

Barry County United Way

2022-2023 Allocations Application – Due Date 12/2/2021 5PM

Improving lives while mobilizing the caring power of Barry County Communities

If you need any accommodations to complete the application process, please contact Lani Forbes via email at lanif@bcunitedway.org or by phone at 269-945-4010.

SECTION 1 – AGENCY PROFILE AND PROGRAM INFORMATION

Agency Profile Information

Organization Name:

FEIN:

Website:

Street Address (main office):

Mailing Address (if different from above):

Does your organization have more than one location? Yes No

If yes, please list additional locations:

Phone Number:

Mission Statement of Organization:

Name of Executive Director/President/CEO:

Phone Number:

Email:

Name of Board Chair/President:

Phone Number:

Email:

In what month does your fiscal year begin?

In what month do you normally complete your annual audit/review?

In what month do you normally file your 990?

In what month do you renew your Solicitation Registration?

Board and Administrative Information

Organization should be able to produce supporting documentation for any “yes” responses, upon request.

Does your organization:

Maintain directors and officer’s insurance? Yes No

Maintain written general board policies and procedures? Yes No

Have written personnel policies and procedures? Yes No

Have written bylaws? Yes No

If “no” for any of these, please explain why.

Are you willing to create or actively implement an equity statement? Yes No

Does your Board of Directors:

Maintain the responsibility of ensuring that sufficient funds are available for the organization to meet its objectives? Yes No

Meet at least four times per year? Yes No

Have an evaluation process for the Executive Director? Yes No

Evaluate itself on an annual basis? Yes No

If “no” for any of these, please explain why.

SECTION 2 – AGENCY ITEMS FOR SUBMISSION

Listed below are items that need to be submitted with your funding request.

- 501(c)3 determination letter or proof of tax-exempt status
- Audited financial statement prepared by an independent CPA (for organizations with a budget of \$500,000 or greater) or financial statement that is either reviewed or audited by an independent CPA (for organizations with a budget less than \$500,000)
- 990 (the 990 your organization submits to the IRS)
- Annual operating budget (for the entire organization)
- Annual program budget (for each program seeking funding)
- Solicitation Registration (current or letter of exemption)
- Application for fund raising activity
- Signed partnership agreement
- Agency survey (if previously funded)
- Conflict of Interest Statement
- Non-discrimination policy
- Equity statement (if available)
- Roster of current board members with phone numbers, emails and business or affiliation in Excel format
- Mission Statement
- Agency logo

SECTION 3 – Goal Identification

Barry County United Way Mission Statement

Improving lives while mobilizing the caring power of Barry County communities.

Indicate which one of the Barry County United Way program/agency goals will be met with the requested funds:

- 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

The Request for 2021/2022 is (choose one):

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

SECTION 4 – PROGRAM INFORMATION

Program Name:

Name of Primary Contact Person for Program:

Title of Primary Contact Person for Program:

Phone Number:

Email Address:

Secondary Contact:

Annual Funding Amount Requested: \$

Percent of Budget for all United Way funds: _____%

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/President: \$

What is the annual expenditure for staff time attributable to Barry County? _____%

Approximate number of people you expect to serve in one year:

Geographic area(s) that this request will cover by zip code:

Program Narrative

Please tell us about your program. Remember that this is your opportunity to help us understand how your program fits into United Way's Impact Agenda for Change. When writing the narrative, you must address the following things:

Description

- Brief description of the program

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

- Does your organization/program have any outside accreditations/affiliations? Please list.

Alignment

- Describe how the program align with the mission of Barry County United Way and the goals listed under Section 3.

- What is the long-term problem(s) being addressed by your program?

Delivery

- Please describe how your program will reach the areas of most need in Barry County.

- Who is your target audience? (include age, ethnicity, zip code, income level, and school district, if applicable).

- When, where and how is it delivered?

- Please describe how your program utilizes evidence-based or best-practice strategies for program design and execution.
- What is the cost per unit to deliver your program?
- How is this effort currently funded?
- Does your program utilize volunteers? If so, how?

Measurement

- What measurement tool will you use and how will you use it?

- How often will you implement the tool?

- How does your tool align with the outcomes selected?

Collaboration

- What other organization offers a similar service and how are you avoiding duplication?

- What collaborative efforts are you involved in? Please list the organizations you collaborate with and describe the nature of the collaboration. Please remember, collaboration is more than a referral source, it is a partnership between organizations that produces something greater than what they could accomplish alone.

Diversity, Equity & Inclusion

- In what ways does your organization value diversity, equity, and inclusion?

- Tell us about the demographic composition of your board and staff.

- How many staff and/or volunteers of your organization/program have participated in a diversity, equity and/or inclusion trainings? (examples: 21-day equity challenge, Brave Spaces, etc.)

- How does or how will your program:
 - Increase diversity and inclusion?

 - Reduce inequities?

Turning Outward/Connected & Inclusive Communities

- How has or how will your organization use the community's aspirations to guide your work?

- How does or how will your program address at least one of the following:
 - Better access and improvements to community resources & infrastructure?
 - Increase community cohesion?
 - Increase community involvement and participation?
 - Enhance safety?
 - Improve communication and networking between leaders and organization?
 - Increase access to activities and recreational opportunities?

Additional Information

- Is there anything else that we should know about your program?

SECTION 5 – BUDGET NARRATIVE

- Will you use your United Way funding as a local match to leverage funds from other sources? Please list the funding sources and amount you will receive because of a local match.

- If you project a surplus or deficit in your budget, you MUST explain how you will use the surplus or cover the deficit.

- Total amount of Endowment funds held by your organization \$_____
- Total amount of Endowment funds held by others for your organization \$_____
- What is the dollar value of your in-kind support?
- Please give any additional information on your budget you feel would be useful for the volunteers.

- Please itemize your state, federal, local government, and foundation funding sources. Also, please list if that funding is “secured” or “pending”.

SECTION 6 – Budget

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. An example is shown below.

Income	
<i>Ex: BCUW allocations</i>	\$12,000
<i>Ex:B-93</i>	\$600.00
<i>Total Income</i>	
Expenses	
<i>Ex:Cribs</i>	\$ 10,000.00
<i>Ex:mattresses</i>	\$2,600.00
<i>Total Expenses</i>	

Organizational Budget Report of Revenue & Expenses – Please submit your overall budget in a similar format as below

Agency Name: _____

Agency fiscal year _____

Support/Revenue	Last year-20	Current year-21	Next year-22
BCUW Allocations			
Other United Way Funding			
Endowment Income			
Contributions			
Grants & Contracts			
Program Service Fees			
Special Events			
Investment Income			
Misc. Income (specify)			
Total Operating Revenue			
Expenses	Last Year- - 20	Current Year-21	Next Year-22
# 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			

SECTION 7 – Partnership Agreement

BARRY COUNTY UNITED WAY PARTNER AGENCY AGREEMENT

This agreement, executed this _____ day of _____, 2022. 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:

Upon request of the BCUW, the Agency will submit to the specified persons of the BCUW:

A detailed operating budget for the Agency’s current fiscal year.

Other such data as may be pertinent or required to characterize the Agency’s operation.

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.

The Campaign Committee may request additional information to assist in the drive.

The Agency will furnish information as necessary for the BCUW to participate in the State Employees Combined Campaign and the Combined Federal Campaign.

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.

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.

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.

If the Agency accepts the BCUW’s determination, the Agency specifically agrees as follows:

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 BC UW 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 BC UW 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.

The Agency will actively publicize itself as a recipient of support from the BC UW. BC UW encourages the use of their logo and name in all print materials and reference to their support in all media public relation efforts.

The Agency will encourage all persons connected with their agency to actively support the BC UW through assistance with the Campaign and through pledges to the Drive.

The Agency will continue to operate in an efficient manner consistent with the principles of operation expressed at the time of the budget request.

The BC UW will make payments to the Agency as specified by the Board of Directors. Allocations and designations over \$500.00 will commence three (3) months after the beginning of the BC UW'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 \$500 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.

The BC UW 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 BC UW.

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 BC UW.

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

The BC UW may terminate this contract with the Agency at any time, following the procedure listed in Item 10, in the event that the Agency:

- a. Files bankruptcy or submit a plan for reorganization under the Bankruptcy Code or;

- b. Operates in a manner substantially differently from the program outlined in the support material for the budget request or;
- c. Operates in an incompetent manner or;
- d. If said Agency refuses or is unable to properly account for its financial operations.

The BCUCW termination process:

- a. The Executive Committee of the BCUCW 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.
- c. The Executive Committee will make a determination and notify the Agency of the determination.
- d. The Agency may appeal the decision in writing to BCUCW.

The Executive Committee will convene an Arbitration Committee consisting of three (3) BCUCW Board Members and three (3) Member Agency Directors.

The decision of the Arbitration Committee will be referred to the Board of Directors of BCUCW.

The termination date for this contract will be the date of final action by the Board of Directors of BCUCW.

In the event of termination of this contract by BCUCW for any of the reasons stated in paragraph 9, the Agency will conduct no fund raising activities within the service area of the BCUCW until ninety (90) days after the commencement of BCUCW's Campaign Drive for the following fiscal year without permission of the BCUCW. Should there be a termination of this contract for any reason, either by the agency or by BCUCW, unused funds of under \$2,500 will revert to the general fund of the BCUCW. 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.

In order that there is no conflict with the BCUCW 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 BCUCW. All payments to the Agency will cease upon termination of this contract.

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

The BCUCW will make every effort to raise sufficient money to fulfill the allocation to the Agency. The BCUCW, however, does not guarantee any payment whatsoever. The Agency is hereby advised that the Bylaws of the BCUCW provide that the BCUCW 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.

The term of this agreement shall be one year.

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

BCUCW President

Partner Agency President

BCUCW Executive Director

Partner Agency Executive Director

SECTION 8 – Application for Fund Raising Activity

AGENCY:
ADDRESS:
TELEPHONE:
CONTACT:

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

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

SECTION 9 – SUBMISSION

Board Chair Signature:

Executive Director Signature:

By clicking, SUBMIT, you attest that you are authorized to submit this application on behalf of your organization and its board of directors. You also attest that the information contained in this application is true, complete, and accurate to the best of your knowledge. Should a misrepresentation be reported or otherwise identified, Barry County United Way reserves the right to withhold, suspend, or terminate an application or investment and/or the ability to apply for future funding.