

Checklist

One (1) original application. *Signed by all parties involved in the application process.*

The following items should accompany the original application:

1. Cover letter
2. Copy of Annual audit for office file.
3. Copy of Annual Report for office file.
4. Copy of Tax Form 990 most recent, unless not required by your agency
5. Copy of the minutes from your annual meeting and most recent Board meeting
6. Copy of the list of Current Board of Directors
7. Copy of Balance sheet and income statement (most recent)
8. Log of hours donated to United Way (See pg 11)
9. Signed Counterterrorism Compliance form (See pg 10)

Twenty (20) copies of the completed application and 20 copies of items 5-8. If possible, please copy double-sided and staple all items together.

For *new* applicants, the following items need to be included. (Criteria for agency status for Finney County United Way):

- _____ 501(C)(3) Status, on file at United Way
- _____ Bylaws/Charter, on file at United Way
- _____ EOE statement, on file at United Way
- _____ Articles of incorporation, on file at United Way

FCUW Board of Directors reserves the right to request additional information.

Questions?

Phone: 620-275-1425

E-mail: fcuw@alltel.net

Please deliver to:

Finney County United Way
1511 E. Fulton Terrace
P.O. Box 1268
Garden City, KS 67846

The following documents have been created to gather information regarding your agency operations, structure, finances, and programming and will be shared with those participating in our Agency Review process.

Administrative

Funding request for 2010	
Funding received for 2009	
Percent Increase/Decrease	

Agency Name:	
Executive Director:	
Physical Address:	
Mailing Address:	
Phone:	Fax:
E-mail:	
Web Address:	
Please check here if you grant permission for us to put your link on our website. <input type="checkbox"/>	
Fiscal Year begin to end	

List number of your agency staff:

Type	# of full-time employees	# of part-time employees
Admin		
Professional		
Support		
Other		
Totals		

State your mission statement:

Provide a list of your current Board of Directors including occupation, address, and term. How often do you meet? _____

Signed: Agency President/Executive Director

Signed:

Signed:

United Way Partnership

Do your agency's staff and board members contribute to United Way by:

	Yes	No
Contributing monetarily to the United Way fund?		
Volunteering sufficient campaign hours? (Please attach hour log)		

United Way encourages prevention or unnecessary duplication by promoting collaboration and efficiency of operations. Explain how your agency partners with other agencies to improve the condition of a demonstrated need in the area of health, welfare, or community benefit.

Programs and Services

Choose the impact area that best describes your agency:

Protecting Children and Strengthening Families	
Fostering Health and Promoting Independence	
Providing basic needs and security	

Please complete the following table:

	Yes	No	Explain
Does your agency charge fees for services?			
Do you have a sliding fee scale?			
Does your agency require a license?			By whom?
Has your agency completed a community assessment?			Date:

How many volunteers do you utilize annually? _____

Total unduplicated cases directly served (USE LOCAL STATISTICS, NOT NATIONAL)

	Finney	Other counties	Total
Caucasian			
Hispanic			
African American			
Native American			
Asian			
Other			
Total served			

Income level of those served (As defined by the US Federal Gov. Dept. of Health & Human Services—see www.census.gov)

	Number	Percentage of total
Low income		
Other		

You may include a separate sheet showing the income breakdown if it is available to you.

Program Impact

INPUTS

Describe the resources dedicated to the program.

EXAMPLES: money, staff, staff-time, volunteers, facilities, equipment, etc.

ACTIVITIES & SERVICES

Describe strategies, techniques, and types of treatment that comprise the program's service methodology.

EXAMPLES: sheltering & feeding, training, counseling, etc.

OUTPUTS

Volume of work accomplished. Please list number of unduplicated clients to be reached by county, as well as any other relevant service data.

EXAMPLES: number of classes taught, counseling sessions conducted, educational materials distributed, etc.

PROGRAM OUTCOMES

Explain benefits or changes for individuals or populations during or after participating in program activities.

EXAMPLES: Short-term should reflect new knowledge, attitudes or skills. Long-term should produce meaningful changes in their lives.

INDICATORS

Give specific data tracked to measure progress in achieving outcomes. Each Partner Agency should develop its own, appropriate methods of measuring its program outcomes and collecting data.

EXAMPLES: Data on improvement on housing stability, nutritional status, school performance, job retention, physical or mental health, behavior, etc.

Financial

What percentage of overall expenses are associated with administrative costs? _____%

*Please note that in regard to your financial information the FCUW Board of Directors will focus their attention on the Financial Information sheets included in this packet. Therefore, please transfer your information to these pages to the best of your ability to give the board uniform information to review. If you feel that you have additional information to include for clarification, please feel free to do so.

Financial Information—(USE LOCAL NUMBERS, NOT NATIONAL)

REVENUES	Previous Fiscal Year	Current Fiscal Year	Next Fiscal Year	% of total budget
United Way Allocation				
Government Funding				
Federal				
State				
County				
City				
Grants list each				
Unrestricted Reserves (complete attachment pg 9)				
Restricted Funds (complete attachment pg 9)				
Foundations				
Program/service fees (List each				
Fund Raising List each				
Other Revenues List				
Total Revenues				

Financial Information (USE LOCAL NUMBERS, NOT NATIONAL)

Expenses	Previous Fiscal Year	Current fiscal year	Next Fiscal Year	% of Total Budget
Administrative				
Salaries				
Employee Benefits				
Payroll Taxes				
Conference/meetings				
Equipment rental, Maintenance				
Insurance				
Office Supplies				
Postage & shipping				
Printing				
Professional Fees				
Rent/Mortgage				
Training				
Utilities				
Other				
Miscellaneous—List those over \$500.				
Program Expenses				
Total Expenses				
Excess Deficit Rev less expenses				

RESTRICTED FUNDS TABLE

Name of Restricted Fund	Begins	Expires	Source of Fund	Purpose for which restricted

UNRESTRICTED RESERVES TABLE

Name of Reserve	Begins	Expires	

COUNTERTERRORISM COMPLIANCE

In compliance with the spirit and intent of the USA PATRIOT Act and other counterterrorism laws, the United Way of Finney County requests that each funded agency (“Organization”) certify that it is in compliance with the United Way of Finney County and the United Way of America’s (“UWA”) compliance program.

ORGANIZATION NAME: _____

Check the Appropriate Box to Indicate Your Compliance With Each of the Following:	Comply	Do Not Comply
This Organization is not on any federal terrorism “watch lists,” including the list in Executive Order 13224, the master list of specially designated nationals and blocked persons maintained by the Treasury Department, and the list of Foreign Terrorist Organizations maintained by the State Department.	<input type="checkbox"/>	<input type="checkbox"/>
This Organization does not, will not and has not knowingly provided financial, technical, in-kind or other material support or resources* to any individual or entity that is a terrorist or terrorist organization, or that supports or funds terrorism.	<input type="checkbox"/>	<input type="checkbox"/>
This Organization does not, will not and has not knowingly provided or collected funds or provided material support or resources with the intention that such funds or material support or resources be used to carry out acts of terrorism.	<input type="checkbox"/>	<input type="checkbox"/>
This Organization does not, will not and has not knowingly provided financial or material support or resources to any entity that has knowingly concealed the source of funds used to carry out terrorism or to support Foreign Terrorist Organizations.	<input type="checkbox"/>	<input type="checkbox"/>
This Organization does not re-grant to organizations, individuals, programs and/or projects outside of the United States of America with out compliance with IRS guidelines.	<input type="checkbox"/>	<input type="checkbox"/>
This Organization takes reasonable, affirmative steps to ensure that any funds or resources distributed or processed do not fund terrorism or terrorist organizations.	<input type="checkbox"/>	<input type="checkbox"/>
This Organization takes reasonable steps to certify against fraud with respect to the provision of financial, technical, in-kind or other material support or resources to terrorists and terrorist organizations.	<input type="checkbox"/>	<input type="checkbox"/>

* In this form, “material support and resources” means currency or monetary instruments or financial securities, financial services, lodging, training, expert advice or assistance, safe houses, false documentation or identification, communications equipment, facilities, weapons, lethal substances, explosives, personnel, transportation, and other physical assets, except medicine or religious materials.

I certify on behalf of the Organization listed above that the foregoing is true.

Print Name: _____

Title: _____

Signature: _____

Date: _____

Activity Log for Finney County United Way

* This form will be helpful in tracking the hours that your agency provides to Finney County United Way. Also, your agency should include this form in FCUW grant applications. If you have any questions, please contact Margaret Anderson at 620-275-1425.

Agency: _____

Expected Allocation: _____ **Hours Anticipated:** _____

Note: You must show **1 hour per \$1000**. Hours must be earned by contacting prospective donors and/or volunteering at Tyson. FCUW events such as the kickoff and volunteer luncheon do not qualify as donated hours; however, attendance at UW events is expected.

Description (i.e. Tyson presentations/Contacting prospective FCUW Donors)	Date	# of Hours	Names of FCUW Members Present	Name of Agency Volunteer(s)
	Total Hrs			