. Miscellaneous and Charitable Gambling Income (itemize if over \$1,000)			
15. Total Support and Revenue (add 1-14)			
<i>Expenses</i>			
16. Gross Salaries (____ % Admin. ____ % Program)			
17. Employee Benefits			
18. Payroll Taxes			
19. Professional Fees			
20. Supplies			
21. Telephone			
22. Postage and Shipping			
23. Occupancy			
24. Equipment Rental and Maintenance			
25. Printing and Publications			
26. Travel			
27. Conferences, Conventions and Meetings			
28. Specific Assistance to Individuals			
29. Membership Dues			
30. Awards/ Grants/ Scholarships			
31. Insurance			
32. Miscellaneous (itemize if over \$500)			
33. Payments to Affiliated Organizations			
34. Board Designations for Specific Future Activities			
35. Total Expenses (add 16-34)			
Excess (Deficit) of Total Support & Revenue over Expenses <i>(Line 15 minus Line 35)</i> <i>Please provide details regarding use of excess funds or plans for erasing deficit.</i>			
% of Admin. and Fundraising Costs (IRS Form 990) This number is required by the Federal Government from all of our member agencies so that we can solicit their employees.			%
<i>Other</i>			
Reserves/Emergency Funds/Rainy Day Funds			
- Restricted Funds (Total Value)			
- Unrestricted Funds (Total Value)			

05/24/11 revised