

# Watertown Area United Way ALLOCATION APPLICATION 2020 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 3<sup>rd</sup>, 2019**

Amount Requested from Watertown Area United Way: \$ \_\_\_\_\_

Total Proposed 2020 Program Budget: \$ \_\_\_\_\_

<b>Agency Name:</b>
<b>Program Name:</b>
<b>Tax ID Number:</b>
<b>Program Staff Contact:</b>
<b>Address:</b>
<b>Telephone:</b>
<b>E-Mail:</b>
<b>Website:</b>
<b>Financial Contact:</b>
<b>Telephone:</b>
<b>E-Mail:</b>

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)*

<b>For office use only</b>	
<b>United Way Staff Contact: Lisa Dahl</b>	
<b>United Way Staff Telephone: 605-886-5815</b>	<b>Date Received: _____</b>
<b>E-mail: <a href="mailto:lisa@watertownunitedway.org">lisa@watertownunitedway.org</a></b>	

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 2018, 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 2019. Include program strengths and weaknesses, proposed adjustments to program activities for 2020. **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 – 2018 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		
<b>Age Group:</b>	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	
<b>TOTAL INDIVIDUALS:</b>		<b>*</b>
<b>Gender:</b>	Male	
	Female	
	Unknown	
<b>TOTAL INDIVIDUALS:</b>		<b>*</b>

	NUMBER
<b>Types of Clients:</b> Individuals	
Organizations	

	NUMBER		NUMBER
<b>Household Income:</b>		<b>Ethnic/Racial Background:</b>	
\$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	
<b>TOTAL INDIVIDUALS:</b>	<b>*</b>	<b>TOTAL INDIVIDUALS:</b>	<b>*</b>

\*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. 2020 Program Funding Request: Briefly describe your request for 2020, 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:

<b>REVENUE</b>	2018 ACTUAL	2019 BUDGET	2020 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)			
<b>TOTAL PROGRAM REVENUE</b>	\$		

<b>EXPENSES</b>	2018 ACTUAL	2019 BUDGET	2020 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			
<b>TOTAL PROGRAM EXPENSES</b>	\$		

- 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:

<b>Contracts (list) Revenue Line 3</b>	<b>2018 Actual</b>	<b>2019 Budget</b>	<b>2020 Plan</b>

<b>Grants (list) Revenue Line 4</b>	<b>2018 Actual</b>	<b>2019 Budget</b>	<b>2020 Plan</b>

<b>In-Kind (list) Revenue Line 5</b>	<b>2018 Actual</b>	<b>2019 Budget</b>	<b>2020 Plan</b>

<b>Other (list) Revenue Line 8</b>	<b>2018 Actual</b>	<b>2019 Budget</b>	<b>2020 Plan</b>

<b>Other (list) Expense Line 11</b>	<b>2018 Actual</b>	<b>2019 Budget</b>	<b>2020 Plan</b>

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)
2018 Actual			
2019 Projected			
2020 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	2018 ACTUAL	2019 BUDGET	2020 PLAN
1. Savings Accounts			
2. CD's			
3. Investments/Trust Funds			
4. Other Reserves/Savings			
<b>TOTAL RESERVES/SAVINGS</b>	\$		

~ 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:

<b>REVENUE</b>	<b>2018 ACTUAL</b>	<b>2019 BUDGET</b>	<b>2020 PLAN</b>
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)			
<b>TOTAL PROGRAM REVENUE</b>	\$		

<b>EXPENSES</b>	<b>2018 ACTUAL</b>	<b>2019 BUDGET</b>	<b>2020 PLAN</b>
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			
<b>TOTAL PROGRAM EXPENSES</b>	\$		

Agency Name:

Program Name:

### Agency Revenue/Expense/Reserve Supplement

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

28. Please complete the following:

<b>Contracts (list) Revenue Line 3</b>	<b>2018 Actual</b>	<b>2019 Budget</b>	<b>2020 Plan</b>

<b>Grants (list) Revenue Line 4</b>	<b>2018 Actual</b>	<b>2019 Budget</b>	<b>2020 Plan</b>

<b>In-Kind (list) Revenue Line 5</b>	<b>2018 Actual</b>	<b>2019 Budget</b>	<b>2020 Plan</b>

<b>Other (list) Revenue Line 8</b>	<b>2018 Actual</b>	<b>2019 Budget</b>	<b>2020 Plan</b>

<b>Other (list) Expense Line 11</b>	<b>2018 Actual</b>	<b>2019 Budget</b>	<b>2020 Plan</b>