

# Allocation Application

## Page 1

### Today's date

{Empty}

### Agency Information

### Amount requested from Watertown Area United Way

{Empty}

### Total Proposed 2026 Program Budget

{Empty}

### Agency Name

{Empty}

### Program Name:

{Empty}

### Physical Address

{Empty}

### Physical Address City

{Empty}

### Physical Address State

{Empty}

### Physical Address Zip Code

{Empty}

### Mailing Address City (if different than physical)

{Empty}

### Mailing Address City (if different than physical)

{Empty}

**Mailing Address State (if different than physical)**

{Empty}

**Mailing Address Zip Code (if different than physical)**

{Empty}

**Agency's Phone Number**

{Empty}

**Website Link**

{Empty}

**Facebook Link**

{Empty}

**Instagram Link**

{Empty}

**LinkedIn Link**

{Empty}

**YouTube Link**

{Empty}

**Agency Mission Statement**

{Empty}

**Agency Vision Statement**

{Empty}

Primary Contact's Information

**Primary Contact's First Name**

{Empty}

**Primary Contact's Last Name**

{Empty}

**Primary Contact's Email Address**

{Empty}

Executive Director information

**Executive Director's First Name**

{Empty}

**Executive Director's Last Name**

{Empty}

**Executive Director's Email Address**

{Empty}

Financial Contact's Information

**Financial Contact's First Name**

{Empty}

**Financial Contact's Last Name**

{Empty}

**Financial Contact's Phone Number**

{Empty}

**Financial Contact's Email Address**

{Empty}

**Tax EIN ID Number**

{Empty}

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

{Empty}

**Page 2**

Program Information

**Agency Name**

{Empty}

**Program Name**

{Empty}

**Provide a brief history of your program.**

{Empty}

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

{Empty}

**Please explain your choice(s)**

{Empty}

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

{Empty}

**Describe the target population(s) to be served.**

{Empty}

**What do you expect this program to accomplish?**

{Empty}

**What activities and resources will you use to accomplish that?**

{Empty}

**Does your program duplicate any services offered by current United Way programs?**

{Empty}

**Does your program duplicate services offered by any other local organization not funded by United Way?**

{Empty}

**How will you know your program has accomplished your goal or outcomes?**

{Empty}

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

{Empty}

**Impact Analysis: Discuss the extent to which outcomes were or were not achieved in 2025, and the progress made so far regarding this year's planned outcomes. Please limit your response to 750 words or less.**

{Empty}

**Lessons Learned: Describe any lessons that were learned during the past year and thus far in 2026. Include program strengths and weaknesses, proposed adjustments to program activities for 2027.**

**Please limit your response to 750 words or less.**

{Empty}

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

{Empty}

**Select one outcome from your program that best illustrates a success story. Describe this outcome as you would like it shared with the public, and be sure to include actual data.**

{Empty}

**Provide a true success story based on the above outcome. The story should illustrate your program's effect on a single client.**

{Empty}

**Success Story Contact Name**

{Empty}

**Success Story Contact Phone**

{Empty}

**Success Story Contact Email**

{Empty}

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

{Empty}

## Page 3

Codington County

**Percentage Served:**

{Empty}

**Number Served:**

{Empty}

Surrounding counties

**Percentage Served:**

{Empty}

**Number Served:**

{Empty}

Outside the Watertown Trade Area

**Percentage Served:**

{Empty}

**Number Served:**

{Empty}

Age Group:

**Under 5**

{Empty}

**6 thru 12**

{Empty}

**13 thru 18**

{Empty}

**19 thru 34**

{Empty}

**35 thru 54**

{Empty}

**55 thru 64**

{Empty}

**65 thru 74**

{Empty}

**75 thru 84**

{Empty}

**85 and over**

{Empty}

**Unknown**

{Empty}

**TOTAL NUMBER OF INDIVIDUALS SERVED:**

{Empty}

Gender:

**Male**

{Empty}

**Female**

{Empty}

**Unknown**

{Empty}

**TOTAL NUMBER OF INDIVIDUALS SERVED:**

{Empty}

Types of Clients:

**Individuals**

{Empty}

**TOTAL NUMBER OF INDIVIDUALS SERVED:**

{Empty}

**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.**

{Empty}

Military Status:

**Veteran/Current Service Member**

{Empty}

**Non-Veteran/Current Service Member**

{Empty}

**Unknown**

{Empty}

**TOTAL NUMBER OF INDIVIDUALS SERVED:**

{Empty}

Primary Language:

**English**

{Empty}

**Bilingual**

{Empty}

**Unknown**

{Empty}

**TOTAL NUMBER OF INDIVIDUALS SERVED:**

{Empty}

Household Income:

**\$0 thru \$15,000**

{Empty}

**\$15,001 thru \$28,000**

{Empty}

**\$28,001 thru \$45,000**

{Empty}

**\$45,001 thru \$56,000**

{Empty}

**\$56,001 thru \$80,000**

{Empty}

**More than \$80,000**

{Empty}

**Unknown**

{Empty}

**TOTAL NUMBER OF INDIVIDUALS SERVED:**

{Empty}

**ESTIMATED % OF LMI INDIVIDUALS SERVED:**

{Empty}

□ Ethnic/Racial Background:

**White**

{Empty}

**Black or African American**

{Empty}

**Hispanic or Latino**

{Empty}

**Native American or Alaska Native**

{Empty}

**Asian or Asian American**

{Empty}

**Native Hawaiian or Pacific Islander**

{Empty}

**Two or More**

{Empty}

**Unknown**

{Empty}

**TOTAL NUMBER OF INDIVIDUALS SERVED:**

{Empty}

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

{Empty}

Individuals Served: \_\_\_\_\_

**Last Year (actual)**

{Empty}

**This Year (projected)**

{Empty}

**Next Year (estimated)**

{Empty}

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

{Empty}

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

{Empty}

**Please list what \$10 a week (\$520 annually) can do for your organization:**

{Empty}

## **Page 4**

**If funding was received in the prior year 2025 for 2026 programming, please describe the specific use of United Way dollars (if applicable).**

{Empty}

**If funding was received in the prior year 2025, please describe any changes made (if any) to the 2026 programming from prior year (If applicable).**

{Empty}

**Briefly describe your request for 2027 funding describing how dollars will be spent.**

{Empty}

**If the United Way does not fund or reduces your 2026 request for 2027 funding, what impact would that have on your program?**

{Empty}

**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?**

{Empty}

**Describe any dues or fee schedule charged to the participants:**

{Empty}

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

{Empty}

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

{Empty}

Program Employees & Volunteers

**Total Program FTE (Full Time Equivalent) Employees:**

{Empty}

**Part Time**

{Empty}

**Total Number of Program Volunteers:**

{Empty}

**Total Volunteer Hours:**

{Empty}

**Total Value of Volunteer Hours:**

{Empty}

## Page 5

**Upload your 2026 program budget. (.pdf or excel preferred)**

{Empty}

**Upload your 2027 program budget. (.pdf or excel preferred)**

{Empty}

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

{Empty}

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

{Empty}

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

{Empty}

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

{Empty}

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

{Empty}

**What is the agency's percentage of administrative costs?**

{Empty}

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

{Empty}

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

{Empty}

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

{Empty}

**Upload your program's logo (Allowed types: jpg, jpeg, png.)**

{Empty}

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

{Empty}

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

{Empty}

**Upload your most recent 990/990EZ. (Allowed types: jpg, jpeg, png, gif, pdf, doc, docx, xls, xlsx.)**

{Empty}

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

{Empty}

**Upload your most recent audit. (Allowed types: jpg, jpeg, png, gif, pdf, doc, docx, xls, xlsx.)**

{Empty}

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

{Empty}

**Statement from Financial Committee describing the financial process (Allowed types: jpg, jpeg, png, gif, pdf, doc, docx, xls, xlsx.)**

{Empty}

**Year End Financial Statements (Allowed types: jpg, jpeg, png, gif, pdf, doc, docx, xls, xlsx.)**

{Empty}

**Plan for conducting audit. When and how often? (Allowed types: jpg, jpeg, png, gif, pdf, doc, docx, xls, xlsx.)**

{Empty}

SUMMARY OF REVENUE

**Summary of Revenue**

<b>REVENUE</b>	<b>2025 ACTUAL</b>	<b>2026 BUDGET</b>	<b>2027 PLAN</b>
Watertown Area United Way Allocation			
Other United Way Allocations			
Program Service Fees			
Investment Income			

**REVENUE**

**2025ACTUAL 2026BUDGET 2027PLAN**

Contributions  
Contracts (Total)  
"Other" Revenue

**Summary of Revenue**

**REVENUE CONTINUED 2025 ACTUAL 2026 BUDGET 2027 PLAN**

Grants

**Summary of Revenue**

**REVENUE CONTINUED 2025 ACTUAL 2026 BUDGET 2027 PLAN**

In-Kind Support

**Total Revenue**

**REVENUE 2025 ACTUAL 2026 BUDGET 2027 PLAN**

**TOTAL PROGRAM REVENUE** \$0.00 \$0.00 \$0.00

SUMMARY OF EXPENSES

**Summary of Expenses**

<b>Expenses</b>	<b>2025 ACTUAL</b>	<b>2026 BUDGET</b>	<b>2027 PLAN</b>
Salaries			
Benefits/Taxes			
Professoinal Fees			
Marketing/Advertising			
Program Supplies, Software, Printing, Postage, Etc.			
Training			
Travel			
Insurance			
Telephone			

<b>Expenses</b>	<b>2025 ACTUAL</b>	<b>2026 BUDGET</b>	<b>2027 PLAN</b>
Occupancy			
Payments to Affiliates			
Major Property Equipment Acquisition			
Volunteer Expenses			
In-Kind Expenses			
Other Expenses			
<b>TOTAL EXPENSES</b>	\$0.00	\$0.00	\$0.00

**SUMMARY OF ASSETS**

**Summary of Assets**

<b>Reserves</b>	<b>2025 Actual</b>	<b>2026 Budget</b>	<b>2027 Plan</b>
Savings Accounts			
Checking Accounts			
Funds Held in Trust			
Recievables			
CD's			
Property Assets			
Other			
<b>TOTAL RESERVES/SAVINGS</b>	\$0.00	\$0.00	\$0.00

**Page 6**

**Does your organization have a strategic plan?**

{Empty}

**If your agency has a nondiscrimination policy, please provide it in the space below. If not, please indicate that in the space provided.**

{Empty}

**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?**

{Empty}

**United Way Partnership: United Way recognizes the importance of continuously highlighting the diverse range of agencies it supports within the community. Please share how your organization has promoted United Way over the past year and how you plan to continue promoting it in the future if funded.**

{Empty}

**Accept or Deny Partnership**

{Empty}

**Volunteer's Name**

{Empty}

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

{Empty}

## **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**

{Empty}

**Electronic Signature**

{Empty}

**Print Name:**

{Empty}

**Title:**

{Empty}