

GIVE. ADVOCATE. VOLUNTEER. LIVE UNITED



UNITED WAY OF SOUTHBRIDGE, STURBRIDGE AND CHARLTON

March 22, 2017

Dear APPLICANT:

Attached you will find the 2017 application for funding from the United Way of Southbridge, Sturbridge and Charlton.

The UWSSC takes very seriously the responsibility to ensure for donors that their contributions are making the greatest impact possible through healthy and efficient agencies.

FUNDING EVALUATION CRITERIA

- The Program must serve residents of Southbridge, Sturbridge and Charlton.
- How the Program fits the current focus areas of Health, Education and/or Financial Stability.
- The number of people directly impacted relative to the mission of the program.
- The fiscal health of the agency providing the Program.
- Compliance with UWSSC branding, media and reporting requirements.
- Timely application submission (with proof thereof).
- Complete, concise, and legible application.

MEDIA & BRANDING:

The United Way of Southbridge, Sturbridge and Charlton requires that funded agencies indicate in their literature that they are a United Way agency. This is easily accomplished by including the UWSSC logo on your literature. This aids the UWSSC in increased awareness and donor support of all agencies. A digital copy of the UWSSC logo can be obtained by emailing unitedwayscc@verizon.net.

Each funded agency will be expected to publicize via press release any award from UWSSC.

TIMING & REPORTING:

Please submit the application to the United Way of Southbridge, Sturbridge and Charlton

EMAIL submission ONLY to unitedwayssc@verizon.net

The application must be received on or before **Monday, May 1, 2017 at 2 p.m.** An explanation of the impact of the UWSSC allocation will be required in the Mid-Year Report due **Friday, November 3, 2017.** A template form will be provided.

The UWSSC Budget Hearing Committee will hear presentations from agency representatives on May 18 & 19, 2017 – you will be contacted to set up your individual time.

The recommendations will be heard and considered by the UWSC Board at its June 2017 Board meeting and will be communicated to applying agencies by July 1, 2017. Disbursements of funds for Fiscal Year 2018 will be made starting October, 2017.

The UWSC has a strong responsibility to its donors to ensure that their contributions are making the greatest impact possible through healthy and efficient agencies. The UWSSC Budget Hearing Committee and/or Board may request further detailed information or require a visit to your facility.

COMMUNITY CAMPAIGNS:

If funded, your organization may be asked to participate in person at campaign presentations and/or special events. We will contact you if we need your assistance with these events.

As a community partner, the UWSSC Board expects all agencies to offer employees and volunteers (if applicable) an opportunity to participate in the campaign. Contributions through employee payroll deduction are easy and convenient. Only by working together can we fulfill the mission of your organization AND that of the United Way.

Most of all, thank you for all that you do to serve our citizens. It is our pleasure to be able to work with you for the betterment of the Tri-Community.

Sincerely,



Mary O'Coin
Executive Director





155 Main Street, 2nd Floor
 Southbridge, MA 01550
 Tel.: (508) 765-549
 Fax: (508) 765-4851
UnitedWaySSC@verizon.net
www.UnitedWaySSC.org

2017-2018 Allocation Application

In applying for United Way SSC funding, all agencies must complete the enclosed forms for *each* program. United Way SSC will not accept other formats.

All Applications must be received by 2pm on May 1, 2017.

If an application is late, it will NOT be considered for funding. Faxed copies not accepted.

Please *email* your application(s) to United Way SSC (unitedwayssc@verizon.net) Subject: 2017 Application – *insert agency name and program*.

- | | | |
|--------------------------|--|-----------------------|
| <input type="checkbox"/> | Program Grant Application | 9 Copies (*See below) |
| <input type="checkbox"/> | Agency Agreement (MOA)
<small>(Original signature page needs to be returned to United Way)</small> | 1 Copy |
| <input type="checkbox"/> | Non Discrimination & Anti-Terrorism
<small>(Original signature page needs to be returned to United Way)</small> | 1 Copy |
| <input type="checkbox"/> | Most recent budget (agency & program) | 1 Copy |
| <input type="checkbox"/> | Annual Audit | 1 Copy |
| <input type="checkbox"/> | Most recent 990 (within last 18 months) | 1 Copy |
| <input type="checkbox"/> | Current Board of Directors List | 1 Copy |

* 9 copies with 3 hole punch to be delivered to UWSSC office by May 3, 2017

FOR NEW PARTNER APPLICANTS (that have not received UWSSC funds in the last 5 years):

- 1) The applicant agency shall furnish a copy of its bylaws and a copy of its articles of incorporation.
- 2) Has the agency filed with the Internal Revenue Service for tax exempt status?

Yes _____ No _____ (If so, please attach)

United Way of Southbridge, Sturbridge and Charlton 2017-2018 Program Allocation Application

Organization Information:	Organization Name:
	Contact Person:
	Address:
	E-mail:
	Phone: Fax:
	Website:
	Organization Tax ID #
	Organization Mission: _____ _____
Organization Annual Budget:	

Program Information:	Impact Area: (Please select the outcome that your program will deliver)
	Income: <input type="checkbox"/> Family have support for basic needs including food & shelter
	Health: <input type="checkbox"/> Ensure access to health care services including preventative and behavioral health. <input type="checkbox"/> Young children have access to healthy foods and physical activity.
	Education: <input type="checkbox"/> Children exit preschool with age appropriate skills in all developmental domains (cognitive, social, emotional, gross motor, fine motor, language) including early literacy skills. <input type="checkbox"/> Third graders read at grade-level proficiency. <input type="checkbox"/> Adult education and job training.
	Program Name & Description: _____ _____ _____ _____
Program Budget:	
Amount Requested:	

COMMUNITY NEED FOR PROGRAM

Program name: _____

Program director's name: _____

Community Need:

1. State the problem(s) your proposal addresses. Discuss the extent of the local existence of the problem(s). You may use existing agency data, waiting lists, US Census, United Way ALICE report, Community Health Assessment data, OR any other dependable research (include citations).

2. New projects – Define success: Your program is designed to make your client's lives better in a variety of ways. Provide two (2) examples of how success will be defined for this program. How will the individual, family and/or community be improved.

3. Ongoing projects - success story: Your program is designed to make your client's lives better in a variety of ways. Provide one (1) example of how this program has helped someone. Success stories should be from the last 12 months. This story may be used in marketing to demonstrate how donations to Char-Em United Way are utilized. Feel free to change names or identifying details if necessary.

5. Are services to clients free of charge or fee based?

 Free Fee Based

- a. What is the percentage of your clients who receive free services? _____
- b. If fee based: Flat fee or Sliding scale? _____
- c. If sliding scale: What is the threshold for free service? _____
 - i. Please provide a copy of the sliding fee scale.

6. Beneficiary Residence

Please complete a separate copy of **Beneficiary Residence** for each program you propose to UWSSC. On this form, enter data about where program participants lived during the time services were provided.

If this is a new program, please submit the form and note this on the form.

Please note: UWSSC requires you to report this information for the time period of **October 1 - September 30** for each succeeding year of the grant. The total on this form should match the total on the Beneficiary Demographic Form for this time period.

	3 Years Ago	2 Years Ago	Last Year
Charlton			
Southbridge			
Sturbridge			
Other Areas			

PROGRAM PURPOSE AND GOALS

Complete the following chart to show how your program works. Be sure that the outcome you selected in the Program Information section appears as a short, mid-term, or long term outcome(s) on this chart.

Inputs	Activities	Outputs	Short-Term Outcomes	Mid-Term Outcomes	Long-Term Outcomes
Resources that are necessary to deliver the program activities (interventions), including items such as staff, funding, volunteers, facilities, and equipment	The core, sequential activities that define the program that you will implement or deliver, including duration, dosage and target population.	Direct, tangible products from program activities. Examples include number of clients served, brochures produced, volunteers recruited, and/or amount of product distributed	Changes in knowledge, skills, attitudes and opinions. These outcomes, if applicable to the program design, will almost always be measurable during the grant year.	Changes in behavior or action. Depending on program design, these outcomes may or may not be measurable during the grant year but measured at a later point in time.	Changes in condition or status in life. Depending on program design, these outcomes may or may not be measurable during the grant year but measured at a later point in time.

Inputs	Activities	Outputs	Short-Term Outcomes	Mid-Term Outcomes	Long-Term Outcomes

Evaluation Plan: Describe the plan for measuring progress towards the intended outcomes listed in the chart above. List each outcome in column 1, how progress will be measured in column 2, and the timeframe for measuring progress in column three. Ways progress might be measured could include assessments, surveys, tallies of services delivered, client interviews, staff reports, and other evaluation methods.

Outcomes	How Progress will be measured	When progress will be measured

AGENCY COLLABORATION AND COMMUNITY INVOLVEMENT

Ability to Deliver:

1. Are you the appropriate agency to be delivering this program? Does your agency have experience in conducting this type of program?

2. Do you have adequate staff and volunteers to handle the program? If no, what are your plans to boost recruitment?

3. Is there anything else you want to include about your program?

Commitment to Community Partnership:

1. Explain how this program positively overlaps and/or intersects with programs offered by other agencies in Southbridge, Sturbridge and Charlton. How does it enhance these programs for the greater benefit of mutual clients?

2. List Agency Collaborators:

3. Does this program or any of its activities duplicate, in its entirety or in part, the efforts of any other program offered in Southbridge, Sturbridge and Charlton? If so, explain how.

4. If so, please explain why this program or activity is distinctive and necessary:

5. How has your Agency cooperated and worked with the UWSSC during its Annual Campaign?

6. If previously funded by United Way, does your agency use the current United Way logo on letterhead, brochures, website, physical location and all marketing material? Please provide samples

7. Did your agency participate in the 2016 Day of Caring? Yes ___ No ___

8. Did a representative from your agency attend United Way breakfasts and lunch?

Date	Agency Representative(s)
Campaign Kick-Off Breakfast – 10/13/2016	
Campaign Update Lunch – 12/1/2016	
Campaign Awards Breakfast – 3/2/2017	

9. Did your agency support the 2016 – 9th Annual Pub Quiz? Yes ___ No ___
Do you plan on supporting our 2017 – 10th Edition Pub Quiz? Yes ___ No ___
Did your agency support the Baby Boomer Comedy Show? Yes ___ No ___
(Support by sending team to participate, volunteering to work the evening or donations of door prizes)

10. Did your agency promote United Way of Southbridge, Sturbridge & Charlton's support in a letter to the editor to local newspapers during the 2016 campaign season? Yes ___ No ___
Will you provide a letter of support in 2017? Yes ___ No ___

11. Was your agency asked to assist with a presentation at a local business? Yes/No
If so, please indicate the name of the business where a representative from your agency presented to employees.

12. If your agency's physical address is in Southbridge, Sturbridge or Charlton, do you hold a workplace campaign in support of United Way of Southbridge, Sturbridge & Charlton? Will you hold a workplace campaign in 2017?

13. Is your agency registered with the MA 2-1-1 resource and referral line? Yes/No
How do you encourage individuals to utilize this resource?

14. How will your agency encourage Board Members to support United Way of Southbridge, Sturbridge & Charlton in the upcoming campaign?

15. Do you have a Board Agreement signed by each Board Member outlining expectations of the Board Members?

- a. Does one of the expectations specify their financial support of your agency?
- b. How many Board Members do you have and what percentage of your Board actually donate?

FINANCIAL ACCOUNTABILITY

Financial Accountability:

Community Investment Panel Members will be scoring in the area of Financial Accountability from the information obtained through this section of the Application.

They will be considering:

- a) whether or not the budget information is well prepared;
- b) whether or not the agency operates by utilizing a board approved annual budget;
- c) whether or not the agency utilizes responsible planning and efficient management of resources, reflected in a comparison between budgeted & actual figures.

What is your agency's fiscal year? _____ to _____

What is your agency's overhead rate for the most recent fiscal year? ____ %

If you file the IRS 990

Management and General (Part IX, Line 25, Col C)	_____
+ Fundraising (Part IX, Line 25, Col D)	_____
=	_____
Divide by Total Revenue (Part VIII, Line 12, Col A)	_____
= OVERHEAD RATE	_____ %

If you file the IRS 990EZ

Total Expenses (Part I, Line 17)	_____
- Program Expenses (Part III, Line 32)	_____
=	_____
Divide by Total Revenue (Part I, Line 9)	_____
= OVERHEAD RATE	_____ %

If you don't file the IRS 990, use your local (not your national organization's numbers) and plug them into the 990 EZ form to come up with an overhead rate. You still **MUST** submit your overhead percentage calculation.

Please note, United Way wishes to encourage financial stability in our partner agencies. We encourage you to develop operating reserves and endowment funds, as they indicate diversified and stable funding. You are not penalized for healthy balances in these funds. Reserves of 3 – 6 months of operating expenses are recommended.

5. Does your agency have an operating reserve? ____ yes ____ no

If yes, balance at end of most recently completed fiscal year \$ _____

How many months does the reserve cover? _____ months

6. Does your agency have an endowment fund? ____ yes ____ no

If yes, balance at the end of most recently completed fiscal year \$ _____

Do you reinvest the interest earned or use the interest?

2017-18 PROGRAM BUDGET FORM

Program Name: _____ **Organization Fiscal Year:** _____

Organization Name: _____ **Dates of Program Operation:** _____

Program Revenue: specific to the program for which you seek funding	Actual 2016 (if FY is calendar year)	Projected year-end 2016/17 FY if not Calendar	Budgeted 2017-18 Or next fiscal Year
United Way Grant			
Federal Grants			
Government Support			
Foundations/Private Grants			
In-Kind Support			
Client/Program Service Fees			
Contributions			
Other Revenue*			
Total Program Revenue			

**Provide sources on a separate page*

Program Expenses: specific to the program for which you seek funding	Actual 2016 (if FY is calendar year)	Projected year-end 2016/17 FY if not Calendar	Budgeted 2017-18 Or next fiscal Year
Salaries (program staff)			
Program Administration			
Marketing (if applicable)			
Supplies/materials			
Other:			
Other:			
Other:			
Other:			
Other:			
Other:			
Other:			
Other:			
Other:			
Other:			
Total Program Expenses			

If program runs at a deficit, please explain below.

SERVICE DELIVERY

Service delivery details how much good is happening in the community because of the program. Providing this information helps to clarify the program's outcomes.

1. A Unit of Service is uniquely defined by each program. Please provide your program's definition of Unit of Service by completing the following sentence: a unit of service for the _____ program is: (*i.e. one class or set of classes taken by one client, or the number of attendees at a program event*).

2. Please provide the following information on the program's service delivery.
Actual and projected numbers are for currently funded or operating programs.

	Actual June 2016- Dec. 2017	Projected to May 31, 2017	Estimated June 2017- May 2018	% OF CHANGE FROM 2016- 2017
UNITS OF SERVICE				
1. Units of service delivered				
2. # of people served by units of service				
3. Unduplicated count of people served				

	Actual June 2016- Dec. 2017	Projected to May 31, 2017	Estimated June 2017- May 2018	% OF CHANGE FROM 2016- 2017
VOLUNTEER UTILIZATION				
# of Volunteers Used in the Program				
# of Volunteers Hours				

3. What services would each level of giving provide to your clients?*

<u>Weekly Gift</u>	<u>Annual Gift</u>	<u>Would Provide Clients</u>
\$1.00	\$52.00	
\$2.00	\$104.00	
\$5.00	\$260.00	
\$10.00	\$520.00	
\$15.00	\$780.00	
\$20.00	\$1,040.00	
\$25.00	\$1,300.00	
\$50.00	\$2,600.00	

UWSSC Beneficiary Demographics (2016)

<p>Agency:</p> <p>Program:</p>	<p>This form should only show an <u>unduplicated</u> count of individuals who live and/or work in Southbridge, Sturbridge & Charlton served in this program. If there is a reason why you cannot give an unduplicated count, please explain in the Notes section below.</p>
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PROGRAM BENEFICIARIES: CHARACTERISTICS OF CLIENTS/PATIENTS/RECIPIENTS/OTHERS	10/1/2015-9/30/2016 (as reported in 2016)	10/1/2015-9/30/2016 (actual)	10/1/2016-9/30/2017 (estimated)
1. Number Served:			
a. Individuals Served			
2. Age Group			
a. 0-4			
b. 5-6			
c. 7-12			
d. 13-18			
e. 19-54			
f. 55-70			
g. 71-84			
h. 85+			
i. Unknown			
Total			
3. Gender			
a. Female			
b. Male			
c. Unknown			
Total			
4. Ethnic/Racial Background			
a. African American/Black			
b. Asian			
c. Latino			
d. White/Caucasian			
e. Native American			
f. Biracial/multiracial			
g. Unknown			
Total			
5. Income			
a. Below \$17,000			
b. \$17,000-\$49,999			
c. \$50,000 and above			
d. Unknown			
Total			
6. Subsidized Care			
a. Full Fee			
b. Partial Subsidy			
c. Full Subsidy			
d. No Fee			
e. Unknown			
Total			

Notes:

Agency Name:

Executive Officer Name:	
Title:	
Address:	
E-mail:	
Phone:	Fax:

I affirm that I have reviewed this funding application and to the best of my knowledge the information furnished is true, correct and complete. I certify this proposal was reviewed and approved by the Agency's Board of Directors or the appropriate subcommittee on _____.
(date)

Chief Professional Officer
(Original Signature)

Chief Volunteer Officer
(Original Signature)

Chief Professional Officer
(Please Print)

Chief Volunteer Officer/Title
(Please Print)

Date

Date

2017 ANTI-TERRORISM COMPLIANCE MEASURES

In compliance with the USA PATRIOT Act and other counterterrorism laws, the United Way of Southbridge, Sturbridge & Charlton, Inc. requires that each agency certify the following:

"I hereby certify on behalf of _____ (name of agency) that all United Way SSC funds and donations will be used in compliance with all applicable anti-terrorist financing and asset control laws, statutes and executive orders."

Print Name

Title

Signature

Date