

United Way of Wexford-Missaukee Counties
2021-2022 Program Funding Request Checklist

Please return completed application packet by noon on the first business day of February. No grant applications will be considered if submitted after deadline.

If you are visiting the office please call first. Due to COVID the bldg. may be locked (231) 775-3753

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

Agency Name: _____ Ph: _____

Submitted by: _____ Email: _____

The allocation packet consists of two elements. The first 3 pages are agency information forms for which we only require one set. Pages four and five are PROGRAM application forms, for which 6 copies are required for each program. You may copy the blank PROGRAM application form for multiple programs. Page six is the Agency Agreement. Page 7 is the United Way's Impact Agenda that clarifies funding priorities. 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. Agency Agreement (page 6 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 by the first business day of February, up to two representatives from your organization are invited to present the details of your program(s) to our Citizen Review Panel. This panel will meet during the morning of Wednesday, March 10, 2021. Exact time and location will be determined later.

* Organizations with gross annual contribution revenue of \$525,000 or more must submit a financial audit report by an independent accountant. Organizations with gross annual contribution revenue between \$275,000 and \$525,000 must submit a financial review or audit report by an independent accountant. Organizations with less than \$275,000 in gross annual contribution revenue are required to submit internal financial statements (i.e. Statement of Financial Position/Balance Sheet and Statement of Activities/Income Statement).

** If you are not required to file a 990, you are still required to fill out page 1 and 10 and submit it with your application packet to be considered for funding by United Way of Wexford and Missaukee Counties.

2021-2022 Agency Summary Information
(Revised 11/19)

The Mission of United Way of Wexford Missaukee is to help build a better community that improve 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: _____ Date: _____

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
Agency Information (continued)

C. General description of 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 pages 1 and 10 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.)

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

G. **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
Today's Date: _____	_____	_____

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.

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: _____
Print 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.

This Agreement is in effect for one year from date signed.

Signature _____ Date: _____

Pat Goggin
Executive Director,
United Way of Wexford Missaukee Counties

United Way of Wexford-Missaukee Counties

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 by United Way of Wexford Missaukee, Board of Directors