



**UNITED WAY OF WHITE COUNTY**

**2022 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.

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 its operation, including hiring of staff, recruiting volunteers and serving clients.

5. Has an active, rotating, volunteer Board of Directors or governing body that represents the diverse elements of community. The 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 a qualified person who 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 that 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 for 2022**

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

**Required attachments for United Way of White County application:**

- Copy of 501(c)3 determination letter from the IRS
- Latest Audit and IRS Form 990 (if 990 is applicable)
- Latest Annual Report/Financials
- Recent Newsletter(s) and/or Agency brochure(s)
- Current list of Board of Directors, with names, positions, addresses and terms
- Copy of State of Georgia Non-Profit registration
- Completed application
- Signed copy of Anti-Terrorism Compliance Measures form required by *United Way Worldwide*

**Board of Directors information in addition to board roster:**

1. Number of board members: \_\_\_\_\_ (How many from White County?)
  
2. How often does the board meet? \_\_\_\_\_
3. How often does the board review financials? \_\_\_\_\_
4. Also list dates, locations and times of board meetings during 2021: \_\_\_\_\_

\_\_\_\_\_  
Printed name of Executive Director

\_\_\_\_\_  
Signature of Executive Director

\_\_\_\_\_  
DATE

**APPLICATION DUE by Friday, Dec. 31, 2021, at 5 p.m.**

***Mail to:***

**United Way of White County  
PO BOX 1288  
Cleveland, GA 30528**

**Or**

***Drop off to Beth Kastner at:***

**Carl S. Free, Attorney at Law  
9 E. Jarrard St. 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(s) of impact(s):** Choose one or more 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 support 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 the program):

  
  
  
  
  
  
  
  
  
  

3. Describe the **target population(s)** served:

**Organization 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 may be used in United Way fundraising efforts. Can be based on an individual story or the program as a whole. **We do not want client names or other personal information.**

**Organization Contact for Success Story: (please print):**

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

Phone# \_\_\_\_\_

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

**Client Characteristics - 2021 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.

	NUMBER	
	White Co.	Total Organization
<b>Types of Clients: Individuals</b>		
Information & Referral		
Organizations		
<b>TOTAL INDIVIDUALS</b>		

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		
65 and over		
Unknown		
<b>TOTAL INDIVIDUALS</b>		
<b>Gender:</b> Male		
Female		
Unknown		
<b>TOTAL INDIVIDUALS</b>		

Household Income:	NUMBER		Ethnic/Racial Background:		
			Please estimate if data unavailable		
\$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:** \_\_\_\_\_

**Organization Annual Budget—Financial Report**

Please describe the specific use of United Way dollars received in 2021 (list all programs):

This would be the program you submitted for allocation in 2020. Give the results of the dollars allocated to your organization.

**Programs:**

**2022 Program Funding Request:** Briefly describe your request for 2022, including how dollars are to be spent.

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

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

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

**Organization Annual Budget—Detailed Financial Report**  
Please complete the following financial information for your organization:

<b>REVENUE</b>	<b>2020 ACTUAL</b>	<b>2021 BUDGET</b>	<b>2022 BUDGET</b>
1. United Way of White County allocation			
2. Other United Way funding			
3. Contracts <i>(list sources on next page)</i>			
4. Grants <i>(list sources on next page)</i>			
5. In-Kind Support (ex.: rent donated for office space, use of bus, etc.)			
6. Client and Program Service Fees			
7. Contributions			
8. Special Events/Fundraising Activities			
9. Investment Income			
10. Sales to the Public			
11. Misc. Revenue <i>(list sources on next page)</i>			
<b>TOTAL PROGRAM REVENUE</b>			

<b>EXPENSES</b>	<b>2020 ACTUAL</b>	<b>2021 BUDGET</b>	<b>2022 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, including 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 the 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 this form.
- Full-time staff will be noted as 1.0; half-time as 0.5, etc.
- Total salary and wages should agree with line 1, on page 9 (Program Financial Report).

Position Title	Last Year Actual	Full-Time Equivalent	This Year Budgeted	Filled or Vacant	Full-Time Equivalent	Next Year Proposed	Full-Time Equivalent
<b>TOTAL SALARY &amp; WAGES</b>							

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: \_\_\_\_\_



**United Way of  
White County**