



**United Way of White County  
2016 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](mailto: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 2017**

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 2016 \_\_\_\_\_.

\_\_\_\_\_  
Printed name of Executor Director

\_\_\_\_\_  
Signature of Executor Director      DATE

**APPLICATION DUE BY DECEMBER 30, 2016 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  
On the square  
Cleveland, GA 30528



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 – 2016-17 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
<b>Types of Clients:</b> Individuals		
Information & Referral		
Organizations		

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

	NUMBER		Please estimate if data unavailable	
<b>Household Income:</b>			<b>Ethnic/Racial Background:</b>	
\$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				
<b>*TOTAL INDIVIDUALS:</b>			<b>*TOTAL INDIVIDUALS:</b>	

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

Organization Name: \_\_\_\_\_

### Financial Report

Please describe the specific use of United Way dollars received in 2016 (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:

2016 Program Funding Request: Briefly describe your request for 2016 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:

<b>REVENUE</b>	<b>2015 ACTUAL</b>	<b>2016 BUDGET</b>	<b>2017 BUDGET</b>
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)			
<b>TOTAL PROGRAM REVENUE</b>			

<b>EXPENSES</b>	<b>2015 ACTUAL</b>	<b>2016 BUDGET</b>	
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)			
<b>TOTAL EXPENDITURES</b>			

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
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: \_\_\_\_\_