

2011 UNITED WAY OF RICHLAND-WILKIN REQUEST FOR FUNDING



This packet is to be completed by organizations requesting funding for the 2012 calendar year. Please send an email to uwrw@702com.net with your agency intent to apply for funding by **April 15, 2011**. Five copies of the completed funding request packets are due in the United Way office no later than **April 22, 2011**. Agency Reviews will be held the week of **May 9-13, 2011**, please plan accordingly for an agency representative to be in attendance for your agencies scheduled date and time.

Please note, this form is a common application developed by the United Way of Richland-Wilkin. The Agency Summary should describe your agency as a whole, and the Program Summary should be completed for each program for which you are requesting funding.

FINANCIAL INFORMATION

Please remit all financial information based on your fiscal year actual and budgets. Note the inclusion of an instruction sheet for the budgeting information.

Please include only one copy of your 501(c)3 certificate or letter if you have that status.

The United Way of Richland-Wilkin recognizes that the human needs of the counties are constantly changing. The United Way, as steward of community contributions, also recognizes the importance of establishing minimum standards for participation in the United Way. These standards assure that charitable funds are used efficiently and effectively to support health and human service needs in the counties. The goal of United Way is to be a leader in enriching our community by expanding the caring power of our people.

Please return copies to: United Way of Richland-Wilkin
PO Box 746
802 Dakota Avenue
Wahpeton, ND 58075

2011 UNITED WAY OF RICHLAND-WILKIN REQUEST FOR FUNDING

BASIC CONDITIONS FOR UNITED WAY OF RICHLAND-WILKIN (UWRW) FUNDING

- 1) Be a not for profit.
- 2) Abide by federal and state laws regarding non discrimination, charitable organizations and collective bargaining.
- 3) Offer health and human services programs to the areas of Richland and Wilkin Counties through a clearly defined mission statement.
- 4) Have active volunteer leadership that represents diverse elements of the community.
- 5) Have sound financial and program management.
- 6) Inform UWRW about major expansion or reduction in programming, services, facilities and staff. United Way shall be **immediately informed** in writing when United Way funded programs cease to function.
- 7) Support and cooperate with fundraising and marketing efforts of the UWRW
- 8) Conduct agency fundraising in such a manner to ensure that the UWRW giving base is not adversely affected.
- 9) It is the responsibility of the agency to advise United Way of the name of the person responsible or administering the funds.
- 10) The agency must show that services are not primarily for the benefit of any church or synagogue, or for sectarian religious purposes-
- 11) Be able to show that services are not political in nature.
- 12) Demonstrate that services are available to all in the target population regardless of ability to pay.
- 13) The agency shall have the obligation to keep the public informed as to its services and objectives, and to make known in every practical manner that it is the recipient of United Way support.
- 14) To cooperate with other agencies, both public and private, and with the United Way with the objective of preventing duplication of effort and services to a similar population.

Please complete & Return

ANTI-TERRORISM COMPLIANCE MEASURES

In compliance with the USA PATRIOT Act and other counterterrorism laws, the United Way of Richland-Wilkin requires that each agency certify the following:

"I hereby certify on behalf of (agency name) _____ that all United Way funds and donations will be used in compliance with all applicable anti-terrorist financing and asset control laws, statutes and executive orders."

Print Name: _____ Title: _____

Signature: _____ Date: _____

**2011 UNITED WAY OF RICHLAND-WILKIN
REQUEST FOR FUNDING
AGENCY PROFILE**

Agency Name:	
Mailing Address:	
Email Address:	
Website Address:	
Contact Person:	
Phone Number:	Fax Number:

In one page provide information about your organization that will put the program into organizational framework. Please address the following:

1) Organization's Mission and Goals. *Please show evidence that the program is a core offering of the agency and is vital to the agency's mission. How the mission of this organizations fits with the vision of the United Way of Richland-Wilkin,(To be recognized as a leader for enriching our community by expanding the caring power of our people)*

2) Communities and populations the organization provides services to, specifically within Richland and Wilkin counties. *Describe any circumstances where clients would be refused services?*

3) A brief description of the programs and services the organization provides.

4) Please attach an organizational chart showing your volunteer board and committee structure.

**2011 UNITED WAY OF RICHLAND-WILKIN
REQUEST FOR FUNDING**

PROGRAM SPECIFIC

1) What is the dollar amount for funding requested? _____

2) What specific program or services are the dollars targeted for? Provide a succinct summary of the program basics. Who (target audience), what, when where?

3) What are the goals and objectives of this program or project? Include a description of the social problem and explain why this program will address the problem.

4) Describe how the program actually works and the expected level of service (ie number of participants, people served) during the proposed grant year

5) Please explain what outcomes will be or are reached with this program? How have they changed from last year? An example to explain this would be the program logic model which clearly illustrates the specific outcomes the program hopes to achieve and demonstrates a clear relationship between the inputs, and activities and the outputs and the outcomes.

6) How will or do you measure the programs impact and give examples? Include a copy of your evaluation tool.

2011 UNITED WAY OF RICHLAND-WILKIN REQUEST FOR FUNDING

7) Explain the relationship you have with other organizations to avoid duplication of services. *Include a description of any partnerships or collaborations that make this program possible*

8) How are volunteers utilized in this organization? If not, why are they not utilized? Do you have a volunteer training program?

9) What is the sustainability plan for this program and explain why the UWRW investment in this program is needed

2011 UNITED WAY OF RICHLAND-WILKIN REQUEST FOR FUNDING

Agency Name:

Program Name:

Number of Full Time Equivalent's in the program:

This is a budget for proposed dollars. Do not include Volunteer or In Kind Services.

	Current 12 month budget-2011	2012 Proposed Budget	Comments
INCOME			
<i>UWRW funds</i>			
<i>Government Funds</i>			
<i>Non Government /Foundation Grants</i>			
<i>Earned Income</i>			
<i>Contributions</i>			
<i>All Other Income</i>			
<i>Total Income</i>			
EXPENSES			
<i>Personnel & Related</i>			
<i>Operating Expenses</i>			
<i>Program Expenses</i>			
<i>Specific Assistance to Individuals</i>			
<i>All Other Expenses</i>			
<i>Total Expenses</i>			

Program Request of previous United Way funding

	2009	2010
Allocation Dollars received		
Total UW \$ used for projects/programs		
Remaining Carryover dollars		

2011 UNITED WAY OF RICHLAND-WILKIN REQUEST FOR FUNDING

INSTRUCTIONS FOR COMPLETING PAGE 6 BUDGET INFORMATION.

Income

- ✓ UWRW funds -- the funds that you are currently receiving(2010 Allocation) 2011 Proposed requested dollars
- ✓ Government funds – State and Federal grants, reimbursement or funding from any governmental entity, Medicaid reimbursement
- ✓ Non Government grants/Foundations – private grants, please include a timeline of the grant and the spend down
- ✓ Earned Income – Fees for service, fundraisers, public sales
- ✓ Contributions – Memorials, individual donations
- ✓ All other income – other United Ways funding, interest income, any income not included in the other categories

Expenses

- ✓ Personnel & Related – Salaries, benefits, travel, payroll taxes, retirement
- ✓ Operating Expenses – Rent, utilities, maintenance, supplies, postage, telephone/internet
- ✓ Program Expenses – Marketing, Printing, conferences/trainings
- ✓ Specific Assistance to Individuals – assistance to provided directly to individual clients of the program
- ✓ All other Expenses -- liability insurance, membership dues, any expense not included in other categories

2011 UNITED WAY OF RICHLAND-WILKIN REQUEST FOR FUNDING

PROGRAM BUDGET OVERVIEW & NARRATIVE

1) Briefly describe other financial resources that your organization is seeking or has secured to address the outcomes and conduct the program described in this proposal. If the funds are time limited, program restricted to a certain group of clients, please explain.

2) If this is a currently funded United Way program and there is an increase in request for funding, describe how the increase will be used.

3) If the program is not currently funded by United Way describe why the program is seeking funding at this time?

****Please use another sheet to provide additional information for your request for funding.**

2011 UNITED WAY OF RICHLAND-WILKIN REQUEST FOR FUNDING

Client Demographics Report for the Year 2010/ Part I

Agency: _____

Program: _____

We are tracking the below items to help us determine the scope of your program. If your program does not track the information below, please explain why. Please do not change the categories to fit your data. **Please be specific to Richland and Wilkin Counties.

1. Client Age (Indicate number of clients in each age category)

0-5	6-18	19-35	36-65	Over 65	Total
					=

2. Client Income (Indicate number of clients in each category)

\$0- \$14,999	\$15,000- \$29,999	\$30,000- \$49,999	\$50,000- \$74,999	\$75,000 & over	Total
					=

3. Client Residence (Indicate number of clients who reside in each location)

Wahpeton	Rural Richland	Richland County Total
		=

Breckenridge	Rural Wilkin	Wilkin County Total	Total Richland + Wilkin + Other
		=	=

Other (Please List)	Unknown	Other Unknown Total
		=

4. Client Gender (Indicate number of clients in each category)

Female	Male	Total
		=

5. Client Race/Ethnicity (Indicate number of clients in each category)

Caucasian	African American	Hispanic	Native American	Asian/Pacific Islander	Immigrant/ Refugee*	Other*	Total
							=

*** Please specify which refugee/immigrant and other populations your agency tracks below.**

2011 UNITED WAY OF RICHLAND-WILKIN REQUEST FOR FUNDING

United Way of Richland-Wilkin Client Demographics Report for the Year 2010 / Part II

Agency: _____

Program: _____

Please provide data for categories below that are applicable to the program being reviewed. Numbers must be tracked and quantified. Estimates are not needed. Do not provide information for which you do not record and keep data. Please provide data from Richland and Wilkin Counties only.

_____ Number of shelter nights/beds provided (# of times beds used throughout year)

| _____ Number of served meals provided _____ Number of food baskets provided

_____ Number of basic needs "kits" provided

_____ Number of referrals made to other services

_____ Number of hours of case management provided

_____ Number of hours of counseling provided

_____ Number of hours of childcare provided

_____ Number of hours of before/after school care provided

_____ Number of activities/classes provided for youth (0-18). *Please provide breakdown by category:*

_____ sports/recreation _____ theater/drama _____ art
_____ academic enrichment _____ skill development _____ other activities

_____ Number of activities/classes provided to adults (19-54)

Type of activity/class _____

_____ Number of activities/classes provided to senior citizens (55+)

Type of activity/class _____

_____ Number of volunteers → _____ Number of volunteer hours

_____ Number of scholarships provided for participation in program. *Please provide breakdown by category:*

_____ Children (0-18) _____ Adults (19-54) _____ Senior Citizens (55)

2011 UNITED WAY OF RICHLAND-WILKIN REQUEST FOR FUNDING

We would like you to share in a short narrative any “dreams” that your organization may have regarding impacting our community. Please give an explanation to the following question:

Has your organization identified a need in our community that you could address if the resources (financial and human) were available to do so.

Do you have “dreams” for enhancement to existing services to address an identified need?