



Allocation Application: Preview

Please review your submission. Your submission is not complete until you press the "Submit" button!

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Today's date

Agency Information

Amount requested from Watertown Area United Way

Total Proposed 2024 Program Budget

Agency Name

Program Name:

Physical Address:

Physical Address City

Physical Address State

Physical Address Zip Code

Mailing Address City (if different than physical)

Mailing Address City (if different than physical)

Mailing Address State (if different than physical)

Mailing Address Zip Code (if different than physical)

Agency's Phone Number

Agency's Fax Number (if applicable)

Website Link

Facebook Link

Twitter Link

Instagram Link

LinkedIn Link

YouTube Link

Agency Mission Statement

Agency Vision Statement

Primary Contact's Information

Primary Contact's First Name

Primary Contact's Last Name

Primary Contact's Email Address

Executive Director information

Executive Director's First Name

Executive Director's Last Name

Executive Director's Email Address

Financial Contact's Information

Financial Contact's First Name

Financial Contact's Last Name

Financial Contact's Phone Number

Financial Contact's Email Address

Tax EIN ID Number

Total Number of Employees (FTE/PTE/Seasonal/Etc.) 1

Program Information

Agency Name

Program Name

Provide a brief history of your program.

Which United Way focus area(s) would you categorize your program under:

Please explain your choice(s)

What area(s) of impact does this program address?

Describe the target population(s) to be served.

What do you expect this program to accomplish?

What activities and resources will you use to accomplish that?

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?

Impact Analysis: Discuss the extent to which outcomes were or were not achieved in 2023, and the progress made so far regarding this year's planned outcomes. Please limit your response to 750 words or less.

Lessons Learned: Describe any lessons that were learned during the past year and thus far in 2024. Include program strengths and weaknesses, proposed adjustments to program activities for 2025. Please limit your response to 750 words or less.

You may upload any supporting documents here. (Allowed types: jpg, jpeg, png, git, pdf, doc, docx, xis, xlsx.)

-  **Blue Ribbon selections 2023.PNG**
(https://www.watertownunitedway.org/system/files/webform/2023_allocation..application/570/Blue%20Ribbon%20selections%202023.PNG) **516_21KB**
-  **How it Works-USA.pdf**
(https://www.watertownunitedway.org/system/files/webform/2023_allocation..application/570/How%20it%20Works-USA.pdf) **737.72KB**
-  **DPIL REG FORM.pdf**
(https://www.watertownunitedway.org/system/files/webform/2023_allocation..application/570/DPIL%20REG%20FORM.pdf) **1.47 MB**

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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

Please provide photos of your Success Story - 5 images maximum (Allowed types: jpg, jpeg, png, git.)

- QBrianna DPI Photo3.jpg

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Codington County

Percentage Served:

Number Served:

Surrounding counties

Percentage Served:

Number Served:

Outside the Watertown Trade Area

Percentage Served:

Number Served:

Age Group:

Under 5

TOTAL NUMBER OF INDIVIDUALS SERVED:

Gender:

Male

Female

Unknown

TOTAL NUMBER OF INDIVIDUALS SERVED:

Types of Clients:

Individuals

TOTAL NUMBER OF INDIVIDUALS SERVED:

Please list any organizations that you partner with to carry out services. For example, do you partner with local schools to serve their students or other organizations to supply volunteers.

Military Status:

Unknown

TOTAL NUMBER OF INDIVIDUALS SERVED:

Primary Language:

Unknown

TOTAL NUMBER OF INDIVIDUALS SERVED:

Household Income:

Unknown

TOTAL NUMBER OF INDIVIDUALS SERVED:

ESTIMATED % OF LMI INDIVIDUALS SERVED:

Ethnic/Racial Background:

Unknown

TOTAL NUMBER OF INDIVIDUALS SERVED:

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Define a unit of service. If it is not possible to define one unit, please explain. Include the unit costs per unit/individual.

Individuals Served:

Last Year (actual)

This Year (projected)

Next Year (estimated)

Please list what \$1 a week (\$52 annually) can do for your organization:

Please list what \$5 a week (\$260 annually) does for your organization:

Please list what \$10 a week (\$520) does for your organization:

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If funding was received in the prior year 2023 for 2024 programming, please describe the specific use of United Way dollars (if applicable).

If funding was received in the prior year 2023, please describe any changes made (if any) to the 2024 programming from prior year (If applicable).

Briefly describe your request for 2025 funding describing how dollars will be spent.

If the United Way does not fund or reduces your 2024 request for 2025 funding, 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?

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.

Program Employees & Volunteers

Total Program FTE (Full Time Equivalent) Employees:

Part Time

Total Number of Program Volunteers:

Total Volunteer Hours:

Total Value of Volunteer Hours:

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Upload your 2024 program budget. (.pdf or excel preferred)

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Upload your 2025 program budget. (.pdf or excel preferred)

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Budget Narrative (optional) (Allowed types: jpg, jpeg, png, gif, pdf, doc, docx, xis, xlsx.)

li

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

Is there a specific reason you are retaining reserves/savings? If you have a written policy, then please provide in the space below.

Does your agency have a foundation with a separate 501 (c) (3) designation?

If yes, please submit the most recent audit for the foundation. (Allowed types: jpg, jpeg, png, gif, pdf, doc, docx, xis, xlsx.)

li

What is the agency's percentage of administrative costs?

What percentage of the program's revenue is United Way funding?

Is United Way your program's single largest outside donor/funding source?

SUMMARY OF REVENUE

Summary of Revenue

REVENUE	2023ACTUAL	2024 BUDGET	2025PLAN
Watertown Area United Way Allocation	0		
Other United Way Allocations	0		
Program Service Fees	0		
Investment Income	0		
Contributions	0		
Contracts (Total)	0		

Provide a breakdown of Contracts below

Contractor	Description of Service	2023 Actual	2024Budget	2025Plan

Summary of Revenue

REVENUE CONTINUED	2023 ACTUAL	2024 BUDGET	2025 PLAN
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Provide a breakdown of Grants below

Grant Name	Grant Guidelines	2023 Actual	2024 Budget	2025 Plan

Summary of Revenue

REVENUE CONTINUED	2023ACTUAL	2024 BUDGET	2025PLAN
	0	0	0

Provide a breakdown of In-Kind Support below

Donor	Description of In-Kind Donation	2023 ACTUAL	2024 BUDGET	2025 PLAN

Total Revenue

REVENUE	2023 ACTUAL	2024 BUDGET	2025PLAN
TOTALPROGRAM REVENUE			

SUMMARY OF EXPENSES

Summary of Expenses

Expenses	2023ACTUAL	2024 BUDGET	2025PLAN
Salaries			
Benefits/Taxes			
Professional Fees			
Marketing/Advertising			
Program Supplies, Software, Printing, Postage, Etc.			
Training			
Travel			
Insurance			
Telephone			
Occupancy			
Payments to Affiliates			
Major Property Equipment Acquisition	0	0	0
Volunteer Expenses			
In-Kind Expenses	0	0	0
Other Expenses		0	
TOTAL EXPENSES	\$		

SUMMARY OF ASSETS

Summary of Assets

Reserves	2023Actual	2024 Budget	2025Plan
Savings Accounts			
Checking Accounts			
Funds Held in Trust			
Receivables			
CD's			
Property Assets			
Other			
TOTAL RESERVES/SAVINGS			

Does your organization have a strategic plan?

If your agency has a nondiscrimination policy, please state it in the space below? If you do not have a nondiscrimination policy, then please state that in the space provided below.

n/a

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:
Accept or Deny Partnership

Please confirm by checking yes or no that you will adhere to the Black Out Period.

COUNTERTERRORISM COMPLIANCE

- 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 Or:
- 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.:
- 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.:
- 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.:
- 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.:
- This Organization takes reasonable, affirmative steps to ensure that any funds or resources distributed or processed do not fund terrorism or terrorist organizations.:
- 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.:

Today's Date Electronic

Signature

Print Name:

Title:

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Letter of Intent (Required) (Allowed types: jpg, jpeg, png, gif, pdf, doc, docx, xis, xlsx.)

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Upload a list of your program's Board of Directors. (.pdf preferred)

§⁸ .

Upload your IRS letter of determination stating you are a 501 (c)3 (if applicable). (Allowed types: jpg, jpeg, png, gif, pdf, doc, docx, xis, xlsx.)

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Upload your most recent W-9 (Allowed types: jpg, jpeg, png, gif, pdf, doc, docx, xis, xlsx.)

§^f ,

Upload your most recent management letter from your audit firm if applicable. (Allowed types: jpg, jpeg, png, gif, pdf, doc, docx, xis, xlsx.)

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Watertown Area
United Way