



**St. Joseph County United Way
Funded Member Application
For the Funding Period January 1, 2017 – December 31, 2017**

This application must be complete to be eligible for funding consideration.

Agency Name: _____

Tax ID Number: _____

Funding Awarded by SJC UW this year (2016): _____
 Funding Requested by SJC UW next year (2017): _____ % of Increase _____

This must be completed!!!!

Agency Director: _____

Email: _____ Website: _____

Agency Address: _____

Phone: _____ Fax: _____

Priority Under Which Program is Seeking Funding
(Please check one of these community impact areas)

_____ **Preparing Youth to become accountable adults**
 Programs and activities teaching our youth leadership, self-esteem and providing hands-on experiences.

_____ **Impacting people through positive change**
 Programs and activities making our community a safer place to live – (CPR classes, babysitting, water safety)

_____ **Addressing urgent needs**
 Assistance with hunger, homelessness, domestic violence and life-ending illnesses.

Financial	2016	Projected 2017	Projected 2018
Total Revenue All Sources			
Excess/(Deficit)			

CERTIFICATION: I certify that all statements and information contained in this Funded Member Application are true and complete to the best of my knowledge and belief and that both the Board Chair and Agency Director endorse this application.

Agency Director:	Date:
Board Chair:	Date:

Annual Documentation Review Checklist

(Please attach all requested documentation to the end of the UW application)

Documentation	Agency Checklist	UW Checklist
Most Recent IRS Form 990 (including all attachments)		
IRS 501 (c)3 Tax Exempt Determination Letter		
License to Solicit Expiration Date: Reapplied? Y or N		
Copy of Mission Statement		
Conflict of Interest Statement		
Listing of Board Members and Telephone Numbers		
Most Recent Audit Report		
United Way Budget Form		
Signed Copy of Non-Discrimination Policy		
Samples of Letterhead and Printed Materials		
United Way Terms and Conditions Statement		

Do Not Write in This Space

Amount Received Prior Year:

Amount Approved By B&A Committee:

Amount Approved By Board:

Committee Remarks:

Budget Report
 Report of Revenue & Expenses
 (Attach Copy of Annual Report with income statement and balance sheet)

Revenues	Last Year (2015)	This Year (2016)	Next Year (Projected) (2017)
SJCUW Allocation			
Contributions			
Special Events			
Legacies and Bequests			
Money from Associated Organizations			
Government Fees & Grants			
Membership Dues			
Investment Income			
All Other Income			
Total Revenue			

Expenses	Last Year	This Year	Next Year (Projected)
Number of Employees Full Time Part-Time			
Salaries			
Employee Benefits			
Payroll Taxes			
Professional Fees			
Supplies			
Telephone			
Postage & Shipping			
Occupancy			
Rental & Maintenance			
Print & Publications			
Travel			
Conferences/Conventions			
Special Assistance			
Membership Dues			
Awards & Grants			
Restricted Funds			
Any & All Other Expenses			
Total Expenses			

Budget Report
(continued)

	Last Year	This Year	Next Year (Projected)
Total Income			
Total Expenses			
Excess (Deficit)			
Revenue Over Expenses			

	Last Year	This Year	Next Year (Projected)
Assets			
Liabilities			
Net Assets			

Please provide a breakdown of "Other Income" and "Other Expenses" in Budget Report that exceed 10% of Total Income or Total Expenses.	
Other Income	
Other Expenses	

Please provide a breakdown of categorized expenses (program/administrative/fundraising) used to determine expense to total income percentage listed on page 9 if percentage exceeds 30% .	

General Program Information

Program Days and Hours of Operation:

Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

Appointment Required (Yes / No – walk-ins are welcome):

If Yes, how do you handle walk-ins?:

Referral Required (Yes / No):

If Yes, explain what would be an acceptable referral:

Clients are referred for other services, if needed (Yes / No):

If Yes, list the agencies they are typically referred to:

Waiting List Kept (Yes / No):

If Yes, are these clients served first when possible (Yes / No)?

If No, why do you keep this list? What is it used for?:

Program requirements to receive service:

How often and how many times can a client receive services from this program?

Is there a cost to the client (Yes / No):

If Yes, please explain:

Estimated # of clients turned away due to lack of service availability over the last 12 months:

3. **Population Served:** Identify the specific population served by this program (i.e. Geographic area, Income Guidelines, Age Group, Type of Need).

4. **Measurement:** Identify the benchmarks, best-practices or other accepted standards for this field of service that you are using to measure program success.
 - a) What is the cost per person for this program?
 - b) How many people did you serve during the last 12 months?
 - c) How many people do you project serving over the upcoming 12 months?
 - d) How many people in the past 12 months that you have served live in St. Joseph County?

5. **Results:** Briefly describe how the accomplishments of this program measure against these standards. Be sure to explain any formal measuring or reviewing tools used to compare program and standards.

6. **Cooperation:** Describe experiences with other agencies (both formal and informal) through which your organization was better able to serve its clients' needs because of cooperation and pooling of resources with these other organizations. Be sure to explain the specific experience along with the names of the other agencies. If not experienced in the past, do you see any needs that could be better served through the pooling of resources or open dialog between agencies?

7. **Obstacles:** Rate the following issues (1 being the least challenging and 5 being the most) that affect the program's ability to provide services. You will note that funding is not listed. This is because we understand that more available funding is the most challenging issue faced by every program. Feel free to add any other obstacles not listed.

- ___ Language Barrier
- ___ Client Transportation
- ___ Client Ineligibility
- ___ Lack of Available Qualified Staffing
- ___ Restricted Hours of Operation
- ___ Lack of Referral / Support Sources
- ___ Lack of Self-Sufficiency Wage Employment Opportunities
- ___
- ___

8. **Solutions:** Explain any program efforts currently in place to overcome the above obstacles.

Additional Agency Information

- 1) What percentage (%) of your agency's overall revenue was contributed by the St. Joseph County United Way?
- What other sources of funding do you receive?
 - How much of the overall revenue contributed by St. Joseph County United Way in 2016 was used to fund programs in St. Joseph County (and explain how it is calculated)?
 - How much of the anticipated revenue contribution by St. Joseph County United Way for 2017 do you intend to use to fund programs in St. Joseph County (and explain how it is calculated)?

- 2) What other fundraising activities does your agency conduct?

	<u>Activity</u>	<u>Net \$ Result</u>	<u>Month Conducted</u>
1.			
2.			
3.			
4.			
5.			

- 3) Please provide the following information on expense to total income:
- What is your agency's percentage (%) of administrative expenses to total income?
 - What is the percentage (%) of fundraising expenses to total income?

Note: If percentage (%) exceeds 30 %, provide breakdown of expenses used in determining amount. (Table provided on page 4.)

What criteria is used to determine allocations of expenses to program, administrative, or fundraising expense accounts.

- 4) Do you include the St. Joseph County United Way logo on your printed materials?
- 5) Is your organization an agency of any unit of government? If yes, please describe this relationship. If yes, can the governmental agency levy taxes?

- 6) Is your agency a branch of a national or global organization? If yes, please describe affiliation.
- 7) What St. Joseph County United Way fundraisers did your agency sponsor or assist with in the past 12 months? (Failure to participate in at least one (1) fundraiser per year may affect your funding as an agency's participation is a factor used by the Budget and Allocations Committee in making its annual allocation recommendations)
- 8) How would your agency be willing to assist in the fund drive this year? (Be specific).

NOTE: THE ST. JOSEPH COUNTY UNITED WAY HAS ESTABLISHED CERTAIN INCENTIVES FOR AGENCIES TO ATTEND THE ANNUAL SOCIAL AGENCIES MEETING AND TO TIMELY FILE A COMPLETE FUNDING APPLICATION. IF AN AGENCY DOES NOT ATTEND THE ANNUAL SOCIAL AGENCIES MEETING, THERE WILL BE AN AUTOMATIC DEDUCTION OF 5% FROM THE PRIOR YEAR'S ALLOCATION TO THAT AGENCY. THE REDUCED AMOUNT WILL BE DEEMED THE PRIOR YEAR'S ALLOCATION AMOUNT FOR SUBSEQUENT YEARS. ADDITIONALLY, COMPLETE APPLICATIONS RECEIVED AFTER DUE DATE WILL BE SUBJECT TO A SEPARATE 5% PENALTY AND WILL BE TREATED IN THE SAME MANNER AS THE ABSENCE PENALTY (IF DUE DATE FALLS ON A SATURDAY OR SUNDAY, THE FOLLOWING MONDAY WILL BE THE DEADLINE). AN APPLICATION WILL NOT BE DEEMED TO BE COMPLETE UNTIL **14 COPIES (includes original) OF A FULLY COMPLETED APPLICATION WITH ALL ATTACHMENTS ARE RECEIVED IN OUR OFFICE.**

Outcome definitions should reflect the targeted changes that are expected in the lives of program participants. Specifically, these should be changes in behavior, skills, knowledge, condition and/or status of the client. Describe the indicators used to measure success; the actual results that have been achieved in the last 12 months, as well as the results you project will be achieved in the next 12 months. Please be concise and use no more than 2 pages per outcome. If you have less than 3 outcomes, simply leave blank the tables you are not using. If you have more than 3 outcomes, copy and paste as many as you need to the end of this document. Remember to sequentially number additional outcome tables as you add them. (These should correspond to your stated goals).

Outcome 1	
Define program outcome.	
Describe the selected indicators used to measure results.	
List inputs.	
List activities conducted to achieve results along with the % of time allotted per activity per session.	
Provide detailed data-driven program results (both # & %) from the <u>previous 12 months</u> that reflects how clients have changed their behaviors, conditions or status and/or acquired skills or knowledge. (If this is a new program, mark N/A)	
List the program results (both # & %) that you project will be achieved in changing clients behaviors, conditions, status or level of skills or knowledge over the <u>next 12 months</u> .	
Specifically, describe how UW dollars were used toward this Outcome from the <u>previous 12 months</u>	
Specifically, describe how UW dollars Will be used toward this Outcome over the <u>next 12 months</u> .	

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Outcome 2	
Define program outcome.	
Describe the selected indicators used to measure results.	
List inputs.	
List activities conducted to achieve results along with the % of time allotted per activity per session.	
Provide detailed data-driven program results (both # & %) from the <u>previous 12 months</u> that reflects how clients have changed their behaviors, conditions or status and/or acquired skills or knowledge. (If this is a new program, mark N/A)	
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Outcome 3	
Define program outcome.	
Describe the selected indicators used to measure results.	
List inputs.	
List activities conducted to achieve results along with the % of time allotted per activity per session.	
Provide detailed data-driven program results (both # & %) from the <u>previous 12 months</u> that reflects how clients have changed their behaviors, conditions or status and/or acquired skills or knowledge. (If this is a new program, mark N/A)	
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Outcome _____	
Define program outcome.	
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List inputs.	
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