



DATE: March 18, 2010
TO: United Way Agencies and Prospective Agencies
FROM: Chris Carter, 2010-11 Allocations Committee Chair
RE: 2011 United Way Funding

You have expressed an interest in United Way funding for the calendar year 2011. Enclosed please find a copy of the application form. You will also find an enclosed checklist outlining all of the required documents that must be submitted for consideration.

Your completed application must be returned to the United Way office no later than April 23, 2010 to be considered for funding in 2011. Please be sure to include financial information, which is spelled out in detail in the application, for your organization. Also we ask that each agency provide one **NEW** success story best highlighting how your organization is making an impact on our community.

Allocation Interviews have been scheduled for May 18-19, 2010. Please keep these dates available for your agency interview. You will be notified of a specific interview time once all applications are received.

If you have any questions, please feel free to call me at 886-6901 or Tracy Hlavacek at the United Way office at 886-5815 or tracy@watertownunitedway.org.

P.O. Box 283
Watertown, SD 57201
(605) 886-5815



OVERVIEW FOR ALLOCATION OF UNITED WAY FUNDS

The Watertown Area United Way is people helping people. It is a local independent non-profit organization funded by thousands of individuals and businesses who generously share with their community by contributing to the annual United Way Campaign. The Watertown Area United Way is an organization of local volunteers that in turn reaches out to other organizations to give financial support to services that benefit people in need in the Watertown area.

In reviewing applications for United Way funding, the Watertown Area United Way Allocations Committee is most interested in projects that provide services in the areas of health and safety, human and social services, wholesome recreation for children, or other major community needs. Preference is given to programs that impact a broad constituency in the Watertown area relative to the funding requested, and to requests for funding operational expenses rather than capital expenditures. A group requesting funding may be expected to demonstrate that the needs it addresses are not otherwise being met adequately in the area. The Watertown Area United Way encourages cooperation among United Way Agencies. ***Please be reminded that all funds allocated during the 2011 year are dependent upon the United Way reaching its Campaign Goal. Should the Goal not be met, the Allocation's Committee would adjust the allocated amounts accordingly.***

Any organization applying for funding from the Watertown Area United Way must meet the following requirements:

1. Be incorporated as a nonprofit/charitable (501(c)(3)) organization to which contributed income is fully exempt under Federal and State law. A COPY OF THE LETTER CERTIFYING YOUR TAX EXEMPT STATUS UNDER INTERNAL REVENUE CODE SECTION 501(c)(3) MUST ACCOMPANY THIS APPLICATION, UNLESS PREVIOUSLY SUBMITTED.
2. Be governed by a responsible and active volunteer Board of Directors that serves without pay, meets regularly, and exercises effective administrative control.
3. Complete and submit all application information, financial forms, audits, etc.
4. Submit most recent IRS 990.
5. Have a written policy of nondiscrimination, a copy of which must accompany this application, unless previously submitted.
6. Have operated in this community for one full year before applying for Watertown Area United Way funding.
7. Submit a completed Black-Out Policy form.

We understand that we are expected to refrain from conducting any fund raising drives (solicitation) during the period of **September 1 until November 15** (i.e. selling tickets for special events, holding special events, marketing events as a fundraiser, selling coupon booklets, etc.). This time period is reserved for the United Way campaign.

OVERVIEW FOR ALLOCATION OF UNITED WAY FUNDS CONTINUED

If an exception to the policy is being requested, Agency requests to hold fundraising events during the Black-out period must be received in writing 45 days prior to the event. The Watertown Area United Way Board of Directors will review each request and notify the agency if a special exception has been granted or approved.

PLEASE NOTE: A United Way Agency may conduct fund raising (solicitation) for youth activities by selling raffle tickets or merchandise and the fund raising (solicitation) is being conducted during the time period reserved for the United Way campaign because either:

- 1) This is the time for the youth activity to be held according to the Watertown School District Calendar; or
 - 2) The fund raising (solicitation) is being conducted in accordance with a national fund raising event.
8. Have a representative attend the **Kick-off Event, Recognition Celebration, and Agency Meetings.**
 9. Provide at least one **NEW** success story to the United Way office of how your organization is helping people in our community and the surrounding areas.
 10. Complete and submit a Counterterrorism Compliance Certification form stating that you are in compliance with the USA Patriot Act. All funded agencies will also be screened against the federal terrorism "watch list".

A representative of the applying agency is required to appear before the Watertown Area United Way Allocations Committee to give a brief presentation and answer any questions. **Allocation Interviews have been scheduled for May 18-19, 2010.** The Watertown Area United Way Board of Directors makes the final decision concerning allocation of United Way funds, and reserves the right to approve or deny any application for funding, whether based on the above criteria and requirements or for any other reason.

Submission of this application constitutes confirmation by the applicant that it meets and agrees to comply with the requirements set out above.



2011 ALLOCATION APPLICATION CHECKLIST

Before you send your grant application in, please make sure the following elements have been completed and are enclosed with your application. Also, make sure you mail, e-mail, or drop off one copy of each item, single sided, by **5:00 p.m. on April 23, 2010**.

Please note: If you e-mail your application, you still need to provide us with the original of page one of the Allocation Application.

Provide one copy, single sided of each of the following:

| | |
|--|---|
| | Allocation Application, including the cover page with signatures, for each program for which you are requesting United Way funding. |
| | If you believe it would be beneficial to our volunteers, enclose a budget narrative for each applicant program. |
| | List of Board Members and their addresses. |
| | Submit 2009 & 2010 Budgets. |
| | Copy of your most recent Audit or Financial Review if applicable. |
| | Copy of your most recent Management Letter from audit firm if applicable. |
| | Copy of your most recent IRS 990 Form. |
| | Provide at least one NEW* success story on how your organization's program is assisting people in our community and the surrounding areas. |
| | Submit a completed Counterterrorism Compliance Certification Form. |
| | Submit a written policy of nondiscrimination, unless previously submitted. |
| | Submit a copy of your IRS determination letter stating you are a 501(c)3 organization, unless previously submitted. |
| | If your organization does not conduct an audit, please answer the questions on the attached checklist and submit the requested documents. (See our <i>Financial Accountability Requirements for Partner Agencies</i> .) |

* **Please Note:** If you received funding from United Way last year, it is important that you provide a success story on how those funds were used to help someone in 2009. Thank you.

Financial Accountability Requirements for Partner Agencies

Please find below the Watertown Area United Way's policy related to financial accountability for agencies requesting program funding and Partner Agency status. It is important that each Partner Agency conduct its financial affairs with adequate separation of duties and independent oversight so that opportunities for embezzlement or fraud are eliminated or minimized. The highest standards of excellence possible should be observed so that donors can be assured their donation is being well spent.

For applicants with total budgets of **\$100,000 or more**, United Way requires submission of an independently conducted **audit** and the accompanying **IRS form 990**. The audit and the 990 must cover the same time period and should cover the most recent fiscal year.

For applicants with budgets **less than \$100,000** who do not conduct an annual audit, the applicant should provide the following. Use the below checklist to ensure full compliance.

- A **statement** from a Financial Committee of the board or the Treasurer of the board stating that the committee or treasurer independently reviews the financial records and signs off on an annual financial report each year. The Financial Committee members or Treasurer should have a financial accounting background.
- A **statement** describing the process used to ensure that opportunities for embezzlement, fraud or fiscal mismanagement are minimized. This process should include, but is not limited to:
 - brief description of division of financial duties
 - reviewing the bank statements and bank statement reconciliations
 - check writing procedures, including any need for more than one signature
 - checking receipts and/or invoices to see if they match checks and are for approved expenses (at least spot checking, this should be done as checks are written on a monthly basis)
 - checking records for income and making sure process is in place to thank donors
 - checking balances on computer software vs. bank accounts,
 - checking any payroll records to match against State and Federal filings and hours for employees
 - checking that expenses fall within board approved budget guidelines.
 - checking cash balances and assuring that adequate funds are available for obligations.
- **Year end financial statements** for the most recently completed fiscal year. Acceptable year end financial statements include:
 - a year end balance sheet, or a document that shows all assets and liabilities,
 - and a year end profit and loss statement or income and expense statement, a document that shows budgeted amounts for all income and expense versus year end actual amounts.
- **IRS Form 990** for most recently completed fiscal year.
- **Plan for conducting audit** in the future. When and how often?

NOTE - Alternative financial reporting methods can be discussed for applicants who have budgets under \$25,000 or who have budgets over \$100,000 but do not have an independent audit. Contact United Way at 605-886-5815 to discuss alternatives.

Watertown Area United Way ALLOCATION APPLICATION 2011 Calendar Year

Prepare one for each PROGRAM to be funded with Watertown Area United Way dollars.

**ONE copy of this form, SINGLE SIDED must be received at the
Watertown Area United Way office by 5:00 pm on APRIL 23, 2010**

Total Proposed 2011 Program Budget: \$ _____
Amount Requested from Watertown Area United Way: \$ _____

| |
|------------------------|
| Agency Name: |
| Program Name: |
| Tax ID Number: |
| Program Staff Contact: |
| Address: |
| Telephone: |
| E-Mail: |
| Financial Contact: |
| Telephone: |
| E-Mail: |

I affirm that I have reviewed this report and to the best of my knowledge the information furnished is true, correct and complete.

Print Name of Board Chair

Mailing Address of Board Chair

Signature of Board Chair

Date: _____

Print Name of Executive Director

Mailing Address of Executive Director

Signature of Executive Director

Date: _____

(If you have any questions, please call the United Way staff person listed below)

| | |
|--|----------------------|
| For office use only | |
| United Way Staff Contact: Tracy Hlavacek | Date Received: _____ |
| United Way Staff Telephone: 605-886-5815 | |
| E-mail: tracy@watertownunitedway.org | |

Agency Name:

Program Name:

Mission Statement

1. Organization Mission Statement:

Community Impact

2. Area of Impact:

Program Impact

3. Describe the population(s) to be served:

4. What do you expect this program to accomplish?

5. What activities and resources will you use to accomplish that?

6. How will you know you've accomplished your goal/outcome?

7. Do you measure client satisfaction, and if so, how do you measure it?

Agency Name:

Program Name:

Program Impact - continued

8. Impact Analysis: Discuss the extent to which outcomes were or were not achieved in 2009, and the progress made so far regarding this year's planned outcomes. **Please limit your response to 2 pages or less (Submit as an attachment).**
9. Lessons Learned: Describe any lessons that were learned during the past year and thus far in 2010. Include program strengths and weaknesses, proposed adjustments to program activities for 2010. **Please limit your response to 2 pages or less.**

Outcome Success Story

9a. Choose one of the program's outcomes that you want to use to illustrate a success story. State this outcome below as you would want it communicated to the public. Please include actual data. **Example: Sixty-seven percent of babies (27 of 40) born to mothers with a history of drug and alcohol abuse were born free of drugs and alcohol.**

9b. Provide a true success story based on the above outcome. The story should illustrate your program's effect on a **single client**. Limit your response to this page.

9c. Agency Contact for Success Story: (please print)

Name: _____ Phone Number: _____

Agency Name:

Program Name:

Client Characteristics – 2009 Stats

10. Please complete the following:

| COUNTIES SERVED | PERCENT | NUMBER |
|--|---------|--------|
| What percent of the people served by your agency are from: | | |
| Codington County | | |
| Surrounding Counties (Hamlin, Deuel, Grant, Day, Clark) | | |
| Outside the Watertown Trade Area | | |

| PLEASE COMPLETE THE INFORMATION FOR INDIVIDUAL CLIENTS ONLY | | |
|---|-------------|---|
| Age Group: | Under 5 | |
| | 6 thru 12 | |
| | 13 thru 17 | |
| | 18 thru 34 | |
| | 35 thru 54 | |
| | 55 thru 64 | |
| | 65 thru 74 | |
| | 75 thru 84 | |
| | 85 and over | |
| | Unknown | |
| TOTAL INDIVIDUALS: | | * |
| Gender: | Male | |
| | Female | |
| | Unknown | |
| TOTAL INDIVIDUALS: | | * |

| | NUMBER |
|--------------------------------------|--------|
| Types of Clients: Individuals | |
| Organizations | |

| | NUMBER | | NUMBER |
|---------------------------|--------|----------------------------------|--------|
| Household Income: | | Ethnic/Racial Background: | |
| \$0 thru \$11,999 | | White | |
| \$12,000 thru \$14,999 | | Black or African American | |
| \$15,000 thru \$24,999 | | Hispanic or Latino | |
| \$25,000 thru \$49,999 | | American Indian or Alaska Native | |
| \$50,000 thru \$74,999 | | Asian | |
| More than \$75,000 | | | |
| Unknown | | Unknown | |
| TOTAL INDIVIDUALS: | | TOTAL INDIVIDUALS: | |
| | * | | * |

*NOTE: All TOTALS should be the same number

Agency Name:

Program Name:

Program Financial Report

11. Please describe the specific use of United Way dollars this year:

12a. Please describe any anticipated program deficit that would impact the program. How would the deficit be dealt with for 2011?

12b. Please describe any anticipated program surplus that would impact the program. How would the program apply the surplus for 2011?

Agency Name:

Program Name:

Program Financial Report - continued

13. Current Year Funding: Describe any changes to the program for the 2010 grant year.

14. 2011 Program Funding Request: Briefly describe your request for 2011, including how dollars will be spent.

Agency Name:

Program Name:

Program Financial Report – continued

15a. Please complete the following financial information:

| REVENUE | 2009 ACTUAL | 2010 BUDGET | 2011 PLAN |
|--|----------------|----------------|--------------|
| 1. Watertown Area United Way Allocation | | | |
| 2. Other United Way Allocations | | | |
| 3. Contracts (List sources on next page) | | | |
| 4. Grants (List sources on next page) | | | |
| 5. In-Kind Support (List sources on next page) | | | |
| 6. Client and Program Service Fees | | | |
| 7. Contributions | | | |
| 8. Other Revenue (List sources on next page) | | | |
| TOTAL PROGRAM REVENUE | \$ | | |

| EXPENSES | 2009 ACTUAL | 2010 BUDGET | 2011 PLAN |
|---|----------------|----------------|--------------|
| 1. Salaries | | | |
| 2. Benefits/Taxes | | | |
| 3. Professional Fees | | | |
| 4. Supplies, Printing, Postage | | | |
| 5. Travel | | | |
| 6. Telephone | | | |
| 7. Occupancy | | | |
| 8. Payments to Affiliates | | | |
| 9. Major Property & Equipment Acquisition | | | |
| 10. In Kind Expenses | | | |
| 11. Other Expenses | | | |
| TOTAL PROGRAM EXPENSES | \$ | | |

12. Total Program FTE (Full Time Equivalent) Employees: _____

12a. Full Time _____ Part-Time _____

13. Total Number of Program Volunteers _____

13a. Total Volunteer Hours _____

Agency Name:

Program Name:

Program Revenue/Expense Supplement
(Amounts indicated below must equal totals reported on page 7)

16b. Please complete the following:

| Contracts (list) Revenue Line 3 | 2009 Actual | 2010 Budget | 2011 Plan |
|--|--------------------|--------------------|------------------|
| | | | |
| | | | |
| | | | |
| | | | |

| Grants (list) Revenue Line 4 | 2009 Actual | 2010 Budget | 2011 Plan |
|-------------------------------------|--------------------|--------------------|------------------|
| | | | |
| | | | |
| | | | |

| In-Kind (list) Revenue Line 5 | 2009 Actual | 2010 Budget | 2011 Plan |
|--------------------------------------|--------------------|--------------------|------------------|
| | | | |
| | | | |
| | | | |

| Other (list) Revenue Line 8 | 2009 Actual | 2010 Budget | 2011 Plan |
|------------------------------------|--------------------|--------------------|------------------|
| | | | |
| | | | |
| | | | |
| | | | |

| Other (list) Expense Line 11 | 2009 Actual | 2010 Budget | 2011 Plan |
|-------------------------------------|--------------------|--------------------|------------------|
| | | | |
| | | | |
| | | | |
| | | | |

Agency Name:

Program Name:

Program Service Statistics

16. Define a **unit of service**. If it is not possible to define one unit, please explain. **Please remember that the method of measurement you use must be consistent from year to year.**

| |
|--|
| |
|--|

17. Unit Cost

| Year | Individuals or Units of Service | Total Cost of Program | Unit Cost (Cost/Units) |
|----------------|---------------------------------|-----------------------|------------------------|
| 2009 Actual | | | |
| 2010 Projected | | | |
| 2011 Estimated | | | |

18. Individuals Served

| | |
|------------------------|--|
| Last Year (actual): | |
| This Year (projected): | |
| Next Year (estimated): | |

Agency Name:

Program Name:

Agency Financial Report (Complete just one even if applying for more than one program.)

19a. Please complete the following financial information:

| REVENUE | 2009 ACTUAL | 2010 BUDGET | 2011 PLAN |
|--|----------------|----------------|--------------|
| 1. Watertown Area United Way Allocation | | | |
| 2. Other United Way Allocations | | | |
| 3. Contracts (List sources on next page) | | | |
| 4. Grants (List sources on next page) | | | |
| 5. In-Kind Support (List sources on next page) | | | |
| 6. Program Service Fees | | | |
| 7. Contributions | | | |
| 8. Other Revenue (List sources on next page) | | | |
| TOTAL PROGRAM REVENUE | \$ | | |

| EXPENSES | 2009 ACTUAL | 2010 BUDGET | 2011 PLAN |
|---|----------------|----------------|--------------|
| 1. Salaries | | | |
| 2. Benefits/Taxes | | | |
| 3. Professional Fees | | | |
| 4. Supplies, Printing, Postage | | | |
| 5. Travel | | | |
| 6. Telephone | | | |
| 7. Occupancy | | | |
| 8. Payments to Affiliates | | | |
| 9. Major Property & Equipment Acquisition | | | |
| 10. In-Kind Expenses | | | |
| 11. Other Expenses | | | |
| TOTAL PROGRAM EXPENSES | \$ | | |

~ Does your agency have a foundation with a separate 501 (c) (3) designation?
(If yes, please submit the **most recent audit** for the foundation.)

~ What is the agency's percentage of administrative costs? _____%
Use formula from most recent form 990 ("management and general" + "fund raising" divided by "total revenue")

Agency Name:

Program Name:

Agency Financial Report – continued

19b. Reserve/Savings Accounts:

Please list how many months of operating reserves you currently have:

Is there a specific reason you are retaining reserves/savings?

| RESERVES/SAVINGS | 2009 ACTUAL | 2010 BUDGET | 2011 PLAN |
|-------------------------------|------------------------|------------------------|----------------------|
| 1. Savings Accounts | | | |
| 2. CD's | | | |
| 3. Investments/Trust Funds | | | |
| 4. Other Reserves/Savings | | | |
| TOTAL RESERVES/SAVINGS | \$ | | |

Agency Revenue/Expense/Reserve Supplement

(Amounts indicated below must equal totals reported on page 10)

19c. Please complete the following:

| Contracts (list) Revenue Line 3 | 2009 Actual | 2010 Budget | 2011 Plan |
|---------------------------------|-------------|-------------|-----------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| Grants (list) Revenue Line 4 | 2009 Actual | 2010 Budget | 2011 Plan |
|------------------------------|-------------|-------------|-----------|
| | | | |
| | | | |
| | | | |
| | | | |

| In-Kind (list) Revenue Line 5 | 2009 Actual | 2010 Budget | 2011 Plan |
|-------------------------------|-------------|-------------|-----------|
| | | | |
| | | | |
| | | | |
| | | | |

| Other (list) Revenue Line 8 | 2009 Actual | 2010 Budget | 2011 Plan |
|-----------------------------|-------------|-------------|-----------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| Other (list) Expense Line 11 | 2009 Actual | 2010 Budget | 2011 Plan |
|------------------------------|-------------|-------------|-----------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |



Black-Out Policy

To ensure the success of the Watertown Area United Way Annual Campaign, we understand and agree to adhere to the Black-out period.

We understand that we are expected to refrain from conducting any fund raising drives (solicitation) during the period of **September 1 until November 15** (i.e. selling tickets for special events, holding special events, marketing events as a fundraiser, selling coupon booklets, etc.). This time period is reserved for the United Way campaign.

If an exception to the policy is being requested, Agency requests to hold fundraising events during the Black-out period must be received in writing 45 days prior to the event. The Watertown Area United Way Board of Directors will review each request and notify the agency if a special exception has been granted or approved.

PLEASE NOTE: A United Way Agency may conduct fund raising (solicitation) for youth activities by selling raffle tickets or merchandise and the fund raising (solicitation) is being conducted during the time period reserved for the United Way campaign because either:

- 1) This is the time for the youth activity to be held according to the Watertown School District Calendar; or
- 2) The fund raising (solicitation) is being conducted in accordance with a national fund raising event.

I understand and agree to comply with the United Way policy on fund raising and understand a failure to comply may result in a reduction or loss of United Way funding.

Agency Representative

Date

Agency Board Representative

Date



**Watertown Area
United Way**

COUNTERTERRORSIM COMPLIANCE

In compliance with the spirit and intent of the USA PATRIOT Act and other counterterrorism laws, the Watertown Area United Way requests that each funded agency ("Organization") certify that it is in compliance with United Way of America's 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, safehouses, 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 the foregoing is true.

Print Name: _____

Title: _____

Signature: _____

Date: _____



**Watertown Area
United Way**

2011 Allocation Interview

Presentations for 2011 Allocations will be held on May 18, 2010 from 8:00 a.m. – 12:30 p.m. and May 19, 2010 from 1:00p.m. - 5:00 p.m. Please keep these dates available for your agency interview. You will be notified of a specific interview time once all applications are received.

Presentation Template

1. **The statement of need** (the 'problem statement') – who are the intended recipients of services/participants in the program?
2. **The particulars** of the service or activity – describe/define the program itself.
3. **The intended outcome(s)** of the program. Outcome is the specific, measurable change or benefit that the program is intended to accomplish. An outcome has three parts:
 - a. **The intended benefit**
 - b. **The criteria for success**
 - c. **The indicator for success**

Example: "The smoking cessation counseling program will reduce the rate of teenage cigarette smoking in the high school population of City A by twenty percent, as determined by a self-report student survey."

- Intended benefit: reducing the rate of teenage smoking
 - Intended recipients/participants: the high school population of City A
 - Criterion: twenty percent
 - Measure/indicator: student self-report survey
4. **The budget for the program**, including its unit cost and the amount requested from the Watertown Area United Way.
 5. **Be prepared to answer questions about the agency.**