

# M E M O R A N D U M

TO: Agency Executives

FROM: United Way of Warren County

DATE: August 1, 2007

SUBJECT: FY 2006 APPLICATION FORMS

Attached are the new United Way of Warren County Application Forms needed to apply for member agency status and funding in FY 2007.

This **completed** application packet must be submitted by all applicants and **received** in the Three Star Mall office no later than **noon, Tuesday September 4, 2007**.

Please feel free to contact Susie Griffith at 931-473-1515, if you have any questions.

# UNITED WAY OF WARREN COUNTY APPLICATION FOR FUNDING CHECKLIST

Please complete and return with application

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Agency name

Please assemble and submit in order the following information your application materials.

- \_\_\_ Original of checklist with Original of Application.
- \_\_\_ 1 Copy of Charter of Incorporation.
- \_\_\_ 1 Copy of current Bylaws.
- \_\_\_ 2 Copies of 501c3 documentation indicating Federal nonprofit status.
- \_\_\_ 2 Copies of your TN Dept of State Charitable Solicitations letter with registration Number \_\_\_\_\_ and expiration date \_\_\_\_\_, or letter of exemption.
- \_\_\_ 1 Copy of Policy of Non-discrimination (as applies to the hiring of staff)
- \_\_\_ 5 Copies of most current annual external audit (by an independent or certified CPA if gross revenue is greater than \$100,000) or certified external review for agencies with gross revenue up to \$100,000. A GAAP audit is preferred. Audit year ending date is \_\_\_\_\_.
- \_\_\_ 5 Copies (signed) of most current IRS Form 990 or Form 990EZ. If data is different from the audit, please explain why. Form 990 year ending date is \_\_\_\_\_ (year ending date should be the same for 990 and audit).
- \_\_\_ 5 Copies of your agency's Board roster with names, addresses, telephone numbers, and business affiliations. Note beginning & ending dates for term(s) of service for each and note current officers.
- \_\_\_ 5 Copies of Dates of board meetings for the prior year.
- \_\_\_ 5 Copies of Annual Report and newsletter or agency brochure.
- \_\_\_ 5 copies of Completed Application (pages 2-8).

Please be sure each document identifies your agency by name.

Please use left hole punch paper or punch holes in documents and group individual types of forms with paper clips (not staples) ready for notebook assembly.

Applications are due in Three Star Mall Office by **noon, September 4, 2007**.

**UNITED WAY OF WARREN COUNTY  
AGENCY/PROGRAM APPLICATION**

For the fiscal year 2006, (July 1, 2006 through June 30, 2007)

**(Please type or print)**

**Agency:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_ **Web Site:** \_\_\_\_\_

**Agency CEO/Title:** \_\_\_\_\_

**CEO Email/Phone/Fax:** \_\_\_\_\_

**United Way Contact Person/Title** \_\_\_\_\_

**Contact Person Email/Phone/Fax** \_\_\_\_\_

**Business Hours:** \_\_\_\_\_

**Local Service Address (if different from above):** \_\_\_\_\_

\_\_\_\_\_

**Best days of week/times of day for Panel Tours:** \_\_\_\_\_

**AMOUNT REQUESTED:** \_\_\_\_\_

The attached application has been approved for submission by the agency's governing body on.

\_\_\_\_\_  
**(Signature of Agency Director)**

\_\_\_\_\_  
**(Print Name) (Title)**

\_\_\_\_\_  
**(Signature of Board President)**

\_\_\_\_\_  
**(Print Name) (Title)**

**DIRECT SERVICE DATA**  
**FOR WARREN COUNTY**

If you are completing the application for your agency, please report agency totals. If you are completing the application for a specific program, please report program totals.

**Agency / Program**

**Name** \_\_\_\_\_

Population served: Show the unduplicated number of people served by the program in this county during the year. Whether the person was served once or several times during the year, **he/she is counted only once.**

**Part 1**

**Report is  Fiscal Year  Calendar Year**

AGE	WHITE		BLACK		HISPANIC		OTHER		GRAND TOTAL
	M	F	M	F	M	F	M	F	
0-5 YEARS									
6-12 YEARS									
13-19 YEARS									
20-54 YEARS									
55 + YEARS									
UNKNOWN									
<b>TOTAL</b>									

## **AGENCY/PROGRAM PROFILE**

Please describe the program for which you are requesting funding by answering completely the following questions. (List numbered question first, then the answer.) Limit response to a maximum of four pages (number these pages 4a through 4d). If you are completing the application for your agency, please answer the questions with regard to your agency. If you are completing the application for a specific program, please answer the questions with regard to the program.

1. What is your agency's mission statement?
2. Specifically what services did your agency/program provide last year for which you are requesting funding?)
3. Are there procedures in place for measuring the results achieved by your agency/program? If so, describe the methods utilized.
4. Has your agency used evaluations to improve its programs? If so, explain the process and improvements.
5. How many volunteers serve in your organization? Describe in what capacities they serve.
6. What other agencies in this county provide a similar service/program?
7. What is the **total** amount spent by your agency/program in Warren County?
8. What percent of your local agency/program budget is your allocation request? Explain specifically how the allocation amount requested would be spent.
9. If you receive less money than requested, what effect would this have upon the individuals served by your agency/program?
10. What other fundraising activities does your agency engage in during the year?
11. If fees are charged for services supplied by your agency/program, what provisions are made for clients who are unable to pay full fees?
12. During the past year, how has your agency promoted the use of United Way funds to the community, as in newspaper articles, radio broadcasts, newsletters, stationary, signs, etc.?
13. Did your agency have an in-house United Way campaign this year? If so, what percentage of employees and/or volunteers participated in the campaign?

# AGENCY BUDGET SECTION

**Prepared for UNITED WAY OF WARREN COUNTY**  
**Seeking funding for fiscal year July 1, 2006 through June 30, 2007**

(Please type or print)

Agency: \_\_\_\_\_

Budget Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

\$ \_\_\_\_\_  
Previous Allocation

\$ \_\_\_\_\_  
Current Allocation

\$ \_\_\_\_\_  
Amount Requested

For the following please use the information from your agency's most recent 990 to complete the prior fiscal year figures. The information for the next two columns will be based on your best information to date and projection.

	Prior FY	Current FY	Proposed FY
Circle Year:	7/1/03-6/30/04	7/1/04-6/30/05	7/1/05-6/30/06
	Or 1/1/12/31/05	or 1/1-12/31/06	or 1/1-12/31/07

**Total Support & Revenue** \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$

**Total Expenses** \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

**Surplus (Deficit)** \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

**Administrative (Overhead) Percent or dollar amount** \_\_\_\_\_ % \_\_\_\_\_ % \_\_\_\_\_ %\*

\* (From 990, add lines 14 Management & General and line 15 Fundraising and divide by line 12 Total Revenue to get Administrative percent) OR (Give dollar amount from 990EZ, add lines 12, 14, 15 & any expenses in line 16 that qualify)

**# FTE's (Full-time Employees)** # \_\_\_\_\_ # \_\_\_\_\_ # \_\_\_\_\_  
 (Not volunteers)

United Way Budget Form – Program (Use Fiscal Year Figures)

Agency Name: \_\_\_\_\_

Program Name: \_\_\_\_\_

<b>Public Support and Revenue</b>	<b>Prior FY*</b> 7/1/03- 6/30/04	<b>Current FY</b> 7/1/04- 6/30/05	<b>Proposed FY</b> 7/1/06- 6/30/07
Contributions (direct and indirect public support):			
United Way of Warren County			
Other United Ways			
All Other			
Government grants			
Program Service Revenue			
Membership dues			
Interest on Savings and cash investments			
Dividends and Interest on securities			
Net Rental Income			
Other Investment income			
Net revenue from sales of assets			
Net income from special events			
Net revenue from sales of inventory			
Other revenue			
<b>Total Support and Revenue</b>			

<b>Expenses</b>	<b>Prior FY*</b> 7/1/03- 6/30/04	<b>Current FY</b> 7/1/04- 6/30/05	<b>Proposed FY</b> 7/1/06- 6/30/07
Salaries			
Employee Benefits			
Payroll Taxes			
Professional Fees			
Supplies			
Telephone			
Postage and Shipping			
Occupancy			
Equipment rental and maintenance			
Printing and Publications			
Travel			
Conferences / meetings			
Specific Assistance to individuals			
Grants and allocations			
Depreciation			
Other expense			
<b>Total Expenses</b>			

<b>Surplus (Deficit)</b>			
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\* Prior FY should reflect attached IRS Form 990 or Form 990EZ if you are on a July 1-June 30 fiscal year.



**Note: ALL information regarding salaries is to remain confidential**

Schedule of Positions and Salaries Form  
1/29/04

Insert Fundraising-listing sheet-page 9