

United Way of Becker County Funding Application Packet 2015

General Overview/Instructions:

You can apply for a 2 - year grant from the United Way if your agency/programs can answer **yes to all of the following questions:**

- The organization has been a United Way of Becker County funded organization for the past five (5) or more years.
- There is no change in the amount of dollars requested of United Way of Becker County from your existing funding level. (Example: in 2014-2015 you received \$3,000 and your current application is for \$3,000 per year). If you ask for more than you received in 2014-2015, you automatically must complete a one year application.
- There has been no change in your organization's executive leadership during the past year.
- Your agency participates in the United Way of Becker County Community Cares Day held at the Pavilion.

If you have answered "yes" to the above four questions, you are eligible to submit a two-year application to United Way of Becker County. If you answered no to any of the questions, you are eligible to complete a one-year application.

If you were not able to answer yes to all of the above questions, then complete the attached application as a single-one year grant application.

Applications due: May 1, 2015

Two-Year Grant Application

One-Year Grant Application

Agency Name			
Agency Federal ID#			
Agency Address			
Agency Phone			
Agency E-Mail			
Agency Executive Director			
Program Seeking Funding			
Program Director/Contact			
Number of Staff	FT	PT	Seasonal
	_____	_____	_____
			Volunteers _____
Focus Area:	<input type="checkbox"/> Strengthening & Supporting Families <input type="checkbox"/> Helping Children & Youth Succeed <input type="checkbox"/> Supporting Vulnerable & Aging Population <input type="checkbox"/> Providing Basic Needs		
Impact Areas	<input type="checkbox"/> Feeding Hungry Children <input type="checkbox"/> Access to Mental Health Services <input type="checkbox"/> Access to Dental Health Care <input type="checkbox"/> Childcare		
Funding Received 2014-2015	Funding Request 2015-2016	Funding Request 2016-2017	

(Figures must match to be a two-year grant applicant)

I am interested in being involved in the Payroll Drive.

I am interested in learning more about how my agency can be involved in the United Way.

Current Year Report:

For your funding received as part of the 2014-2015 funding cycle, please provide details on the programs or services you provided with United Way of Becker County funding.

1. Please describe how your agency/program met the goals and objectives identified in your funded United Way application.

2. How many people were served by your United Way programming? By your agency?

3. If you received United Way of Becker County funding during the past year, please provide a detailed summary of how those dollars were spent. (Example: X hours of staffing, X supplies, etc.) In addition, please confirm that you have or will expend 100% of your current year's allocation by the end of June 2015.

4. Is there anything else you'd like us to know about your United Way funding from 2014-15?

Agency Information Form:

1. How long has your agency (program) been in Becker County?
2. How often does your Board of Directors meet?
3. Does your Board of Directors review your financial statements , including actual revenue and expenses versus budget at a minimum of quarterly.
4. Does your agency operate under written Articles of Incorporation and By-Laws or other written documents that define the applicant's purposes, membership, management and operation?
5. Does your agency/program charge a user fee?
If yes, please explain:
6. What percent of your total budget does your organization spend on administration, lobbying and fundraising costs. Please note, program staff who deliver services are not considered administrative costs for the purposes of this application.
7. What percent of your total budget remains in Becker County?
8. Does your organization solicit funds through any other State of Minnesota or Federal Employee Charitable deduction campaign?

United Way of Becker County Funding Request Overview:

1. Describe the purpose of your grant request, the need being met, and how your agency or program meets those needs. Please include your 2015-2016 goals and objectives and your 2016-2017 goals and objectives.
2. Describe how you define success in meeting the above goals and objectives.
3. Describe what your program/agency does to ensure people have access to the services you outline.
4. Describe how United Way of Becker County funding will be spent in 2015-2016 and 2016-2017.
5. Describe the population to be served by your United Way funded program/service. Please include demographic information as you are able (gender, age, geographic location, etc.)
6. Is there any additional information you'd like United Way of Becker County to consider in reviewing this application.

Attach a financial statement for your organization's most recently completed fiscal year.

Attach Required Documents:

- SIGNED Partnership Agreement
- SIGNED Certification of Anti-Terrorism Compliance Measures
- Current Attorney General's Charities Division Letter
- Current IRS 990 or 990EZ
- List of Current Board of Directors
- Agency Brochure
- Photos of Programming (Please send digital copy to luannp@rmcep.com)

Both the Partnership Agreement and the Certification of Anti-Terrorism Compliance Measures must be SIGNED and PHYSICALLY mailed or delivered with all other required documents to:

United Way of Becker County, 803 Roosevelt Avenue, Detroit Lakes, MN 56501

	A	B	C	D	E	F
1	United Way of Becker County United Way - Grant Budget Form					
2	Organization Name -					
3	Program Title -					
4	Program Budget			2014 Program Actual	2015 Program Budget	2016 Program Budget
5	Sources of Revenue					
6	United Way of Becker County United Way Grant					
7	Other United Way Funding					
8	Government Funding					
9	Other Grants					
10	Contributions					
11	Fund Raising Events					
12	Membership Dues					
13	Investment Income					
14	Program Service Fees					
15	Other Revenue					
16	Total Revenue			\$	\$	\$
17	Personnel					
18	Employee Salaries					
19	Employee Benefits					
20	Payroll Taxes					
21	Non-Personnel					
22	Professional Fees					
23	Supplies					
24	Telephone					
25	Postage & Shipping					
26	Rent/Lease					
27	Rental of Equipment					
28	Printing & Publications					
29	Training/Conferences					
30	Travel (include mileage rate)					
31	Insurance					
32	Membership Dues					
33	Designated Administrative Costs					
34	Other: Identify					
35	TOTAL PERSONNEL & NON PERSONNEL EXPENSES			\$	\$	\$
36	DIFFERENCE			\$	\$	\$
37	AGENCY NET ASSETS as of Dec. 31 2014					
38	Unrestricted Net Assets					
39	Temporarily Restricted Assets					
40	Endowments					
41	Other Assets					
42	TOTAL NET ASSETS				\$	

**UNITED WAY OF BECKER COUNTY
PARTNERSHIP AGREEMENT**

THE UNITED WAY OF BECKER COUNTY is committed to providing organized leadership, direction and support in working with the citizens of this area to help improve the quality of life by identifying, evaluating, and supporting and/or funding human service needs and programs. For that mission, this agreement exists between the UNITED WAY of BECKER COUNTY and

_____ (CHARITY NAME).

The following cooperative agreement is intended to assure United Way fulfills its stewardship responsibilities to its donors and to assure partners are treated in an equitable manner.

An Agency of United Way of Becker County agrees to:

- **Be active participants in the United Way Fund Drive.** This would include participants from your governing body, staff, and volunteers.
- Conduct an annual United Way employee campaign offering payroll deduction where available.
- United Way partners are **required** to identify their affiliation with United Way by proudly displaying the United Way logo and name on brochures and newsletters and advertisement promotions.

Fund Raising Policies for Agencies

United Way was established on the concept that a single campaign for multiple partners, programs and services results in a more cost effective and accountable means of raising charitable dollars to serve the community's health and human service needs.

There is official NO BLACKOUT PERIOD for fundraising this year. For the benefit of all the United Way Partners, fundraising for any single partner programming for self -support must not compete with or jeopardize the local United Way annual campaign.

Partner Agencies are responsible for all agency fund raising activities conducted in their name.

Should a Partner Agency fail to abide by these agreements or discontinue providing the services to the community as recognized by the United Way, the United Way Board of Directors may terminate, at its discretion, this agreement and the balance of the funds will not be disbursed.

THIS AGREEMENT MUST BE SIGNED

Agreement Approved:

Partner Agency Board President

Date _____

Director/CPO/Manager

Date _____

ANTI-TERRORISM COMPLIANCE MEASURES

In compliance with the USA PATRIOT Act and other counterterrorism laws, the United Way of Becker County requires that each agency certify the following:

"I hereby certify on behalf of _____ [agency name] 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: _____ Title: _____

Signature: _____ Date: _____