



**United Way of Phelps County  
Funding Allocation Application for 2017**

**Packet Checklist**

**Agency Name:**

**Date:**

- Cover Sheet
- 1 copy of Agency Staff listing (Include title & position)
  - 2 copies of 2015 audit including management letter(s). If unavailable, what date will your 2015 audit be available? \_\_\_\_\_
- 1 copy of 2015 IRS Form 990, Return of Organization Exempt Form Income Tax. The Form 990 must be signed by an officer of the organization or include Board minutes showing approval of the return. If unavailable, what date will your 2015 IRS 990 be available? \_\_\_\_\_
- 1 copy of Agency Bylaws. Check the following policies that are included in your Agency Bylaws or policies/procedures:  Non Discrimination  Ethics  Conflict of Interest  Whistleblower  Reserves
- 1 copy of Articles of Inc., or Charter or Cert. of Nonprofit Corp/Amendment from State of Mo.
- 1 copy of current Board of Directors Roster including name, address, email address, phone number & business affiliation. Please indicate terms of service.
- 1 copy of current organizational chart
- 5 copies of completed application (Include application cover sheet, budget sheets and general information)
- 1 copy of signed Agency Agreement
- 1 copy of signed Counterterrorism Compliance Form. (USA Patriot Act)
- 1 copy of Agency Brochure and/or Annual Report
- 1 copy of certificate or license if your agency receives an external quality review or accreditation

**Submission**

- Send packets to : United Way of Phelps County  
P.O. Box 675  
Rolla, MO 64502

**The Chamber office will accept application packets for the United Way up until 4pm**

**No later than Friday, May 27, 2016 at 4:00 p.m. - late applications will not be accepted.**

I certify the checklist and all required documents are included in this fund allocation application packet.

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

\_\_\_\_\_  
(Print Name)

**United Way of Phelps County  
Fund Allocation Application for 2017 Funding**

**COVER SHEET**

**Agency Information**

Agency Name:

Mailing Address:

Street Address:

City, State, ZIP Code:

Phone Number:

Email Address:

Website Address:

Agency Fiscal Year:

**Agency Leadership**

Agency Director/CEO:

Board President:

Person Preparing Application:

**Funding Request**

FY2017 Agency Request from UWPC: \$

FY2017 UWPC Request as Percentage of Total Agency/Program Revenue %

FY2016 Allocation from UWPC: \$

FY2016 UWPC Request as Percentage of Total Agency/Program Revenue %

This budget was considered and approved for submission at the Agency Board of Directors Meeting on: \_\_\_\_\_

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

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

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

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

# Fund Allocation Application for 2017 Funding

## OVERVIEW

### United Way Mission Statement

The United Way of Phelps County works to improve the lives of the most vulnerable citizens of our county, primarily the young and the elderly. The United Way of Phelps County focuses on those agencies with local oversight, local funding focus, local roots, and local implications. Those localized efforts are intended to effect major impacts for those agencies most responsive to our county citizens.

### United Way Vision Statement

The United Way of Phelps County will use the funds we raise in a manner that will make the greatest impact possible on the greatest number of the people we seek to serve.

## GENERAL INFORMATION

### Questions

Questions about this application may be directed to:

Teri Beaugard, Director

[teri@unitedwayphelpscounty.org](mailto:teri@unitedwayphelpscounty.org)

573-201-3705

### Deadline

The deadline for submission of the Fund Allocation Application is **May 27, 2016 at 4:00 p.m.** There will be no appeal process for late applications. All materials shall be delivered to the UWPC office at 1301 Kingshighway, Rolla Mo. (Visitors Center Campus) via mail or in person. The Chamber of Commerce will accept packages on behalf of the United Way until the deadline.

### Agency Funding Review and Notification

Agency funding requests will be reviewed by the United Way Board of Directors. Notification of Agency funding will be made no later than August 15, 2016.

### Funding Period

Funding period is January 1, 2017 through December 31, 2017. Allocations to be paid quarterly, 25% of funded amount. Should goal fall short, all agencies will be adjusted equally in the fourth quarter.

### Reporting

Agencies are required to submit a final report prior to the final allocation payment. It shall be due by close of business December 22, 2017. A report form will be provided.

## FUND ALLOCATION APPLICATION INSTRUCTIONS

### Assembly

Assemble the proposal as follows:

- Packet Checklist
- Cover Sheet
- Section I – Who We Are
- Section II – What We Do
- Section III – Who We Serve
- Section IV – How We Measure Success
- Section V – How We Partner with United Way and our Community
- Section VI – Funding Request and Information
- Section VII – Other Needs/Issues We See
- Additional documents as required

## United Way of Phelps County Fund Allocation Application for 2017 Funding

### Section I: Who We Are

1. State the year agency was established:
2. State the year agency partnered with United Way of Phelps County:
3. State the number of paid full-time employees:
4. State the number of paid part-time employees:
5. State the number of volunteers working with your agency:
6. Provide the date when your policies/by-laws were reviewed by your Board of Directors:  
Do you have a policy as to how often policies/by-laws need to be reviewed? Yes No - If yes, please provide a brief description of this policy:

### Section II: What We Do

7. Describe the mission of your organization.
8. What is the project, program or services for which you are requesting funding?
9. Describe the need for this project, program or service specifically related to your agency's mission and the mission of the United Way of Phelps County.
10. Provide specific details of the program, project or service. Specifically include:
  - a. Target population, including ages, and demographics:
  - b. Program activities or the process of how your services work:
  - c. Outreach and marketing approaches to your services:
  - d. Eligibility requirements for each program:
  - e. Are fees charged for services? Yes No - If yes, please describe your fee structure or policy.
  - f. What provisions are made for clients who are unable to pay full fees?
11. Include a success story that describes how your service/program positively affected someone you are serving. Do not include names or any identifying information.

### Section III: Who We Serve

12. Provide the number of unduplicated clients served in Phelps County for your most recent fiscal year.
13. Describe the efforts you have made to serve the most vulnerable citizens of Phelps County with the services you provide, and describe your results. Quantify these results if possible.

#### **Section IV: How We Measure Success**

14. Describe the types of measurements/outcomes you are tracking.
15. What procedures/processes are in place for measuring these outcomes?
16. How do you know you are meeting these measurements/outcomes?
17. If applicable, please provide 2 or 3 specific examples of your most recent measurement/outcome results.

#### **Section V: How We Partner with United Way and the Community**

18. Describe how your agency collaborates with other community organizations. Provide specific examples.
19. Describe how volunteers are incorporated with agency activities.
20. Describe the importance/value of your agency partnership with UWPC.
21. Would you be willing to take part in UWPC Agency Leadership Council Meetings?

#### **Section VI: Funding Request and Information**

Agency Funding   or    Program Funding (please check one)

22. Agency Funding Request amount for 2017: \$ \_\_\_\_\_
23. How did you calculate your agency's funding request amount?
24. If funding request has increased, please provide a detailed explanation.
  - a. What factors led to this decision?
25. What is the unit cost for your services or program?
  - a. How do you calculate this cost per unit?
  - b. How does your unit cost compare to the prior year?
26. List the grants your agency applied for in 2016 and list the grants that your agency received in 2015.
27. Can you leverage United Way funding to obtain matching funding from other sources? If so,

please explain.

28. Does your agency have a written reserve policy? Yes No - If yes, provide a brief description such. What are your 2016 reserves? \$\_\_\_\_\_

29. Using the formula below and the 2015 Form 990, what is your Agency Administrative percentage?

$$\frac{\text{Core Form, Part IX line 25, Column C (M\&G Exp.) + Column D (Fundraising Exp.)}}{\text{Core Form, Part VIII, Line 12, Column A (Total Revenue)}}$$

30. Did your agency's 2015 expenses exceed your agency's 2015 revenues?  
Yes No - If yes, how does your agency plan to make up the deficit?

### **Section VII: Other Needs/Issues We See**

31. What, if any, increases/decreases in demand for your services have you seen? What plans do you have to meet those demands?

32. How many people do you project you will serve in total and in the UWPC service area during 2017?

33. How many people did you turn away due to limited resources/funding, full capacity, or other reasons and why?

34. In your opinion and/or the opinion of your staff or people you serve, what are the unmet needs in the community? (Not exclusive to your organization)

35. What, if any, changes or areas of emphasis are planned for 2017?

36. Within the next three years, what challenges do you foresee for your agency?

37. What other information would you like to share about your agency?

**UNITED WAY OF PHELPS COUNTY**  
**(2016 Fund Allocation Process for 2017 funding)**

**MEMORANDUM OF AGREEMENT**

**Between**

\_\_\_\_\_  
(Hereinafter referred to as "The Agency")  
and

**UNITED WAY OF PHELPS COUNTY, INC.**  
(Hereinafter referred to as "United Way")

**Purpose:** The United Way is a not-for-profit corporation, whose purposes are to engage in charitable, philanthropic, character-building, health and social welfare work, and all other activities permitted a general not for profit corporation.

**Mission:** The United Way of Phelps County is a local, volunteer-driven organization that works to improve the lives of the most vulnerable citizens of our county by drawing upon the combined generosity of our community. Funds generated are allocated towards agencies with strongest local significance and need. Programs with:

- Local funding focus
- Local roots
- Local implications

**Constituency:** The United Way recognizes the contributors to the annual campaign as its primary constituency and pledges responsible stewardship of all donated funds so as to best serve the total community.

**GENERAL PRINCIPLES – BOTH PARTIES AGREE**

**Governance:** To maintain a responsible governing board of directors whose members serve without pay and are representative of the community served and which meets at least four times a year.

**Management:** To maintain responsible management to administer its programs and/or services.

**Collaboration:** To cooperate with each other in the development of sound and acceptable community policies in the field of voluntary service and fundraising.



**Non-Discrimination:** To maintain a policy of non-discrimination in compliance with Federal and State guidelines and/or regulations, and to practice non-discrimination in the delivery of services to clients.

**Federated Fundraising:** To recognize that the participation of representative citizens in community-wide planning, budgeting and fundraising is essential for all agencies, and that federated, combined, fundraising plays an essential role in meeting the financial needs of the agencies.

### **THE UNITED WAY AGREES**

**Agency Autonomy:** To recognize the responsibility and accountability of the agency, through its governing board, to determine its own policies and manage its own programs within the scope and spirit of this agreement.

**Campaign Planning:** To conduct an annual campaign for operating funds and to set goals for this annual campaign with consideration for the financial needs of the member agencies and the needs of the community.

**Stewardship:** To maintain responsible stewardship on behalf of contributors, participating agencies, and the community-at-large in the collection, management and distribution of campaign funds; to make agency allocations available to the public; and to provide appropriate recognition of donors.

**Fiscal Accountability:** To keep comprehensive and accurate financial records in conformation with "Standards of Accounting and Financial Reporting for Volunteer Health and Welfare Organizations"; NOTE: our records are audited annually by Kean & Company, LLC.CPA

**Confidentiality:** To respect the confidential nature of information provided by the agency, and to use the contents of the agency's proposal and financial information will be used for purposes consistent with this agreement.

**Advocacy:** To promote the value and contributions of member agencies to the community; to keep channels of communication open to the agency for discussion of matters of common concern; to provide regular opportunities for information exchange and participation; and to assist agencies in every practicable manner.

### **THE AGENCY AGREES**

**Accountability:** To use United Way funding in accordance with the purposes for which it was allocated, unless otherwise agreed upon by the United Way board.

**Not for Profit Status:** To conform with the laws of the State of Missouri pertaining to not-for-profit corporations.

**Tax Exempt Status:** To obtain (and to submit upon request) a ruling from the United States Treasury Department that it is not a private foundation; that it is exempt from payment of income tax; and, that gifts to it are eligible for a charitable income tax deduction within the limits allowed by law.

**Governance:** To furnish copies of their constitution, bylaws, and board roster along with any changes which occur in them throughout the year.

**Agency Policies:** To include the following policies as part of agency's bylaws or policies/procedure manual: Non-discrimination, ethics, conflict of interest, whistleblower, reserves and policy of how often bylaws are reviewed.

**United Way Support Partnership:** To work in partnership with the United Way and other member agencies in meeting the needs of the community, ensuring active agency participation in United Way events, agency leadership meetings, committees and task forces and providing regular updates and reports as requested.

**Duplication of services:** To cooperate with other human service agencies, both public and private, in preventing duplication of efforts and in promoting efficiency and economy of administration in human service programs.

**Participation:** To participate actively in the conduct of the United Way annual campaign by making available volunteers and staff to promote and speak on behalf of the United Way of Phelps County and by encouraging the participation of its constituency in the campaign.

**Employee Campaign:** To conduct an annual United Way campaign amongst its employees and to promote voluntary contributions to the United Way among its board and constituency.

**Unrestricted Gifts:** To encourage unrestricted gifts and to refrain from encouraging designations on donations to the United Way's annual charitable campaign.

**Identification:** To include identification as a United Way agency where United Way dollars are part of the program or services and to display United Way logo in appropriate informational/promotional materials (i.e. signage, newsletters, website, and brochures).

**Budget/allocations:** To cooperate in all phases of United Way budget and allocation procedures and fiscal management.

**Fiscal Accountability:** To keep comprehensive and accurate financial records in conformation with "Standards of Accounting and Financial Reporting for Volunteer Health and Welfare Organizations" and to have these records reviewed or audited annually by an independent auditing firm and furnish copies of this audit to the United Way; and to maintain adequate reserves. If required by law, provide IRS 990/990-EZ.

**Program changes:** To report to the United Way any major program/budget changes that may affect how United Way allocated dollars are spent.

**Community Relations:** To immediately notify the United Way of any situation, occurrence or change in agency service delivery, which might have a detrimental effect on the agency or the United Way.

**Fundraising:** To conduct no supplementary operating fund campaigns within the geographical area covered by the United Way during the term of the annual United Way campaign. **Blackout period is October 17, 2016 through November 18, 2016.**

**Self-Support:** To rely on and plan for fundraising activities that are ethical and effective in meeting agency needs for ongoing operations. To conduct supplemental fund-raising activities in a business-like manner with a spirit of cooperation between the agency and the United Way.

**Capital Campaigns:** To inform the United Way of planned capital fund campaigns in a timely manner prior to the commencement of the campaign.

**Annual Review:** To annually review this agreement with the incoming board of directors of the agency.

**United Way 2-1-1:** To list your agency with United Way 2-1-1 and keep agency information updated on an annual basis.

## **TERMINATION**

**Agency Action:** Agencies may withdraw from their agreement with the United Way on sixty (60) days' notice which may be given only between the last day of the annual United Way Campaign and before May 1 of the following year. Any such termination shall have reference to inclusion in the next annual United Way Campaign and must be by written notice from the Board of Directors of the agency.

**United Way Action:** An agency membership in this corporation may be terminated by a vote of two-thirds (2/3) of the directors present at a meeting of the United Way Board of Directors provided the agency will have had ninety (90) days written notice of the contemplated action and shall have been given an opportunity for a hearing by the board.

*The United Way of Phelps County reserves the right, at any time during this agreement to reduce or withhold the program's funding, place the agency on probationary status or terminate the agreement if any of the following conditions occur:*

- *Changes in community needs or services and consideration of other factors relevant in the fund allocation process applicable to all agency members.*
- *Failure on the part of the agency to adhere to the standards or policies set forth and covered in this agreement.*
- *Failure on the part of the agency to deliver the agreed upon services/program.*
- *Significant changes in conditions that result in the inability of the agency to operate the program. In the event of matters related to the availability of funds, the United Way of Phelps County reserves the right to adjust allocations, as well.*

UNITED WAY:

AGENCY:

\_\_\_\_\_  
PRESIDENT/CHAIR OF THE BOARD

\_\_\_\_\_  
PRESIDENT/CHAIR OF THE BOARD

\_\_\_\_\_  
PRESIDENT/CPO

\_\_\_\_\_  
EXECUTIVE DIRECTOR/CEO

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DATE

Approved by the UWPC Agencies **Date**  
Approved by the UWPC Board **Date**