

**United Way of Wexford-Missaukee Counties
2018-19 Program Funding Request Checklist**

Please return completed signed application packets by noon on Friday, February 2, 2018. No grant applications will be considered if submitted after deadline.

Mail to: United Way of Wexford-Missaukee Counties
421 S Mitchell Street, Suite 1
Cadillac, MI 49601

Agency Name: _____ Ph: _____

Submitted by: _____ Email: _____

Please submit one copy of the following:

1. Agency Information form with signatures (attached pages 1 and 2)
2. 501(c) 3 Letter with Federal ID number (or Tax Exempt letter)
3. Current copy of MI License to Solicit
4. Current Board Roster
5. Formal policy of non-discrimination
6. Copy of By-laws and/or Constitution
7. Unbound copy of Audit or financial review.*
8. Copy of most current IRS 990**
9. Agency Budget
10. 2018-19 Agency Agreement (last page of this packet)

**For each Program for which you are requesting funding,
submit 6 copies of the following:**

(3-hole punched on white paper in the order listed below :)

1. Annual Program Allocation Application
2. Information for each program applying for funding
3. Program Budget (simple excel format)

In addition to turning in your application before the beginning of February, up to two representatives from your organization will be called upon to present the details of your program(s) to our Citizen Review Panel. This panel will meet during the morning of March 20, 2018. Exact time and location will be determined at a later date.

- * Organizations with gross annual revenue of \$500,000 or more, must submit a financial audit report; organizations with less than \$500,000 in gross annual revenue are required to submit a financial review report by an independent financial professional.
- ** If you are not required to file a 990, you are still required to fill out the front page of the form and submit it with your application packet in order to be considered for funding by United Way of Wexford and Missaukee Counties.

2018-19 Agency Information (Revised 04/16)

*The Mission of the United Way is to help build a better community
that improves the quality of life by meeting the critical human needs of Wexford and Missaukee Counties*

Section I – Agency Information

Agency Name: _____ Federal Tax ID#: _____

Mailing Address: _____

Street Address: _____

City/State/Zip: _____

Director's Name: _____

Director's Title: _____

Phone: _____

Fax: _____

Email: _____

Agency Summary Application Form

A. Agency mission statement (found in your bylaws, articles of incorporation or subsequent board adopted mission statements):

B. Funding application summary Information (list only those programs for which you are seeking funding):

Program Title	Funding Request
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total (if more space is needed for specific programs attach a separate listing but grand total must appear here):	\$ _____

**United Way of Wexford-Missaukee Counties
2018-19 Agency Information (continued)**

C. General description agency services (be brief and include geographic area served):

D. **Administration and overhead expenses** (expressed as percent of total budget – also known as management and general, that portion of your expenses not dedicated solely to program or services. If asked, be able to explain it. If applying for United Way funding, you must figure the administrative expense directly from your 990. **If you are not required by law to submit a 990, you must still prepare the first page of the form 990 and submit it to United Way. This is a requirement for receiving funds from the State and Federal employees’ campaign as well.**)

_____ % * (required)

E. Describe interagency collaboration (briefly describe other agencies which you share or cosponsor services or programs. May include sharing of staff, facilities, equipment or program materials.):

F. Authorization (executive director and board president signatures are both required, authorized by the agency’s board of directors):

The undersigned certify that authority to submit this application was properly provided by the agency’s board of directors.

_____	_____
Executive Director	Board President
_____	_____
Date	Date

I. **ANTI-TERRORISM COMPLIANCE MEASURES**

In compliance with the USA PATRIOT Act and other counter terrorism laws, the United Way of Wexford and Missaukee Counties 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.”

Print Name: _____

Signature: _____

Title: _____

Date: _____

**United Way of Wexford-Missaukee Counties
Annual Program Allocation Application**

Complete this portion for each program for which you seek funding. You may duplicate as needed.

Agency Name: _____ Program Name: _____

The United way of Wexford-Missaukee Counties will be assessing programs with regard to their unique value in addressing one of the identified priorities in the Community Impact Agenda. (See attached)

Please list below which outcome/objective your program addresses, followed by a statement supporting such.

What is the objective?

What is the plan to reach this objective?

Total Program Cost: _____ Requested Funds: \$_____

- a. How will this program be affected if United Way funds cannot be provided as requested?

**United Way of Wexford-Missaukee Counties
Annual Program Allocation Application (continued)**

b. Service Statistics for United Way funded program (s):

Program Cost	_____	
Number of Units Served	_____	
Cost per unit	_____	
Number of Clients Served	Wexford County Last Year Actual	Missaukee County Last Year Actual
	_____	_____

Staffing:

Full Time Equivalent (FTE)	_____
Volunteer Hours	_____

What difference did this program make? To society? To families? To individual clients? Choose one of the program's outcomes that you want to illustrate in a success story. State this outcome below as you would want it communicated to the public. Please include actual data. Provide a success story to be used in public media messages.

Example: an addiction recovery center where 50 clients were assisted in leading a drug or alcohol-free life. They received an understanding of their addiction, increased self-esteem, a philosophy to live by and a support group. Families experienced less economic deprivation, increased safety when with clients, and reduced domestic violence. Employers received less drug-related illness, more accuracy and better attitude. Society as a whole benefited from all of the above. Be as clear and concise as possible. Services and programs are not fundable unless there are identifiable benefits.

2018-19 Agency Agreement

UNITED WAY OF WEXFORD MISSAUKEE COUNTIES
421 S Mitchell Street, Suite 1, Cadillac, MI 49601

THE AGENCY AGREES

To promote and assist in the United Way annual fund-raising campaign.

Make use of the United Way logo on all written forms of communication, social media, websites, print advertising letterheads, and at all of its public functions whenever feasible. We will forward our logo in a .jpg format as soon as we receive your signed agreement.

To cooperate with other agencies and coordinate services to best meet the needs of the community.

Agency Executive: _____
Name Title

Signature _____ Date: _____

THE UNITED WAY AGREES

To develop objectives for the annual fund raising campaign with regard to the requirements of participating agencies, fund-raising realities and other pertinent considerations.

To use its best efforts to achieve the campaign objectives.

To act as a responsible steward of funds contributed to the United Way by fully informing contributors of the allocations and use of such funds.

To submit financial records to an audit by an independent accountant.

United Way Executive: Pat Goggin, Executive Director

Signature _____ Date: April 1, 2018

This Agreement is in effect until March 31, 2019.