

2021 Allocation Application Questions



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Part I – Agency Information

- Today's date
- Amount requested from Watertown Area United Way
- Total Proposed 2022 Program Budget
- Agency's Name
- Program Name
- Street Address
- City
- State
- Zip Code
- Mailing Address (if different) n/a
- Agency's Phone Number
- Agency's Fax Number
- Agency's website address
- Primary Contact's Information
 - Primary Contact's First Name
 - Primary Contact's Last Name
 - Primary Contact's Email Address
- ED information
 - Executive Director's First Name (if different than primary contact)
 - Executive Director's Last Name (if different than primary contact)
 - Executive Director's Email Address (if different than primary contact)
- Financial Contact's Information
 - Financial Contact's First Name
 - Financial Contact's Last Name
 - Financial Contact's Email Address
 - Financial Contact's Phone
- Tax ID Number
- Number of Employees

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Part II – Program Information

- Agency Mission Statement
- Agency Vision Statement
- Program Name
- What area of impact does this program address?
- Which United Way focus area would you categorize your program under and why? Education, Health, or Financial Stability.

- Describe the target population(s) to be served.
- What do you expect this program to accomplish? *Refer to a logic model or strategic plan if you have one. You can list initial, intermediate and long term desired outcomes.*
- What activities and resources will you use to accomplish that? *If you work with any other Watertown Area United Way agency program(s) this would be the spot to highlight those partnerships.*
- Does your program duplicate any services offered by current United Way programs? Does your program duplicate services offered by any other local organization not funded by United Way?
- How will you know your program has accomplished your goal or outcomes?
- Do you measure client satisfaction, and if so, how do you measure it?
- Provide a brief history of your program. *What year did it start? Why did it start? Are there any accomplishments you would like to highlight? How has the program evolved since the beginning?*
- Impact Analysis: Discuss the extent to which outcomes were or were not achieved in 2020, and the progress made so far regarding this year's planned outcomes. *Please limit your response to 2 pages or less. Upload a word document or pdf preferably.*
- Lessons Learned: Describe any lessons that were learned during the past year and thus far in 2021. Include program strengths and weaknesses, proposed adjustments to program activities for 2022. *Please limit your response to 2 pages or less. Upload a word document or pdf preferably.*

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Part III – Outcome Success Story

- 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. Provide a true success story based on the above outcome. The story should illustrate your program's effect on a single client.*
- Success Story Contact Name
- Success Story Contact Phone
- Success Story Contact Email

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Part IV – Client Characteristics

**** If actual statistics are not kept, please fill out to the best of your ability.**

Codington County

- Percentage Served: 0 %
- Number Served: 0

Surrounding Counties (Hamlin, Deuel, Grant, Day, Clark)

- Percentage Served: 0 %
- Number Served: 0

Outside the Watertown Trade Area

- Percentage Served: 0 %
- Number Served: 0

PLEASE COMPLETE THE INFORMATION BELOW FOR NUMBER OF INDIVIDUAL CLIENTS ONLY. NOTE: All TOTALS should be the same number.

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: _____

Types of Clients:

- Individuals
- Organization

TOTAL SERVED: _____

Military Status:

- Veteran
- Non-Veteran
- Unknown

TOTAL SERVED: _____

Primary Language:

- English
- Two or more languages
- Unknown

TOTAL SERVED: _____

Household Income:

- \$0 thru \$14,999
- \$15,000 thru \$23,999
- \$23,000 thru \$34,999
- \$35,000 thru \$49,999
- \$50,000 thru \$74,999
- More than \$75,000
- Unknown

TOTAL INDIVIDUALS: _____

Ethnic/Racial Background:

- White
- Black or African American
- Hispanic or Latino
- American Indian or Alaska Native
- Asian or Asian American
- Native Hawaiian or Pacific Islander
- Two or More
- Unknown

TOTAL INDIVIDUALS: _____

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Part V – Program Service Statistics

- Define a unit of service. If it is not possible to define one unit, please explain. Include the unit costs per unit/individual. *Please remember that the method of measurement you use must be consistent from year to year. To determine the unit cost per unit/individual take the total program cost divided by the total of individuals served OR the total units of service to equal unit cost. For example, \$50,000 to run the program/ 10,000 served = \$5 unit cost.*
- Individuals Served:
- Last Year (actual) _____
- This Year (projected) _____
- Next Year (estimated) _____
- Please list what \$1 a week does for your organization in one sentence.

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Part VI – Program Financial Report

- Please describe the specific use of United Way dollars in the year 2021.
- If the United Way does not fund or reduces your request, what impact would that have on your program?
- If the United Way does not fund or reduces your request, where will you get your funding or what other resources would you look at to maintain your program?

- **Current Year Funding:** If funding was received in the prior year, please describe any changes to the program in the current year. (If applicable)
- **COVID-19 Assistance:** In the last year, has your agency program received any COVID-19 specific reliefs funds or assistance such as the PPP Loan, Small Business & Nonprofit CARES Grant, Watertown Area Community Foundation Relief Funds, etc.?
- **2022 Program Funding Request:** Briefly describe your request for 2022, including how dollars will be spent.
- Describe any dues or fee schedule charged to the participants:
- What is your approach to offering reduced fees or services to participants?
- If monies being allocated are going to the general fund please describe how you track your United Way Allocation for the funded program. n/a
- Program Financial Report Upload:
- Program Employees & Volunteers
- Total Program FTE (Full Time Equivalent) Employees: _____
- Part Time: _____
- Total Number of Program Volunteers: _____
- Total Volunteer Hours: _____

Part VII – Program Revenue/Expense Supplement

- Program Revenue/Expense Supplement Upload

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Part VIII – Agency Financial Report

- Please list how many months of operating reserves you currently have: _____
- Is there a specific reason you are retaining reserves/savings?
- Reserves/Savings Worksheet Upload
- Does your agency have a foundation with a separate 501 (c) (3) designation?
- 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"*
- What percentage of the program's revenue is United Way funding?
- Is United Way your program's single largest outside donor/funding source? YES or NO
- Agency Financial Report Upload
- Agency Revenue/Expense/Reserve Supplement Upload

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Part X – Additional Questions

- **THIS QUESTION ONLY IS FOR NEW APPLICANTS AND APPLICANTS RETURNING AFTER A BREAK IN FUNDING.** Please explain why this year you have chosen to apply for United Way funding for the first time or for the first time after a break in funding?

- Does your organization have a strategic plan?
- If your agency has a nondiscrimination policy, please state it in the space below?
- Does your program have a diversity, Equity, and Inclusion (D.E.I.) committee or has made efforts to promote D.E.I. in the recent year?

United Way Partnership:

- The United Way realizes the importance of continually promoting the number and array of agencies that are funded throughout the community. Please share how you have promoted the United Way during the past year and how you plan to promote it in the future, if funded?
- United Way agencies are expected to be present at the campaign Kick-off, Wrap-up, Recognition Celebration, and any other additional agency meetings. Please select yes to accept or no to deny that your program will attend United Way events and help as requested. (Yes, to Accept or No, to Deny) YES or NO
- For the first time ever, Watertown Area United Way will have no Black Out period in the Fall of 2021. The Board of Directors felt that this year would be crucial for recovery after the COVID-19 pandemic. Agencies are expected to be mindful of the United Way campaign but will allow fundraisers during September and October. This is only for 2021 and when the Black Out period returns the agencies will have to adhere to Black Out restrictions once again. Please State Yes In The Space Below To Confirm You Have Read The Black Out 2021 Update And That Your Program Will Be Mindful Of The 2021-2022 Campaign In The Fall. YES or NO

COUNTERTERRORISM 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.

	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="radio"/>	<input type="radio"/>
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="radio"/>	<input type="radio"/>
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="radio"/>	<input type="radio"/>
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="radio"/>	<input type="radio"/>
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="radio"/>	<input type="radio"/>
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="radio"/>	<input type="radio"/>
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="radio"/>	<input type="radio"/>

* In this section, "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 I am applying on behalf of the forgoing is true.

- Today's Date
- Print Name:
- Title:

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Part XI – Budget and Documentation

REQUIRED for all applicants:

- Upload your 2021 program budget. (.pdf or excel preferred)
- Upload your 2022 program budget. (.pdf or excel preferred)
- Upload your program's logo
- Upload a list of your program's Board of Directors. (.pdf preferred)
- Upload your IRS letter of determination stating you are a 501(c)3.
- Upload your most recent 990.

IF APPLICABLE for program budgets of \$100,000 or more:

- Upload your most recent audit.
- Upload your most recent management letter from your audit firm if applicable.

IF APPLICABLE for program budgets less than \$100,000 who do not conduct annual:

- Statement from Financial Committee or Treasurer
- Statement describing the financial process
- Year End Financial Statements
- Plan for conducting audit. When and how often?

OPTIONAL:

- Budget narrative