

**UNITED WAY OF WHITE COUNTY
Program Application — Allocation in 2019**

This application must be received by January 3, 2019 (no exceptions)

Total Proposed 2019-2020 Program Budget: \$ _____

Amount requested from United Way of White County: \$ _____

| |
|--|
| <p>Organization Name:</p> <p>Name of Executive Director: Telephone: Address: Email:</p> <p>Name of Board President: Telephone: Address: Email:</p> <p>Give agency's mission statement or purpose:</p> |
|--|

I affirm that I have reviewed this report and to the best of my knowledge the information furnished is true, correct and complete.

Printed name of Executive Director

Printed name of Board President

Signature of Executive Director
Date: _____

Signature of Board President
Date: _____

**United Way of White County
2019 Allocation Agreement
Admission/Acceptance requirements**

This format is designed to better tell the story of your organization; your stories help us raise dollars.

****If you have any questions about the application, do not hesitate to call 706-348-7067 or email to uwofwcga@gmail.com. The following criteria must be met in order for an agency to be considered for funding by the United Way of White County:**

1. Be incorporated, not-for-profit and IRS Tax Exempt for at least two years.
Applying agencies must provide documentation of this status.
2. Offer Human Service Programs
United Way will fund only human service programs that address themselves to an identifiable need, demand or problem in White County.
3. Two years in operation
No agency can be considered for funding from the United Way until the agency has provided an active program for two full years prior to the time of application.
4. Non-discriminatory
The agency must demonstrate that it practices non-discrimination in all areas of it's operation including hiring of staff, recruiting volunteers and in serving clients.
5. Has an active, rotating, volunteer Board of Directors of governing body that represents the diverse elements of community. Board must meet at least quarterly to establish and enforce policy.
6. Organization must have sound financial and program management that is either audited or reviewed by qualified person that does not serve on the board.

I have read the requirements for admission into the United Way of White County and attest that to the best of my knowledge, the agency which I represent is in accordance with the requirements listed above and all information - financial and statistical - is correct.

Printed name of Executive Director

Printed name of Board President

Signature of Executive Director

Signature of Board President

Date: _____

Date: _____

UNITED WAY OF WHITE COUNTY

Application Checklist for Allocation in 2019

Organization Name: _____

Required attachments for United Way of White County Application:

- _____ Copy of 501c3 determination letter from the IRS
- _____ Latest Audit and IRS form 990 (if 990 applicable)
- _____ Latest Annual Report/Financials
- _____ Recent Newsletters and/or Agency brochures
- _____ Current list of Board of Directors, names, positions, addresses and terms
- _____ Copy of State of Georgia Non Profit registration
- _____ Completed application
- _____ Signed copy of the Anti Terrorism Compliance Measures form required by United Way of America

Board of Directors Information in addition to board roster:

1. Number of board members _____ (How many from White County)?
2. How often does board meet _____?
3. How often does board review financials _____?
4. Also list dates, location and times of board meetings during 2018 _____.

Printed name of Executor Director

Signature of Executor Director DATE

APPLICATION DUE BY January 3, 2019 by 5:00 p.m.

Mail to:
United Way of White County
P.O. Box 1288
Cleveland, GA 30528

Or Drop off to **Beth:**
Carl S. Free, Attorney at Law
Located on the square
Cleveland, GA 30528

Organization Name: _____

Community impact —White County —How has your program impacted the lives of those living in White County?

1. Area of impact(s) (choose from the list below):

- Education.** United Way of White County believes that all residents of White County should have opportunities to learn and achieve their potential through basic literacy and comprehension development skills.
- Income.** United Way of White County supports the ideal that all residents of White County should be provided opportunities to meet their basic needs and achieve self-sufficiency through support in areas of resources providing food, shelter and clothing, addressing barriers to self-sufficiency and the promotion of financial security.
- Health.** United Way of White County supports health and safety and supports efforts to break the cycle of domestic violence, abuse and neglect, improving access to primary medical, behavioral and dental care, prevention of and intervention in unsafe or unhealthy behaviors.

Program Impact — White County

2. Program Purpose: (Description of program):

3. Describe the target population(s) served.

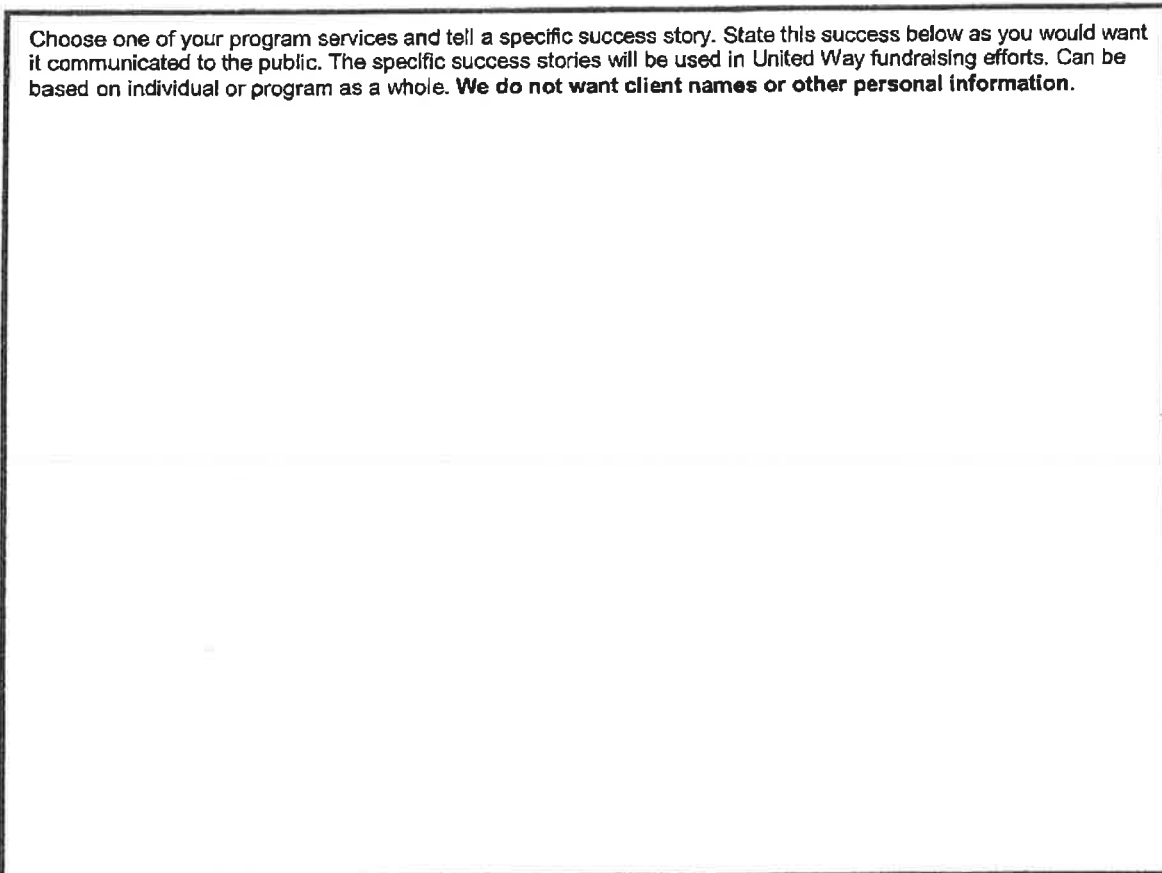
Organization Name: _____

Program Name: _____

Program Success Story—White County—Help us tell White County about your organization and the services you provide.

(Must be stories that can be used in media releases—no names will be used)

Choose one of your program services and tell a specific success story. State this success below as you would want it communicated to the public. The specific success stories will be used in United Way fundraising efforts. Can be based on individual or program as a whole. **We do not want client names or other personal information.**



Organization Contact for Success Story: (please print)

Name _____

Phone Number: _____

Organization Name: _____

Client Characteristics – 2017-2018 Stats

Let us know who receives help from United Way of White County dollars, Estimate the data on who is benefiting from the United Way dollars we give your organization.

Please complete the following client information:

| | NUMBER | |
|--------------------------------------|--------------|--------------------|
| | White County | Total Organization |
| Types of Clients: Individuals | | |
| Information & Referral | | |
| Organizations | | |

| Estimate if actual data is not available | | |
|--|--|--|
| Age Group: Under 5 | | |
| 6 thru 12 | | |
| 13 thru 17 | | |
| 18 thru 34 | | |
| 35 thru 54 | | |
| 55 thru 64 | | |
| 65 and over | | |
| Unknown | | |
| *TOTAL INDIVIDUALS: | | |
| Gender: Male | | |
| Female | | |
| Unknown | | |
| *TOTAL INDIVIDUALS: | | |

| | NUMBER | | Please estimate if data unavailable | |
|----------------------------|--------|--|-------------------------------------|--|
| Household Income: | | | Ethnic/Racial Background: | |
| \$0 thru \$11,999 | | | White | |
| \$12,000 thru \$14,999 | | | Black or African American | |
| \$15,000 thru \$24,999 | | | Hispanic or Latino | |
| \$25,000 thru \$49,999 | | | Unknown | |
| \$50,000 thru \$74,999 | | | | |
| More than \$75,000 | | | | |
| Unknown | | | | |
| *TOTAL INDIVIDUALS: | | | *TOTAL INDIVIDUALS: | |

*NOTE: All TOTALS should be the same...

Organization Name: _____

Financial Report

Please describe the specific use of United Way dollars received in 2017 (list all programs)

This would be the program you submitted for allocation in 2015. Give the results of the dollars allocated to your organization. Was the program a success—how many people benefited—etc.

Programs:

2019 Program Funding Request: Briefly describe your request for 2019 including how dollars will be spent.

Program Name:

Specific details of program—including itemized budget for the program.

Organization Name: _____

Organization Annual Budget - Financial Report

Please complete the following financial information for your organization:

| REVENUE | 2016 ACTUAL | 2017 BUDGET | 2018 BUDGET |
|---|------------------------|------------------------|------------------------|
| 1. United Way of White County allocation | | | |
| 2. Other United Way Funding | | | |
| 3. Contracts (List sources on next page) | | | |
| 4. Grants (List sources on next page) | | | |
| 5. In-Kind Support (rent donated from The Bridge Church and Helen First Baptist for use of bus) | | | |
| 6. Client and Program Service Fees | | | |
| 7. Contributions | | | |
| 8. Special Events/Fundraising Activities | | | |
| 9. Investment Income | | | |
| 10. Sales to the Public | | | |
| 11. Misc. Revenue (List sources on next page) | | | |
| TOTAL PROGRAM REVENUE | | | |

| EXPENSES | 2017 ACTUAL | 2018 BUDGET | |
|--|------------------------|------------------------|--|
| 1. Salaries | | | |
| 2. Employee Benefits/Payroll Taxes | | | |
| 3. Professional Fees | | | |
| 4. Supplies, Printing, Postage | | | |
| 5. Travel | | | |
| 6. Telephone | | | |
| 7. Utilities | | | |
| 8. Insurance | | | |
| 9. Fundraising | | | |
| 10. Dues | | | |
| 11. Maintenance of Building & Grounds | | | |
| 12. Conferences & Training -- BOOKS | | | |
| 13. Banking/Accounting & Savings/Debt Reduction | | | |
| 14. Major Property & Equipment Acquisition | | | |
| 15. Misc. Expense (rent for classroom, office and bus – in kind) | | | |
| TOTAL EXPENDITURES | | | |

Excess (deficit) of total revenue over expenditures

Organization Name: _____

STAFF POSITIONS/SALARIES

Please complete the following staff positions/salaries information:

- Salary information should be rounded to nearest dollar.
- Do not include payroll taxes or benefits on this schedule.
- Use ✓ to indicate position filled, X to indicate position vacant at time of submission of form.
- Use position title only; no names.
- Full time staff will be noted as 1:00; halftime as 0.5, etc.
- Total salary and wages should agree with line 1, on page 9 (Program Financial Report).

| Position Title | Last Yr. Actual | Full Time Equivalent | This Yr. Budgeted | Filled or Vacant | Full Time Equivalent | Next Yr. Proposed | Full Time Equivalent |
|----------------------|-----------------|----------------------|-------------------|------------------|----------------------|-------------------|----------------------|
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| TOTAL SALARY & WAGES | | | | | | | |

Total number of Agency Volunteers .

Total estimated Volunteer hours .

Total number of Volunteers in White County

Total estimated Volunteer hours in White County

Anti Terrorism Compliance Measures

In compliance with the USA PATRIOT ACT and other counterterrorism laws, the United Way of White County requires that each agency certify the following:

“I hereby certify on behalf of _____,
(name of grantee) 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”

Printed name of Executive Director _____

Signature of Executive Director _____

Date: _____