



2019-2020 Community Investment Timeline

<u>Task</u>		<u>Timetable</u>
Annual Programs Allocation (APA) application available on line	Monday	12/3/18
APA application due at the UW office	Friday	2/1/19
Application document processing & review (UW office)		2/1-16/19
Financial review (Bankers)	Monday	2/16 – 3/3/19
Agencies present to Citizen Review Panels	Wednesday a.m.	3/20/19
Allocation Committee meeting	Wednesday p.m.	3/20/19
United Way Board action	Monday	3/25/19
Funding cycle begins	Monday	4/1/19



2019-2020 Impact Agenda

EDUCATION: Helping children and youth achieve their potential

1. Children enter school developmentally on track and ready to succeed.
2. Elementary students are prepared to succeed in later grades.
3. Increase high school graduation rates.
4. Young adults make a successful transition from high school to advanced education, i.e.: skilled trades, college, armed forces.

FINANCIAL STABILITY: Lower Income Families

1. Families move toward financial independence.
2. Working families have savings or checking accounts and money saved for emergencies.
3. Working families build appreciating assets.
4. Resource access through 2-1-1 service.

HEALTH: Improving people's health

1. Maternal health and infant well-being.
2. Reduce and prevent child abuse and neglect.
3. Access to basic health care and prevention programs.
4. Reduction of risky behaviors for both youth and adults

Approved: October 27 2013

**United Way of Wexford-Missaukee Counties
2019-2020 Program Funding Request Checklist**

Please return completed signed application packets by noon on Friday, February 1, 2019. 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. 2019-2020 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 February 1st 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, 2019. 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 Missaukee Counties.

2019-2020 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
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.

2019-2020 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 Name _____

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, 2019

This Agreement is in effect until March 31, 2020.