2018 – United Way program application

Instructions for completing and submitting an application

* Do **NOT** include this page with the application.
* Complete Program Application Checklist (found on the website) and submit with your application. Place all checklist items in a binder clip. Only one checklist per agency.
* **Cover Letter Required**
  + Suggested items:
    - Program highlights
    - Program changes
      * Executive Director
      * Program lead staff
      * Curriculum
      * Location
      * Major funding loss
  + Required within cover letter – agency response to panel questions from the last two years award letters.
* **Applications**
  + Provide 12 copies per program (Education panels need to provide 15).
  + 3-holed punched and separated by a colored sheet in between each one.
  + Application can be copied front to back.
  + Application should be based on program not agency and **Ottawa County** only.
* **Logic Model**
  + Limit to **ONE** page only
  + Indicate each employee’s Full Time Equivalent (FTE) with the Resources on logic model. (Make sure that the number makes sense with the program salary line of the budget.)
  + Indicate length of time for each Impact category. (EX: Immediate –

3 months or upon intake; Intermediate – 6 months or on program completion; Long Term – 2 years or program completion etc.)

* + Long Term category within Impact Statements is okay to leave blank, if you do not track.
  + Impact Statement verbiage should follow the verbiage on the measurement tool(s).
* **Budget**
  + Any significant change on any budget line, increase or decrease, should be explained in budget question #12.
  + Please be sure to spell out all acronyms.
* **Proofread your application**
  + Make sure your program budget starred items match from the budget page to the program budget detail page.
  + Suggestions:
    - Have Board President read application as well as a new Board member or staff person.
    - Be aware of the application structure such as spacing and numbering.
* **Save a copy of your word document.**

2018

Program Application – based on your fiscal year

**Please complete the following for EACH program funded by Greater Ottawa County United Way.**

**Program Name:** Click here to enter text.

**Agency Name:** Click here to enter text.

1. **Clearly stating the program objective and service area. (Use 25 words or less.)(EX: Provide food and clothing within the Tri-Cities area. Prepare all Ottawa County children for their first school experience.)**

Click here to enter text.

1. **Choose the United Way primary intended result that this program will be tracking.**

Choose an item.

1. **Share a program story.**

Click here to enter text.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Program Logic Model – For LAST Year | | | | | | | |
| Program Name:Click here to enter text. | | | Agency Name:Click here to enter text. | | | | |
| Resources  (Things that go into your program.) | Activities(Things that are done within your program.) | Outputs  (The numbers of clients, activities or services performed.) | Impact Statements  (What was the benefit (knowledge, skill, attitude or behavior) your program provided to your identified population?) **List no more than 6 total impact statements. \*\* Instructions below.** | | | | |
| **List no more than 5.** | **List no more than 5.** | **List no more than 5.**  **\*\*** Ex: Number Projected (Actual Number) | **Immediate** | **Intermediate** | | **Long Term** | |
| Timeframe: Click here to enter text. | Timeframe: Click here to enter text. | | Timeframe: Click here to enter text. | |
|  |  |  |  | |  | |  |

**\*\*List projections and then in parenthesis report ACTUAL numbers achieved. (EX: under outputs - 15 client served (actual: 18) OR under outcomes – 95% of clients will report that their immediate needs were met (actual: 99%)**

#### Logic Model Questions

1. If your program did not meet its impact statements from last year, please state why.

Click here to enter text.

1. Do you foresee any program changes that might occur within the two year funding cycle?

Click here to enter text.

1. If there is more information about your logic model that you would like the panel members to know, state below. (Use 1000 words or less.)

Click here to enter text.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Program Logic Model – Projections for the Current Year | | | | | | | |
| Program Name:Click here to enter text. | | | Agency Name:Click here to enter text. | | | | |
| Resources  (Things that will go into your program.) | Activities(Things that will be done within your program.) | Outputs  (The numbers of clients, activities or services that will be performed.) | Impact Statements  What benefit (knowledge, skill, attitude or behavior) will your program provide to your identified population?) **List no more than 6 total impact statements. \*\* Instructions below.** | | | | |
| **List no more than 5.** | **List no more than 5.** | **List no more than 5.**  **\*\*** Ex: Number Projected | **Immediate** | **Intermediate** | | **Long Term** | |
| Timeframe: Click here to enter text. | Timeframe: Click here to enter text. | | Timeframe: Click here to enter text. | |
|  |  |  |  | |  | |  |

**\*\*Insert projected numbers, no matter whether or not they are an increase or decrease from the last year logic model.**

#### Program Budget Questions

1. **Funding amounts:**

|  |  |
| --- | --- |
| United Way funding received from last year | $ |
| United Way funding requested from last year | $ |
| Official United Way funding request – the annual number used within the two year cycle | $ |

1. If the requested amounts are different, please state why? (Use 50 words or less.)

Click here to enter text.

1. State your program cost per person served and explain the calculation.

Click here to enter text.

1. Leverage Funds: Are your United Way funds used to leverage other formal grants or match funds?

YES  NO

If yes, state with whom the funds are leveraged and what is the matched ratio (EX: United Way funds are used as a community match for a federal, state or local grant and the matched ratio is 4 to 1)

Click here to enter text.

1. If you foresee any changes in your funding streams within the two year funding cycle, please explain here.

Click here to enter text.

1. Are there any unusual circumstances concerning your program budget you would like to explain; and if there is a deficit, how is it being covered? (EX: Our fiscal year is June to July, thus United Way funding numbers are different.)

Click here to enter text.

#### Program Budget – Based on Your program fiscal year.

Agency’s Fiscal Year is \_\_\_\_\_\_to\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| Program Revenue | Last Fiscal Year | Current Year Budget |
| 1. Ottawa County Allocation |  |  |
| 1. Other United Ways\*\* |  |  |
| 1. Special Events/Fundraisers\*\* |  |  |
| 1. Government Support\*\* |  |  |
| 1. Foundations/Other Grants\*\* |  |  |
| 1. In-Kind Support \*\* |  |  |
| 1. Other Revenue\*\* |  |  |
| 1. Contributions - Individuals |  |  |
| 1. Contributions - Businesses |  |  |
| 1. Client/Program Service Fees |  |  |
| 1. Interest/Investment Income |  |  |
| 1. Total Program Revenue | $ | $ |
|  |  |  |
| Program Expenses | Last Fiscal Year | Current Year Budget |
| 1. Salaries (Program Staff) |  |  |
| 1. FICA/Benefits (Program Staff) |  |  |
| 1. Professional Services |  |  |
| 1. Travel |  |  |
| 1. Conference/Training |  |  |
| 1. Office Supplies |  |  |
| 1. Postage |  |  |
| 1. Printing & Publications |  |  |
| 1. Subscriptions & Books |  |  |
| 1. Telephone |  |  |
| 1. Office Rent/Mortgage |  |  |
| 1. Utilities |  |  |
| 1. Liability Insurance |  |  |
| 1. Advertising |  |  |
| 1. Payment to Affiliates/Dues |  |  |
| 1. Bank Charges |  |  |
| 1. Depreciation Expenses |  |  |
| 1. In-Kind Expenses |  |  |
| 1. Other Miscellaneous Expenses\*\* |  |  |
| 1. Total Program Expenses | $ | $ |
|  |  |  |
| 1. Excess/(Deficit) | $ | $ |

* Last Fiscal Year = your last completed fiscal year.
* Current Year Budget = your budget for the year you are in; regardless of what month your fiscal year ends.

#### Program Budget Details – Starred items on previous page

|  |  |  |
| --- | --- | --- |
| Program Revenue | Last Fiscal Year | Current Year Budget |
| 14. \*\*Other United Ways |  |  |
| 15. \*\*Special Events/ Fundraisers |  |  |
| 16. \*\* Foundations/ Other Grants |  |  |
| 17. \*\*In-Kind Support |  |  |
| 18. \*\*Other Revenue |  |  |
|  |  |  |
| Program Expenses |  |  |
| 43. \*\*Other Miscellaneous Expenses |  |  |

#### Program Client Demographics

Several United Way investors want to know client demographics. List number of UNDUPLICATED CLIENTS for each area based on your last and current program years. TIP: If parts of the data are not collected for this program; please state so on the application. (Example: Data not collected.)

|  |  |  |
| --- | --- | --- |
| 1. Geographical Location   \*\*Required | Last Year’s Actual | Current Year Projections |
| Holland |  |  |
| Zeeland |  |  |
| Allendale |  |  |
| Coopersville |  |  |
| Hudsonville |  |  |
| Jenison |  |  |
| Grand Haven |  |  |
| Spring Lake |  |  |
| Ferrysburg |  |  |
| Other |  |  |
| Unknown |  |  |
| Countywide Total |  |  |

|  |  |  |
| --- | --- | --- |
| 1. Race / Ethnicity | Last Year’s Actual | Current Year’s Projections |
| African American |  |  |
| Asian American |  |  |
| Caucasian |  |  |
| Hispanic/Latino |  |  |
| Native American |  |  |
| Other |  |  |
| Countywide Total |  |  |

|  |  |  |
| --- | --- | --- |
| 1. Gender | Last Year’s Actual | Current Year’s Projections |
| Male |  |  |
| Female |  |  |
| Unknown |  |  |
| Countywide Total |  |  |

#### Client Demographics (continued)

|  |  |  |
| --- | --- | --- |
| 1. Age | Last Year’s Actual | Current Year’s Proposed |
| Infant/Toddlers (0-4) |  |  |
| Elementary (5-10) |  |  |
| Middle School (11-13) |  |  |
| High School (14-17) |  |  |
| Adult (18-54) |  |  |
| Seniors (55 +) |  |  |
| Countywide Total |  |  |

|  |  |  |
| --- | --- | --- |
| 1. Household Income | Last Year’s Actual | Current Year’s Proposed |
| Less than $9,999 |  |  |
| $10,000 to $14,999 |  |  |
| $15,000 to $24,999 |  |  |
| $25,000 to $34,999 |  |  |
| $35,000 to $49,999 |  |  |
| $50,000 and up |  |  |

### 

#### Agency Questions

**Complete all agency information as requested on application; including signatures from the Executive Director and Board President. These questions may be considered during funding deliberations.**

Agency Name: Click here to enter text.

Address: Click here to enter text.

City and Zip: Click here to enter text.

Agency Phone and Fax: Click here to enter text.

Agency website: Click here to enter text.

Finance Director: Click here to enter text.

Finance Director’s email: Click here to enter text.

Executive Director: Click here to enter text.

Executive Director Phone: Click here to enter text.

Executive Director Email: Click here to enter text.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature – Executive Director Signature – Board President

#### Agency Mission Statement:

Click here to enter text.

#### Agency Questions (continued)

Check **YES** or **NO** for each statement.

1. The organization has passed its  YES  NO

Accreditation process (if applicable).

1. The agency regularly reviews the  YES  NO

strategic plan.

1. Indicate the sources of income that would allow for three months coverage of operating costs, check all that apply.

Line of credit

Investments

Property

Cash Revenue

Others

1. Does the agency have an endowment fund  YES  NO

with a community foundation? *(For more information contact*

*your local community foundation.)*

1. Does your agency GIVE.ADVOCATE.VOLUNTEER for United Way? *(For more information on how to get involved call the United Way office at 616-396-7811.)*

YES  NO

1. Has your agency updated its information on the CALL 2-1-1 website?  YES  NO
2. Is your agency using CALL 2-1-1 as a referral source?  YES  NO
3. Does your agency use the United Way brand and promote its partnership within the community? (EX: logo on letterhead or listed as an investor within the agency’s Annual report.)

YES  NO

1. If there is an agency deficit, what is your plan to cover it? Are there any unusual circumstances concerning the agency budget that you would like to explain?

Click here to enter text.

#### Agency Budget

Agency’s Fiscal Year is \_\_\_\_\_\_to\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| Agency Revenue | Last Fiscal Year | Current Year Budget |
| 1. Total Agency Revenue | $ | $ |
|  |  |  |
| Agency Expenses | Last Fiscal Year | Current Year Budget |
| 1. Total Agency Expenses | $ | $ |
|  |  |  |
| 1. Total Agency Excess/(Deficit) | $ | $ |

* Last Fiscal Year = your last completed fiscal year.
* Current Year Budget = your budget for the year you are in; regardless of what month your fiscal year ends.

#### Attachments labeled as:

1. Attachment A -Insert tool(s) used for the measurement of impact statements.
2. Attachment B - Insert a copy of your pre-tour questions and answers from last year’s panel.
3. Attachment C – List of Board Members (Names and affiliations) and Board meeting dates.