



# Returning Applicant Investment Application Fiscal Year 2019 (July 2019-June 2020)

Application Deadline – **Friday, March 29, 2019 at 12:00pm** via e-mail to  
Becky Clawson [bclawson@unitedwayofmpm.org](mailto:bclawson@unitedwayofmpm.org)

*Applications that are late or incomplete and have not provided all required documents will be disqualified for funding consideration. Please be sure that when saving/naming your application each file name contains the name of the agency and the program description.*

**\*Scan all documents into one PDF file in the order of the checklist on the last page. Electronic Submission ONLY.**



Agency Name: \_\_\_\_\_

Agency Director: \_\_\_\_\_

Program Name: \_\_\_\_\_

Program Director: \_\_\_\_\_

Person Completing Application: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Agency Website: \_\_\_\_\_

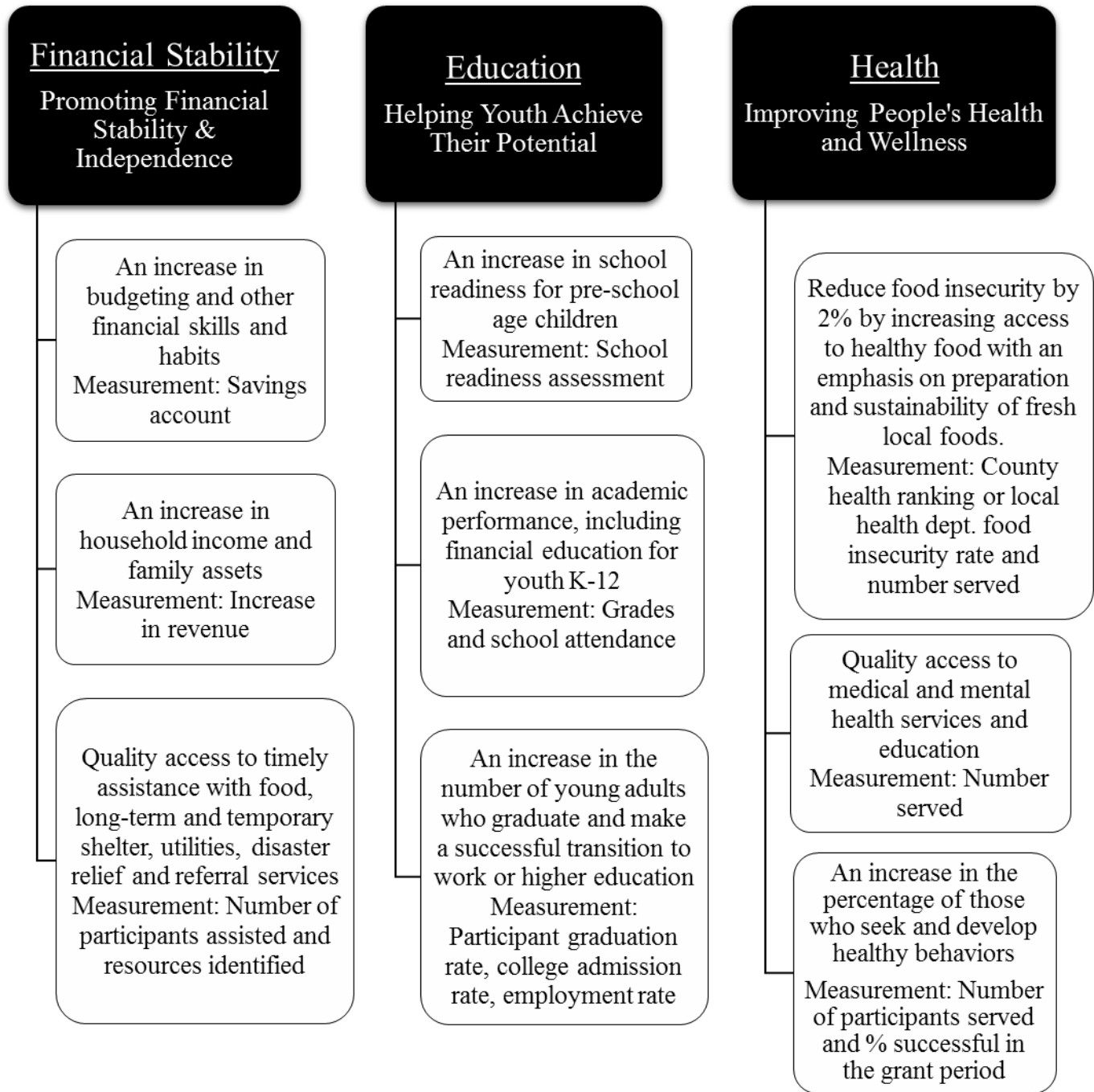
**Request for Program Investment:\$** \_\_\_\_\_

This application will be used by the United Way of MPM Investment Committee to determine funding for fiscal year 2019-2020. Download the electronic version of this application, the letter of intent, and evaluation at [www.unitedwayofmpm.org](http://www.unitedwayofmpm.org)

***Completing This Application Does Not Guarantee Funding***

## Program Description


A. Choose a goal from the Matrix- Please check box next to your selection.



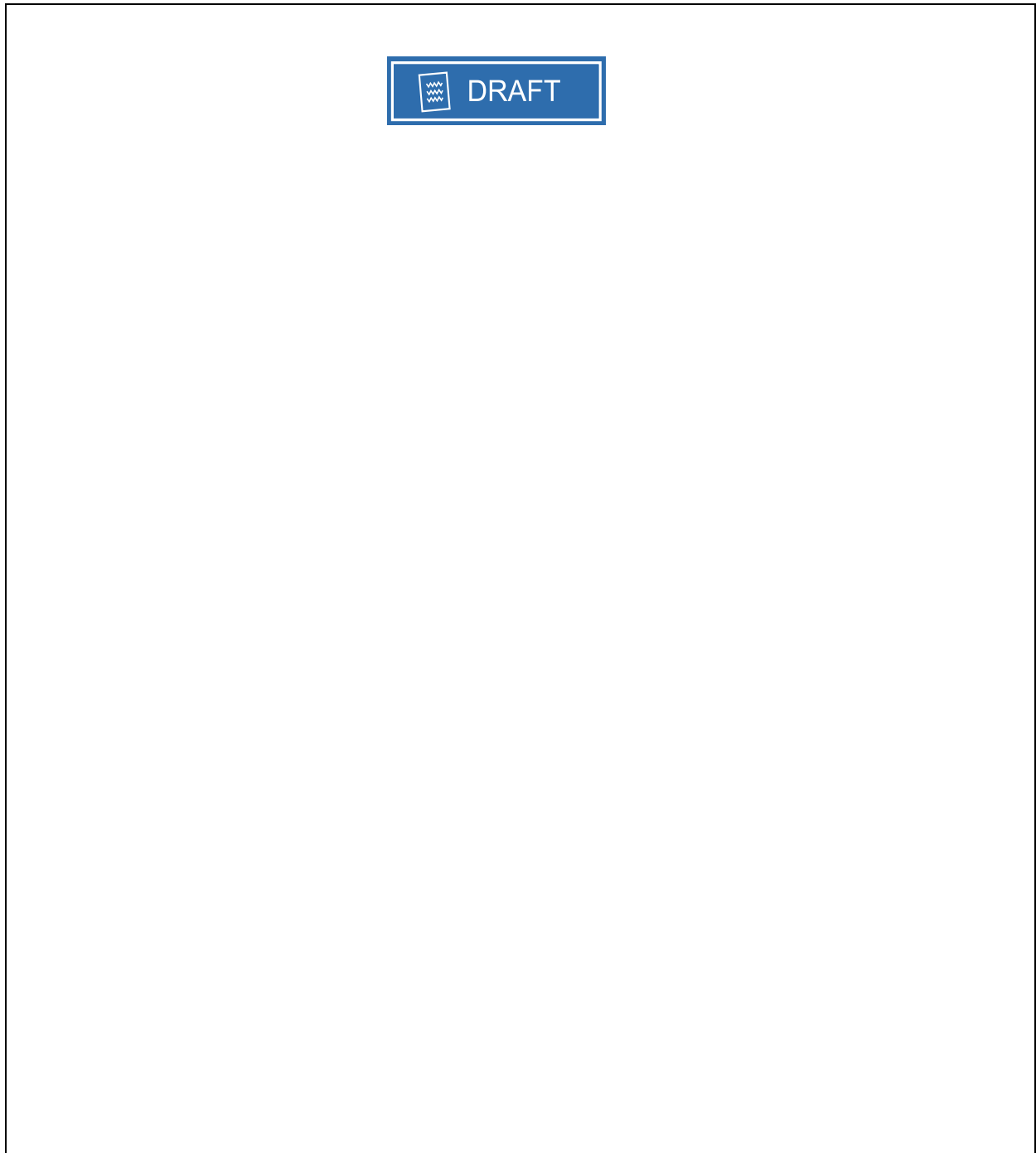
B. Which of the following best describes your program? Only choose one and type the explanation in the box below.


- A totally new program developed by this organization or replication of a best practices model.
- Expansion of an existing program within the applicant organization. Expansion must be a 10% minimum. Explain how in Box below.
- Extension of an existing program to a new setting. Explain how in Box below.
- Existing program.

Please use the box below to explain your expansion or extension in detail.

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C. Briefly describe your program and investment request in the box below and on the next page. Identify the need for your program, your target population and the number of clients in Muskingum, Perry, and Morgan Counties who could potentially benefit from this program, including local data. Provide names of sources to validate this information. Explain how the program meets the needs of clients and shows it is effective. Only use the box below.




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**Partner Compliance**

*Please use only the space below for your answer.*

- A. Describe your compliance with the Partner Agreement in the following areas:
  - a. Agency was not at any time in violation of the funding agreement. Yes or No if Yes explain in detail
  - b. The agency completed all documentation and status reporting by the due dates. Yes or No
  - c. Promoted United Way partnership in media opportunities. Yes or No- Attach an example
- B. How have you credited United Way Investment in your marketing materials? Yes or No -Attach an example.
- C. Is the United Way logo on your website? Yes or No
- D. Is our partnership listed in agency press releases? Yes or No Attach an example.

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**Program Improvement/Status Report for Previous Investment**

**Status Report #3 -2018/2019**

**Due March 29<sup>th</sup> 2019 12PM**

Agency Name: \_\_\_\_\_

Program Name: \_\_\_\_\_

Person Completing this Report: \_\_\_\_\_

1. Restate your **Outcomes** as listed in 2018 Funding Application (or the revised outcomes as submitted by your agency) AND actual results to date.

*Ex. (Outcome: 76 Clients of XYZ program will participate in healthy behaviors*

*Goal : We will educate 76 clients about nutrition and offer a healthy snack at each meeting.*

*Results: 25 clients have been through the nutrition education class and we have offered healthy snacks at each of the 12 meetings.*




2. Please restate your measurement tool and results to date.

*Ex.( Pre-test and Post-test given to each participant. To date the Pretest has been given and results show that 25 of the 32 participants are Obese on the BMI scale.)*

Status Report Page 2

3. Please list funded activities that were completed during this reporting period.

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4. If results were unexpected please explain the reasons, adjustments made and any additional comments.

5. Please list upcoming events and volunteer opportunities for your program.

Status Report Budget Sheet



Agency Name: \_\_\_\_\_

Program Name: \_\_\_\_\_

Person Completing this Budget: \_\_\_\_\_

Funded Program Budget (use chart below): Using 2018 Application Line Items

<u>Line Item</u>	<u>Proposed Total</u>	<u>Total To Date</u>
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## Program Results

A. What are the program goals, indicators for success, and how does each goal advance the client outcome from the matrix? List activities and resources needed for the implementation of your program and briefly explain how they advance the client outcome. First Goal should include the outcome measurement from the UW of MPM goals matrix.

List expected outcome


- State Goal
- Measurement / Indicator – Measurement from Matrix
- Measurement Tool –Name and attach a copy with source information.
- Time frame for results measurement
- #of clients in the measurement sample and how they are selected
- Your agency process for tracking and reporting outcome data
- How does this goal advance the client outcome you chose from the Community Impact Matrix?



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Previous year

Proposed year

	Previous year	Proposed year
B. How many unique (unduplicated) people/clients will be served through the program?		
C. How many units of service will be provided, i.e. # of meals, nights in shelter, to program participants? Show/explain how you calculated units of service.		
D. What is the cost per unique (unduplicated) person/client? (total program budget divided by number of unique people/clients served)		
E. What is the cost per unit of service to continue these services? (total program budget divided by total units of service- Should match Line N on Proposed Agency Budget page)		

**G. If your request for United Way financial resources is increasing but the number served is decreasing please explain why:**



**Budgets, Fees and Grants**

*Agencies may submit their fiscal information on the yearly time-period they utilize to maintain their records. Be consistent between agency/program budgets, clearly identify the time-period in the lines provided, keep the agency and program budgets each on a single page and, with the exception of the unit cost, round all figures to the nearest dollar.*

**Required Documents:**

- **Applicant is required to submit pages 1, 9, and 10 from the agency’s most recent 990. The 990 does not have to have been submitted to the IRS.**
- **Applicant is required to complete a budget narrative to explain (but not limited to) any surplus or deficit; increases or decreases in revenue, expenses and/or request for investment; line item expenditures; and other resources used to leverage United Way dollars.**

## **Total Agency Budget**

**(To be completed only if total agency request exceeds \$20,000)**

➤ Support/Revenue

- Line A - Monies received by agency for which the donor receives no direct/private benefits; monies derived from special fundraising events (dinners, bingo, etc.); monies received for personal/corporate memberships resulting in access to agency facilities and/or services.
- Line B - Fees, grants, contracts, third party payments (Medicaid) and purchase of service agreements received from any government source are included here, not in Program Service Fees.
- Line C - Fees received directly from clients for program services, such as counseling fees, class fees, etc. or any monies from year round sales of merchandise.
- Line D - Amount of United Way of MPM discretionary investment to agency only. Do NOT include designation figures.
- Line E - Income not listed above, including investments from other United Ways for those programs which operate across counties; monies received from foundation grants and trusts, legacies and bequests applied to operations for the reporting period; monies applied to operations from interest, dividends, investment income, and designations; and monies applied to operations from a donor-restricted fund.
- Line F - Total of lines A-E.
- Line G - The sum of all cost of operations for the total agency budget.
- Line H - The difference between the agency "Total Support/Revenues" and the "Total Expenses". Where expenses are greater than revenues, resulting figures should be bracketed ( ).



Agency Name: \_\_\_\_\_ for agencies requesting \$20,000 or more

Support/Revenue	Actual-Most Recent Year End Fiscal Year _____ (include dates)
A. Contributions/Special Events/ Membership Dues	
B. Fees and Grants from Government Agencies	
C. Program Service Fees/Sales	
D. UW of MPM Discretionary Investment (Do NOT include designations)	
E. All Other Income Sources	
<b>F. Total Support/Revenue</b>	
<b>G. Total Expenses</b>	
<b>H. Surplus/Deficit</b>	

**Budget for Program Receiving United Way Investment**

Complete a separate budget page for each program. Agency must request specific amount for each program. This budget will be used by the Investment Committee in its process to determine the investment amount. Include all sources of revenue as well as expenses.

➤ **Support/Revenue**


- Line A - Monies received by the program for which the donor receives no direct benefits, monies derived from special fundraising events (dinners, dances, bingo, etc.) and monies received by the program for personal and corporate memberships resulting in access to program facilities/services.
- Line B - Fees, grants, contracts, third party payments (Medicaid) and purchase of service agreements received from any government source should be included here.
- Line C - Fees received directly from clients for program services, such as counseling fees, class fees, etc. or any monies from year round sales of merchandise.
- Line D - Amount paid to the program by the United Way of MPM (discretionary investment only). Do NOT include designations. PROJECTED BUDGET (COLUMN II) WILL REPRESENT YOUR PROGRAM'S REQUEST FROM UNITED WAY.

- E. If your agency receives funding from other United Way organizations please include that figure here.
- Line F. - Income not listed above, including all monies received from foundation grants and trusts, legacies and bequests applied to operations for the reporting period, monies applied to operations from interest, dividends, investment income, and designations, and monies applied to operations from a donor-restricted fund.
- Line G - Total of lines A-F

➤ **Expenses**

- Line G - Include all salaries and wages paid to a program's regular and temporary employees and contractors/consultants. Also include employee benefits such as retirement, health insurance, life insurance, etc. and all required payroll taxes.
- Line H - Include management and fundraising costs of the program rather than direct service costs. These costs would also include supplies, telephone, postage and shipping, occupancy, equipment rental and maintenance, printing and publications.
- Line I - Includes costs for activities that the program was created to provide which also supports the organization's exemption from tax. Include all costs of conducting and attending meetings related to a program's activities and specific assistance to individuals (medical costs, food, shelter, etc.).
- Line J - Dues/fees paid to national affiliate, cost of membership in other organizations or cost of dues for individual membership of staff members in organizations relevant to agency function.
- Line K - Include expenses not listed in lines G-J. Include debt retirement (principal and interest) here.
- Line L - Add lines G-K. This line represents the sum of all costs of operations for each program.
- Line M - The difference between the agencies' "Total Support/Revenues" and the "Total Expenses". Where expenses are greater than revenues, resulting figures should be bracketed ( ).
- Line N – Cost per unit of service – total program budget divided by number of clients served.


Program Name: \_\_\_\_\_

<p align="center"><b>SUPPORT/REVENUE</b></p>	<p align="center"><b>Actual-Most Recent Year End Fiscal Year</b> _____-____-</p>	<p align="center"><b>Projected-Next Year's Program Budget Fiscal Year</b> _____-____-</p>
A. Contributions/Special Events/Membership Dues	 <b>DRAFT</b>	
B. Fees and Grants from Government Agencies		
C. Program Service Fees/Sales		
D. UW of MPM Discretionary Investment (Do NOT include designations)		
E. Income from all other United Ways		
F. All Other Income Sources		
G. <b>Total Support/Revenue</b>		
<b>EXPENSES:</b>		
G. Salaries and Benefits		
H. Administration and Overhead		
I. Specific Program Costs		
J. Membership Dues or Support to National		
K. Other		
L. <b>Total Expenses</b>		
M. <b>Surplus/Deficit</b>		
N. Cost Per Unit of Service (Total program budget divided by total units of service)		




**Specify how United Way of MPM Discretionary Investment will be spent. Please fill in specific line items, such as salary, mileage, supplies, etc. Show your calculations. Ineligible expenses include, but are not limited to club membership dues; general and professional liability insurance; payroll taxes and expenses; and occupancy. Please adhere to the following:**

- No more than 50% staffing for an existing position
- No more than 3 years funding for the same position
- No funding for an increase in dollars and decrease in number of people served. Exceptions made at the discretion of the committee.
- Any new positions funded will be on a reimbursement basis once hiring process is complete and for no more than one year.
- Agency costs such as consultant fees will not be covered.
- No more than 50% of utility costs will be covered.

Line Item		Dollar Amount
TOTAL REQUEST FROM UNITED WAY		

**Budget Narrative: Use this space to explain any differences in budgets from one year to the next, to explain calculations, list other sources of funding, etc.**

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**Program Sustainability, Duplication of Services & Collaboration**

**\* If UW of MPM is the only source no points will be awarded for sustainability**

- A. What is your fundraising plan for the funding period?
- B. Are you pursuing other funding sources? List specific funding that you have identified and the status of that request.
- C. How does your program prevent duplication of services?
- D. List any leveraged resources, including other sources of funding, in-kind resources and support.

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E. What are your community collaborations? Use the table below to identify how this program cooperates and coordinates with other entities in the delivery of services.

Collaborative Partner(s)	Partners' Role	Benefits of Collaboration(s)
	<input type="checkbox"/> Advisor <input type="checkbox"/> Donations <input type="checkbox"/> Funding <input type="checkbox"/> Job Sites <input type="checkbox"/> Referrals <input type="checkbox"/> Shared space/services <input type="checkbox"/> Volunteers <input type="checkbox"/> Other	
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**Completing This Application Does Not Guarantee Funding.**

**SIGNATURES**



Agency Name \_\_\_\_\_

Agency Director Name \_\_\_\_\_

\_\_\_\_\_  
**Board President**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Executive Director/President/CEO**

\_\_\_\_\_  
**Date**

- ✓ **Check list of required attached documents:**
  - **All pages of application, including signatures**
  - **Letters of support**
  - **Pages 1, 9, and 10 of most recent 990**
  - **Marketing material example**
  - **Press release example**
  - **Signed Patriot Act compliance form**
  - **Signed Code of Ethics form**