

# Member Agency Application



## United Way of Sandusky County, Inc.

Funding Guidelines

## United Way of Sandusky County Admission Process

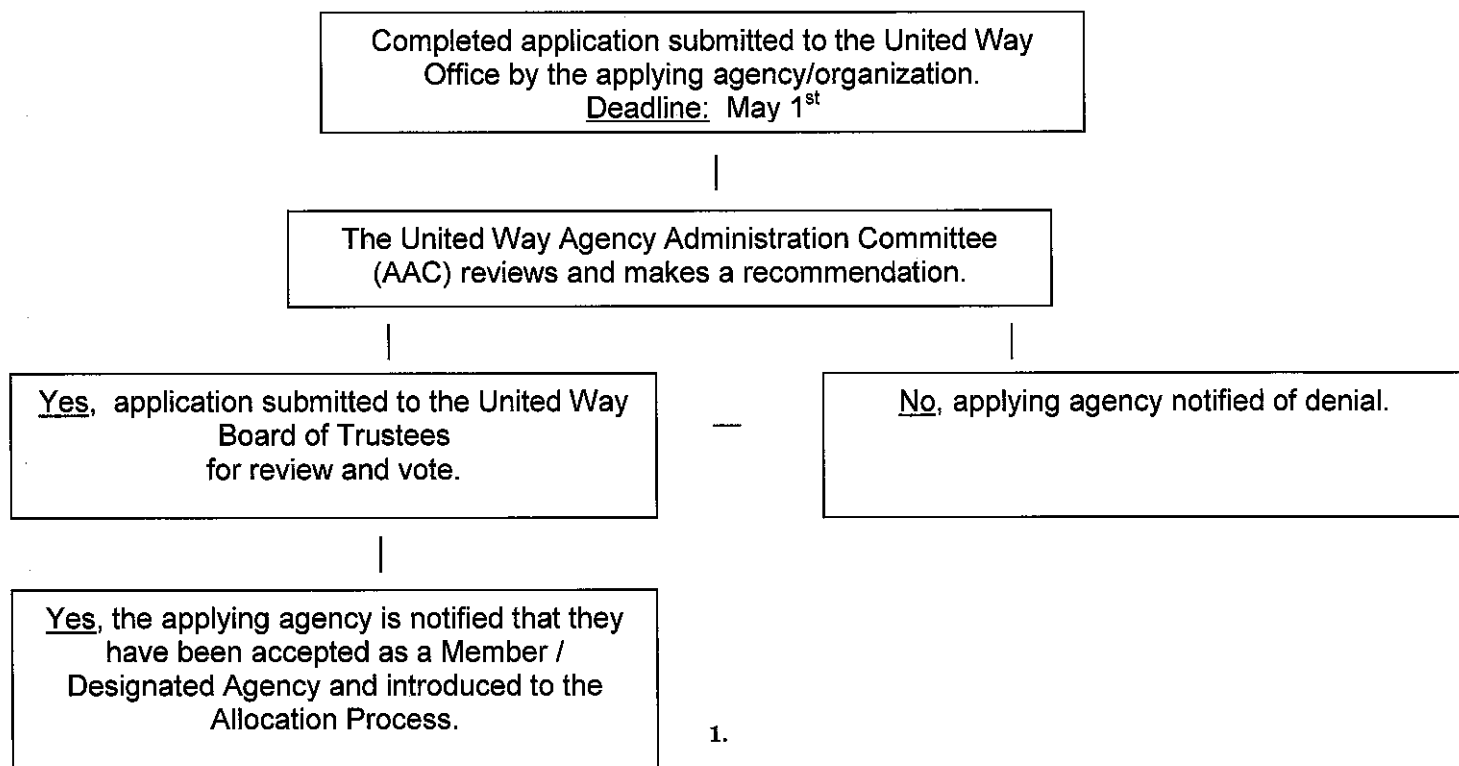
Upon request, the United Way of Sandusky County makes available the Member Agency Application admission policies and procedures for agencies interested in applying for United Way funding. These admission guidelines are available to the public upon request at any time during the year. The application deadline for inclusion into same-year funding is no later than May 1st.

The United Way of Sandusky County provides funding to agencies through two funding options:

- MEMBER AGENCY  
Agency must follow all policies, procedures and requirements of the United Way of Sandusky County to *receive allocation funding and designated dollars.*
  
- DESIGNATED MEMBER AGENCY  
Agency allows the United Way of Sandusky County to use their agency's name for marketing purposes whereas the agency *only receive designated dollars*, no allocation funding is made available. Agency must follow fundraising policy guidelines only. Therefore, the designated member agency doesn't participate in the allocation funding process.

Applications for funding are submitted to the United Way's Agency Administration Committee for their recommendations. The Agency Administration Committee's recommendations are presented to the full Board of Trustees for consideration. If the applying agency is recommended, and voted to become a member agency, the agency is then routed through the allocation process.

### APPLICATION PROCESS



## BASIC CONDITIONS FOR UNITED WAY FUNDING

Agencies seeking funding through the United Way of Sandusky County must comply with and agree to the following guidelines:

### I. BE INCORPORATED, NOT-FOR-PROFIT AND IRS TAX EXEMPT

**Explanation:** Agencies receiving United Way dollars must be not-for-profit organizations that have been declared tax exempt by the Internal Revenue Service (IRS) and have a 501©(3) classification. The United Way has the responsibility to verify that the recipient organization has been ruled tax exempt by the Internal Revenue Service. Evidence of compliance with state charitable regulations should be provided, where applicable. A copy of the agency's by-laws should also be provided to the United Way.

### II. OFFERS HUMAN SERVICE PROGRAMS

**Explanation:** The United Way of Sandusky County will consider any organization with a worthy educational, character building, health or social service program, upon acceptance by the Board of Trustees and continue so long as they are approved by said Board of Trustees.

### III. PROVIDES COMMUNITY SERVICE BASED ON DOCUMENTED NEED(S)

**Explanation:** The agency/program should address itself to an identifiable current need(s), demand, or problem in the community. Services which are supported by voluntary dollars should be clearly defined and their impact documented by the organization. They should be offered to a target population or geographic locale not presently served by existing programs.

### IV. NON-DISCRIMINATORY

**Explanation:** Discrimination by race, color, sex, age, religion, or physical disability should be prohibited in programs, services, staffing and volunteer areas.

### V. HAS AN ACTIVE, ROTATING, VOLUNTEER LEADERSHIP THAT REPRESENTS THE DIVERSE ELEMENTS OF THE COMMUNITY

**Explanation:** The agency's Board of Trustees or governing board should consist of volunteers who participate in the policy-making processes, represent the diverse elements of the community, periodically rotate off the board and meet, at least, quarterly. Members of the volunteer structure should not receive financial remuneration from the programs(s) or service(s) they oversee.

### VI. HAS SOUND FINANCIAL AND PROGRAM MANAGEMENT

**Explanation:** Demonstrated ability to manage the finances of the programs/services in accordance with generally accepted accounting procedures. The organization should provide a copy of its annual audit using an independent certified public accountant or accounting firm. A determination will be made as to the convincing likelihood that the organization can or will meet its stated program objectives.

VII. AGREES TO SUPPORT AND COOPERATE WITH THE UNITED WAY IN THE FOLLOWING AREAS: (1) FUNDRAISING, (2) PLANNING, (3) COMMUNICATIONS AND (4) ALLOCATIONS

**Explanation:** United Way's relationship with member agencies should be one of partnership rather than one of ownership. This relationship evolves around four primary areas: Raising voluntary contributions, planning for the needs of the total community, communicating their services to the public, and allocating the funds through an equitable and effective citizen review process.

Agencies are required to demonstrate their partnership with the United Way by displaying the United Way logo in a "high traffic" area such as an entrance or waiting area, on brochures and all correspondence and demonstrate their support by attending the annual United Way Kick Off Breakfast and Awards Banquet.

VIII. AGREES TO PARTICIPATE IN THE ALLOCATION PROCESS

**Explanation:** Agencies share the responsibility of being accountable to the community for the expenditure of voluntary dollars. Annual reporting of financial and program data to the United Way on operating costs and income which documents agency expenditures and substantiates their validity.

IX. AGREES TO REFRAIN FROM FUNDRAISING DURING UNITED WAY'S "BLACK OUT" PERIOD AND TO OBTAIN PRIOR APPROVAL FROM THE UNITED WAY BEFORE ENGAGING IN ANY SUPPLEMENTAL FUNDRAISING EFFORT

**Explanation:** Agencies will refrain from conducting or participating in any fundraising efforts during the United Way's "black out" period – September 15<sup>th</sup> – November 15<sup>th</sup> annually. Additionally, agencies must obtain prior approval from the United Way regarding their capital and supplemental fundraising needs in compliance with the Fundraising Policy of the United Way of Sandusky County. Efforts by agencies to develop sources of income should be carried out in such a manner as to assure that:

- The United Way giving base in the community will not be adversely affected;
- Agency financing efforts are consistent with mutually agreed upon policies between the United Way and the agency; and
- The United Way is fully informed and supports, in advance, special financing efforts undertaken by the agency.

(Fundraising Policy Attached)

Effective: April, 1990  
Reviewed: April, 1994  
Reviewed: January, 2003

United Way of Sandusky County, Inc.

**NEW MEMBER AGENCY APPLICATION**

***Application for – please indicate choice of membership:***

- Member Agency Membership** -  **Designated Member Agency Membership**

Legal Name of Organization: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

P.O. Box: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Office Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Fax #: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Web Site, if applicable: \_\_\_\_\_

Office Hours: \_\_\_\_\_

This organization hereby applies to the United Way of Sandusky County, Inc. for campaign support through an allocation in accordance with United Way policies.

1. Submit one (1) copy of each of your Articles of Incorporation, Constitution and By-Laws, and Mission Statement.

2. Submit a profile of your agency and programs:  
- Background, purposes and goals of your agency.  
- Facilities . . . location(s) and description(s) . . . owned by, rented, or leased.  
- Programs currently provided: Including program eligibility requirements, hours of operation and area served.

3. This organization maintains an active, rotating volunteer board of directors for managing its affairs. Yes \_\_\_\_\_ No \_\_\_\_\_  
*Please attach a copy of your roster of Board members and officers (with dates of term expiration).*

4. Tax exempt status, IRS 501©3? Yes \_\_\_\_\_ No \_\_\_\_\_  
*Attach one (1) copy of IRS determination letter.*

5. Is this organization affiliated with, or a local branch of, a national organization? Yes \_\_\_\_\_ No \_\_\_\_\_  
*(If yes, provide details on a separate sheet concerning the reciprocal obligations between your agency and your regional and/or national organization.)*

6. Program for which United Way funding is requested. \_\_\_\_\_  
*See Attachment I – Program Description*

7. Are volunteers used in your program? Yes \_\_\_\_\_ No \_\_\_\_\_  
(If yes, please include an attachment which indicates the total number of volunteers and ways in which they are used.)

8. Does your organization have an Affirmative Action Plan and a policy of non-discrimination on the basis of race, sex, age, physical and mental disability, religion or national origin?  
(If yes, attach copy.) Yes \_\_\_\_\_ No \_\_\_\_\_

9. Fee schedules (by program, if applicable):  
a. Do you have service/program fees? Yes \_\_\_\_\_ No \_\_\_\_\_  
If Yes, how much?

b. Is there a sliding scale of fees according to income? Yes \_\_\_\_\_ No \_\_\_\_\_  
If Yes, what is it?

10. Clients served information.

a. Total clients served: \_\_\_\_\_

b. Total clients served in Sandusky County: \_\_\_\_\_

Represents what % of the total served: \_\_\_\_\_%

c. Percentage and number of clients in past year that received the service at no cost:

\_\_\_\_\_ % \_\_\_\_\_ Number

d. Percentage and number of clients in past year that received the service at a reduced cost:

\_\_\_\_\_ % \_\_\_\_\_ Number

11. List of other organizations in Sandusky County which provide duplicate services and how those agencies and your agency work together.  
Provide on an attachment not exceeding one page.

12. Financial Information

- a. When does your fiscal year – Start \_\_\_\_\_ End \_\_\_\_\_
- b. By whom, and how are expenditures authorized?
- c. Provide a current balance sheet of all funds (indicate audited or unaudited)
- d. Complete the enclosed Budget Form – Attachment II, indicating operating (not capital) budget for your entire agency for the current year and planned operating budget for the next calendar year, including preliminary amount to be requested from this United Way.
- e. Submit a copy of your most recent statement of audit.
- f. Capital funds on hand – \$ \_\_\_\_\_ as of \_\_\_\_\_.

What are the plans and/or commitments for capital expenditures?

- g. Endowment fund(s) on hand - \$ \_\_\_\_\_  
*If applicable, please complete Attachment III, for restricted funds*

13. What fundraising activities does the agency conduct:

<u>Activity</u>	<u>Net \$ Raised</u>	<u>County(s) Targeted</u>	<u>Month Conducted</u>
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The governing board of \_\_\_\_\_  
Agrees to abide by the provisions of the United Way of Sandusky County Co-operating  
Agency Agreement, and the Agency Admission Guidelines of the United Way of Sandusky  
County, Inc. and has on \_\_\_\_\_ voted to apply for membership and  
support for the fiscal year \_\_\_\_\_ (July 1<sup>st</sup> – June 30<sup>th</sup>).

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President and/or Chairman of the Board *(please print and sign)*

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Executive Director of Agency *(please print and sign)*

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Date

Adopted: August 9, 1990  
Reviewed: January, 2003

# ATTACHMENT I

UNITED WAY OF SANDUSKY COUNTY, INC.

## PROGRAM DESCRIPTION

Program Title: \_\_\_\_\_

Amount Requested: \$ \_\_\_\_\_

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A. PROGRAM DESCRIPTION

B. TARGET POPULATION

C. NEED(S) ADDRESSED BY THIS PROGRAM – PROVIDE SUPPORT DOCUMENTATION

D. HOW WILL YOU EVALUATE THE PROGRAM'S EFFECTIVENESS?

## ATTACHMENT II

**PROGRAM REVENUE & EXPENDITURE FORM**  
**United Way of Sandusky County, Inc. – Member Agency – Allocation Process**

**DIRECTIONS:** Please provide budgeted amounts for THE ENTIRE AGENCY OR PROGRAM'S revenues & expenditures that you're applying for funding for.

AGENCY NAME: \_\_\_\_\_ BUDGET YEAR : *From* \_\_\_\_\_ *to* \_\_\_\_\_

**REVENUE**

Line	Description	Proceeding FY _____	Current FY _____	Upcoming FY _____	% Change from Current FY
1.	<b>Sandusky County United Way Allocation &amp; Designation Total</b>				
2.	<b>Contributions</b>				
3.	<b>Special Events – Fund Raising</b>				
4.	<b>Annual Income from Legacies/Bequests</b>				
5.	<b>Other United Ways/Federations</b>				
6.	<b>Government Fees &amp; Dues</b>				
7.	<b>Program Services</b>				
8.	<b>Sales of Materials</b>				
9.	<b>Investment Income</b>				
10.	<b>Miscellaneous Income</b>				
11.	<b>Reserve Transfer ***</b>				
12.	<b>Other ***</b>				
	<b>TOTAL ANNUAL INCOME</b>				

\*\*\* Please provide explanation on separate sheet.

**PROGRAM REVENUE & EXPENDITURE FORM**

United Way of Sandusky County, Inc. – Member Agency – Allocation Process – Page 2

AGENCY NAME: \_\_\_\_\_

<b>EXPENDITURES</b>
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Line	Description	Proceeding FY _____	Current FY _____	Upcoming FY _____	% Change from Current FY
13.	Employee Salaries				
14.	Employee Benefits				
15.	Payroll Taxes				
16.	Professional Fees				
17.	Supplies				
18.	Telephone				
19.	Postage				
20.	Rent – Occupancy				
21.	Equipment				
22.	Maintenance				
23.	Printing & Marketing				
24.	Travel				
25.	Conferences/Education				
26.	Assistance to Individuals				
27.	Membership Dues				
28.	Awards & Grants				
29.	Board Designations for Specified Activities – Future Expenditure				
30.	Carry Forward***				
31.	Other ***				
	<b>TOTAL EXPENDITURES</b>				

\*\*\* Please provide explanation on separate sheet.