

Watertown Area United Way ALLOCATION APPLICATION 2021 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 May 4th, 2020

Amount Requested from Watertown Area United Way: \$ _____

Total Proposed 2021 Program Budget: \$ _____

Agency Name:
Program Name:
Tax ID Number:
Program Staff Contact:
Address:
Telephone:
E-Mail:
Website:
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)

<small>For office use only</small>	
United Way Staff Contact: Executive Director	
United Way Staff Telephone: 605-886-5815	Date Received: _____
E-mail: WAUWDirector@gmail.com	

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 2019, 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 2020. Include program strengths and weaknesses, proposed adjustments to program activities for 2021. **Please limit your response to 2 pages or less. (Submit as an attachment).**

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:

United Way Partnership

10. 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.

Agency Name:

Program Name:

Client Characteristics – 2019 Stats

11. Please complete the following:

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

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

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

13a. If the United Way does not fund or reduces your request, what impact would that have on your program?

13b. 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?

Agency Name:

Program Name:

Program Financial Report - continued

14. Current Year Funding: If funding was received in the prior year, please describe any changes to the program in the current year. (If applicable)

15. 2021 Program Funding Request: Briefly describe your request for 2021, including how dollars will be spent.

Agency Name:

Program Name:

Program Financial Report - continued

16. Describe any dues or fee schedule charged to the participants:

17. What is your approach to offering reduced fees or services to participants?

18. If monies being allocated are going to the general fund please describe how you track your United Way Allocation for the funded program.

Agency Name:

Program Name:

Program Financial Report – continued

19. Please complete the following financial information:

REVENUE	2019 ACTUAL	2020 BUDGET	2021 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	2019 ACTUAL	2020 BUDGET	2021 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	\$		

- 20. Total Program FTE (Full Time Equivalent) Employees: _____
- 20a. Full Time _____ Part-Time _____
- 21. Total Number of Program Volunteers _____
- 21a. Total Volunteer Hours _____

Agency Name:

Program Name:

Program Revenue/Expense Supplement
(Amounts indicated below must equal totals reported on page 9)

22. Please complete the following:

Contracts (list) Revenue Line 3	2019 Actual	2020 Budget	2021 Plan

Grants (list) Revenue Line 4	2019 Actual	2020 Budget	2021 Plan

In-Kind (list) Revenue Line 5	2019 Actual	2020 Budget	2021 Plan

Other (list) Revenue Line 8	2019 Actual	2020 Budget	2021 Plan

Other (list) Expense Line 11	2019 Actual	2020 Budget	2021 Plan

Agency Name:

Program Name:

Program Service Statistics

23. 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.**

24. Unit Cost

Year	Individuals or Units of Service	Total Cost of Program	Unit Cost (Cost/Units)
2019 Actual			
2020 Projected			
2021 Estimated			

25. Individuals Served

Last Year (actual):	

This Year (projected):	

Next Year (estimated):	

25a. Please list what \$1 a week does for your organization (Example: \$1 a week provides meals for 60 individuals each year.):

Agency Name:

Program Name:

Agency Financial Report

26. 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	2019 ACTUAL	2020 BUDGET	2021 PLAN
1. Savings Accounts			
2. Checking Accounts			
3. CD's			
3. Investments/Trust Funds			
4. Other Reserves/Savings			
TOTAL RESERVES/SAVINGS	\$		

~ 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")

~ Is the Watertown Area United Way your Program/Organization single largest outside donor/funding source? (Yes/No)

Agency Name:

Program Name:

Agency Financial Report – continued
(Report only needs to be completed if your Agency has more than one program.)

27. Please complete the following financial information:

REVENUE	2019 ACTUAL	2020 BUDGET	2021 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	2019 ACTUAL	2020 BUDGET	2021 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	\$		

Agency Name:

Program Name:

Agency Revenue/Expense/Reserve Supplement

(Amounts indicated below must equal totals reported on page 17)

28. Please complete the following:

Contracts (list) Revenue Line 3	2019 Actual	2020 Budget	2021 Plan

Grants (list) Revenue Line 4	2019 Actual	2020 Budget	2021 Plan

In-Kind (list) Revenue Line 5	2019 Actual	2020 Budget	2021 Plan

Other (list) Revenue Line 8	2019 Actual	2020 Budget	2021 Plan

Other (list) Expense Line 11	2019 Actual	2020 Budget	2021 Plan