

LIVE UNITED



Barry County United Way
& Volunteer Center

September 25, 2013

Thank you for your interest in applying for Barry County United Way Allocations. The application is also available on our website at www.bcunitedway.org in a Microsoft Word format.

Completed applications must be received in our office by Thursday, December 5, 2013 by 5PM for consideration. Six copies, three holed punched, of all documents (unless otherwise noted) and attachments must accompany the application. A separate application is required for **each program** for which you are requesting funding.

Please take a moment to review the annual document review checklist to determine your eligibility to apply for funding through the Barry County United Way.

If you have any questions, please contact me at (269) 945-4010 or by e-mail at lanif@bcunitedway.org.

Sincerely,

Lani Forbes
Executive Director

Annual Document Review & Eligibility Checklist

(Please place documents in the same order as listed below)

Document	Agency Checklist	BCUW Checklist
Allocation Application		
Program Budget		
United Way Budget Form		
Application for Fund Raising Activity		
Signed Partnership Agreement		
Signed Patriot Act Document (1 copy)		
Copy of Non-Discrimination Policy (1 copy)		
IRS 501 (c) 3 Tax Exempt Determination		
Current License to Solicit (1 copy or exempt letter from the state)		
Most Recent Audit Report		
Most Recent IRS Form 990 (including attachments)		
Listing of Board Members and telephone numbers (if not attached to 990)		
Conflict of Interest Statement		
By-Laws (1 copy if not submitted last year)		
One copy of agency pamphlet, brochure of annual report which acknowledges UW as a funding source		
Agency Survey		
6 copies, 3 hole punched & attachments returned to United Way		
Agency Survey Returned by due date of 5/1/13		
Date Allocation Application Received		

Indicate which one of the 4 goals of the Barry County United Way your program/agency will meet with the funds that you have requested:

- Helping youth to achieve their potential
- Supporting families to achieve well-being and success
- Assisting senior adults find support and maintain independence
- Addressing urgent and emerging needs in Barry County



Barry County United Way
Allocation Application – *Due December 5, 2013, 5pm*
For Calendar Funding Year – 2014-2015

Agency _____

Mailing Address _____

City _____ State _____ Zip _____

Web-site address _____

Executive Director _____

Phone (____) _____ Fax(____) _____ E-Mail _____

Person Completing
Application _____ Title _____

Phone (____) _____ Fax(____) _____ E-Mail _____

Executive Director Signature _____ Date _____

Board President Signature _____ Date _____

Amount requested from Barry County United Way for 14/15: \$ _____

Amount requested from BCUW 13-14: \$ _____ Amount Allocated: \$ _____

Percent of Budget for all United Way Funds (including designations): _____%

Percent of Administrative/Fundraising expenses to total income per most recent
IRS 990 _____%

What is the annual base salary (prior to benefits) for your organization's Executive
Director? \$ _____

How many full time equivalents (FTE's) does your organization have? _____

Agency Fiscal Year _____ FED ID# _____

For organizations with a parent organization only:

What is the dollar amount that you pay (dues, etc) to the parent organization annually? \$_____

How much of your local organization's budget are you expected to raise locally? _____

The Request for 2014/2015 is (choose one):

- Program never funded by BCUW
- Renewal of last years request without program changes
- Program which has been changed from last year's request

In **one paragraph or less** please state the program or service you would provide with United Way funding (**be specific**):

How does it relate to one of the four Barry County United Way funding areas:

Describe how the program addresses a recognized health and human service need in the Barry County community:

What percent of United Way dollars requested specifically benefit residents of Barry County? _____%

Target Population Served (Age, sex, special interest, etc.):

Please identify 3 major goals for the specific services/programs for which you will use United Way funds. If United Way funds are not being used for a specific service or program, please identify 3 major goals of your overall organization.

Program or Activity	Current level of service	Goal	Target date to achieve goal	Evaluation method to measure goal achievement
Example: <i>Children under court jurisdiction & assigned a CASA advocate</i>	<i>80% of children do not experience a recurrence of abuse or neglect</i>	<i>85% of children will not experience a recurrence of abuse or neglect</i>	<i>Dec 31, 2015</i>	<i>Information collected quarterly by the program director for DHS regarding the number and percent of children in CASA program who experience a recurrence of abuse while assigned a CASA advocate.</i>
Goal #1				
Goal #2				
Goal #3				

Please identify the specific services/programs including client groups for which you will use United Way funds in the community.

Are United Way funds used as matching sources for other funding such as local, state or national sources? Please explain.

Are there any agencies that provide similar programs in Barry County?:

Identify other community programs, services and community coalitions in which your agency interacts and coordinates on a regular and active basis.

Describe and define a "unit of service" for your organization:

Describe any anticipated increase/decrease in units of service or customers served for the 2014/2015 funding cycle:

Does your agency have a definite plan to expand, modify or delete any services within the next year? If yes, how many people do you anticipate will be affected and why?

What is your mission statement? (please limit to 25 words or less for the State and Federal Campaigns):

The Executive Director has attended ____ partner agency meetings in the last fiscal year.

Describe the year around commitment to a working partnership with Barry County United Way:

Please provide on copy of agency pamphlet, brochure or annual report which acknowledges United Way as a funding source.

For *each* program that you are requesting BCUW funds, please describe in detail the cost to the agency and the revenue sources which support it.

<i>UW Allocations</i>	\$12,000
<i>B-93</i>	\$600.00
<i>Total Income</i>	
Expenses	
<i>Cribs</i>	
<i>mattresses</i>	
<i>Total Income</i>	

Budget Report Report of Revenue & Expenses

Agency Name: _____
Agency fiscal year _____

Support/Revenue	Last year-12	Current year-13	Next year-14
BCUW Allocations			
BCUW Net Designations			
Other United Way Allocations			
Other United Way Designations			
Contributions			
Grants & Contracts			
Program Service Fees			
Special Events			
Investment Income			
Misc. Income (specify)			
Total Operating Revenue			
Expenses	Last Year-12	Current Year-13	Next Year-14
# of Employees FT: _____ PT:_____			
Salaries			
Employee Benefits			
Payroll Taxes			
Professional Fees			
Occupancy Expenses			
Supplies			
Telephone			
Postage & Shipping			
Rental & Maintenance Equipment			
Printing and Publication			
Travel			
Conferences & Conventions			
Membership Dues			
Awards & Grants			
Restricted Funds			
Other (please specify)			
21. Total Operating Expenses			
Excess (Deficit) Revenue/Expense			

APPLICATION FOR FUND RAISING ACTIVITY

DATE: _____ AGENCY: _____

ADDRESS: _____

TELEPHONE: _____

CONTACT: _____

Please list all fund raising activities currently planned by your agency. Also, include the date or approximate date.

- 1. _____

- 2. _____

- 3. _____

- 4. _____

Exception: *(A statement your agency may need to make regarding emergency fund raising.)*

NOTE: *In the event that your agency needs a fund raising event not listed above call the Barry County United Way at 269-945-4010 with a request for permission. The Executive Committee will be contacted and you will be notified in writing within seven days concerning the decision of the Barry County United Way Executive Committee.*

BARRY CO. UNITED WAY Allocation Chair

Partner Agency President

BARRY COUNTY UNITED WAY Treasurer

Partner Agency Executive Dir.

DATE

DATE



BARRY COUNTY UNITED WAY PARTNER AGENCY AGREEMENT

This agreement, executed this _____ day of _____, 2014. Between the Barry County United Way (hereinafter known as "BCUW") and _____ (hereinafter known as "Agency").

In consideration for admission in the BCUW, the Agency hereby agrees to accept the following terms and conditions:

1. Upon request of the BCUW, the Agency will submit to the specified persons of the BCUW:
 - a. A detailed operating budget for the Agency's current fiscal year.
 - b. Other such data as may be pertinent or required to characterize the Agency's operation.
 - c. A request for those monies to be supplied by the BCUW in relationship to the service area of the Agency. The service area of the BCUW will generally be considered the County of Barry. The request will be reasonable and will not be speculative.
 - d. The Campaign Committee may request additional information to assist in the drive.
2. The Agency will furnish information as necessary for the BCUW to participate in the State Employees Combined Campaign and the Combined Federal Campaign.
3. The BCUW will establish a campaign goal based upon reasonable expectations. The BCUW will make its best effort to reach such campaign goals, and then provide allocations to its member Agencies based upon demonstrated need and monies available.
4. The BCUW requests the assistance of each Agency in the Campaign Drive. Assistance may include:
 - a. Providing information for the Campaign Brochure & Annual Report.
 - b. Recruiting volunteers to assist with Campaign Activities and Drive.
 - c. Providing speakers for the Campaign.
 - d. Other items as BCUW may request prior to, or during the campaign.
5. No later than the last Wednesday in March, the BCUW will inform the Agency of their allocation determination. The Agency will have fifteen (15) days to file a written appeal of the determination made by the Allocation Committee and approved by the Board of Directors. Appeals will be made by the Agency to the Executive Committee. The Executive Committee will handle all appeals and a recommendation regarding the appeal will be made to the Board of Directors of BCUW within seven (7) days. The Agency will also be notified within seven (7) days regarding the recommendation made. Information about the appeal process will be included in the BCUW's letter of allocation recommendation. The agency will then be notified of the Board of Director's final decision with fifteen (15) days.
6. If the Agency accepts the BCUW's determination, the Agency specifically agrees as follows:
 - a) The agency will not initiate or conduct any fund raising activities within the service area during the life of this contract during the weeks that the campaign takes place, generally September through the first week in December. The BCUW understands that emergencies may arise which requires the Agency to conduct a fund raising campaign. The Agency must receive permission from BCUW prior to holding any fund raising activity during the

campaign weeks. The Agency will be notified within seven (7) days of their request of the BCUW Executive Committee's decision. The Agencies will submit a fund raising plan with this contract. The Fund Raising Activity plan will be kept in the Agencies file.

- b) **The Agency will actively publicize itself as a recipient of support from the BCUW.** BCUW encourages the use of their logo and name in all print materials and reference to their support in all media public relation efforts.
 - c) The Agency will encourage all persons connected with their agency to actively support the BCUW through assistance with the Campaign and through pledges to the Drive.
 - d) The Agency will continue to operate in an efficient manner consistent with the principles of operation expressed at the time of the budget request.
7. During the life of this contract, the Agency may accept funds from private sources, particularly for capital expenditures, provided such activity does not detract from the broad base support of the BCUW. Specifically, solicitation of business and industrial contributors is not permitted without prior approval from BCUW.
8. The BCUW will make payments to the Agency as specified by the Board of Directors. Allocations and designations over \$1,000.00 will commence three (3) months after the beginning of the BCUW's fiscal year (April 1) and will be paid on a quarterly basis (June, September, December & March) with one quarter of the allocation being paid at each payment, unless arrangements have been made otherwise. Allocations/Designations under \$1,000 will be paid at the end of the fiscal year.

All pledges designated to an Agency will be paid to that Agency each quarter as stated above. All cash contributions made during the campaign will be distributed with the initial funding letter no later than the last Wednesday in March.

9. The BCUW will attempt to honor designations to public agencies and human service organizations with a 501(c)(3) IRS status. Designations will not be honored, if activity is undertaken by, or on behalf of, any agency or group of agencies to promote designations through the annual campaign conducted by the BCUW.

No fees will be subtracted from actual designations to partner agencies and other United Ways. Fund raising expenses and actual pledge losses experienced may be subtracted from actual designations to non-United Way 501(c)(3) organizations.

Names and addresses of persons designating specific agencies to receive all or part of their gifts will be shared with organizations provided that:

- a. The information is available
- b. The information will not be used for any subsequent distribution, sale or solicitation.

Agencies will acknowledge (thank) donors and indicate the gift(s) that were received through the community campaign conducted by the BCUW.

To receive designations, each agency must indicate, in writing, a willingness to accept funds designated under the conditions outlined.

10. The BCUW may terminate this contract with the Agency at any time, following the procedure listed in Item 9, in the event that the Agency will:
- a. File bankruptcy or submit a plan for reorganization under the Bankruptcy Code or;
 - b. Operate in a manner substantially differently from the program outlined in the support material for the budget request or;
 - c. Operate in an incompetent manner or;

d. Refuse or being unable to properly account for its financial operations.

11. The BCUW termination process:

- a. The Executive Committee of the BCUW will notify the Agency in writing concerning possible termination.
- b. The Executive Committee will meet with the Agency's Board of Directors to discuss allegations.
- e. The Executive Committee will make a determination and notify the Agency of the determination.
- f. The Agency may appeal the decision in writing to BCUW.
- g. The Executive Committee will convene an Arbitration Committee consisting of three (3) BCUW Board Members and three (3) Member Agency Directors.
- h. The decision of the Arbitration Committee will be referred to the Board of Directors of BCUW.
- i. The termination date for this contract will be the date of final action by the Board of Directors of BCUW.

12. In the event of termination of this contract by BCUW for any of the reasons stated in paragraph 8, the Agency will conduct no fund raising activities within the service area of the BCUW until ninety (90) days after the commencement of BCUW's Campaign Drive for the following fiscal year without permission of the BCUW. Should there be a termination of this contract for any reason, either by the agency or by BCUW, unused funds of under \$2,500 will revert to the general fund of the BCUW. If the dollar amount is above \$2,500 the funds will be re-allocated through an executive allocations committee consisting of at least eight members of the Allocations and Executive Committees.

13. In order that there is no conflict with the BCUW campaign, the Agency may terminate this contract, for any reason, between January 1 and April 30 of the year of this contract with thirty (30) days written notice to BCUW. All payments to the Agency will cease upon termination of this contract.

The BCUW requests that the Agency meet with the Executive Committee of BCUW to discuss the reason for termination.

14. The BCUW will make every effort to raise sufficient money to fulfill the allocation to the Agency. The BCUW, however, does not guarantee any payment whatsoever. The Agency is hereby advised that the Bylaws of the BCUW provide that the BCUW has the option to specify that local agencies may receive preference in having their budgets fully satisfied before those of the regional agencies are satisfied in whole or part.

15. The term of this agreement shall be one year.

16. This agreement shall be binding on the successors or assignees of BCUW and this Agency.

BCUW President

Partner Agency President

BCUW Executive Director

Partner Agency Executive Director

COUNTER TERRORISM COMPLIANCE

In compliance with the spirit and intent of the USA PATRIOT Act and other counterterrorism laws, the Barry County United Way requests that each funded agency (“Organization”) certify that it is in compliance with the Barry County United Way and the United Way of America’s (“UWA”) compliance program.

ORGANIZATION NAME: _____

Check the Appropriate Box to Indicate Your Compliance With Each of the Following:	Comply	Do Not Comply
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 Organizations maintained by the State Department.	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>
This Organization does not regrant to organizations, individuals, programs and/or projects outside of the United States of America with out compliance with IRS guidelines.	<input type="checkbox"/>	<input type="checkbox"/>
This Organization takes reasonable, affirmative steps to ensure that any funds or resources distributed or processed do not fund terrorism or terrorist organizations.	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>

* In this form, “material support and resources” means currency or monetary instruments or financial securities, financial services, lodging, training, expert advice or assistance, safe houses, false documentation or identification, communications equipment, facilities, weapons, lethal substances, explosives, personnel, transportation, and other physical assets, except medicine or religious materials.

I certify on behalf of the Organization listed above that the foregoing is true.

Print Name: _____

Title: _____

Signature: _____

Date: _____

Anti-Discrimination Policy Agreement

Following is the policy of _____.

The _____ will not discriminate on the basis of age, sex, marital status, sexual orientation, race, religion, national origin, citizenship, parental status, disability, membership in any labor organization, veteran status, and political affiliation with respect to employment, volunteer participation, and the provision of services and the funding of agencies. Compliance with this policy by agencies shall be a pre-condition of United Way funding.

This is a policy, which establishes the standards by which _____ will operate as a community business and community agency. These are the standards to which Barry County United Way will hold affiliated agencies responsible.

_____, for employment only, will not discriminate based on height, weight, and record of arrest without conviction.

I have read and understand the above policy and agree to abide by the same policy in the utilization of funding received from Barry County United Way.

Organization/Agency Name

Chief Executive Officer's Signature

Date

Print name and title _____