



March 5, 2019

TO: Agencies applying for 2020 funding

FROM: Board of Directors-Barbara Messer

RE: Applications

The Budget Application for funding for 2020 from the United Way of Dickinson County is on our website; www.unitedwaydickinson.org. Please fill it out completely and return **14** copies of it to P.O. Box 429, Iron Mountain, MI. 49801, or drop it off at First Bank at 500 Stephenson Ave. to the attention of Debbie Peterson by April 15, 2019. **This is the only form that will be accepted.** Please be sure to include the following if it is not already on file with the United Way of Dickinson County:

Copy of you Federal tax status determination (501)

Copy of your License to Solicit from the State of Michigan or a letter of Exemption

Most recent 990 or 990 EZ

Most recent financial audit or review

The Budget Hearing Schedule will be sent. The dates are April 22-24, 2018 starting at 5:30 PM at Dickinson County Hospital, lower level Conference Room E.

If you have any questions, please contact me at our email address: unitedwaydc@uplogon.com or 906-221-2174 or 906-774-3089. Thank you.

Barbara Messer



AGENCY_____

2019 FUNDING

AMOUNT REQUESTED FROM UNITED WAY OF DICKINSON COUNTY__

I. Name of Agency_____ Name and title of
contact person:_____

Phone Number._____ e-mail._____

Address -----

I. Is this a Chapter of a State or National Agency _____

3. Date and Place **organized** -----

If Incorporated, when and where. _____

4. Attach list of names, addresses and titles of officers.

5. Attach list of names, addresses and titles of administrative staff

6. Official name of governing body-i.e. Board of Directors. _____

NOTE: All agencies must use this format-no other format will be accepted.

All items on this application must be completed. Attach additional schedules.

All agencies that have audited financial statements for the past year must submit a copy.

All agencies must submit 14 completed copies of this format by APRIL. 15, 2018

One copy of the supporting documents

7. Number of meetings held by governing body during the year. Show average attendance. Indicate requirements for a quorum.

Number of meetings -----

Average attendance -----

Quorum -----

8. Give a brief statement of Agency's purpose(s) and objective(s).

Purpose(s)

Objective(s) -

9. Give a brief statement of Agency's immediate goals (next year) and long range goals (next 5 years).

Immediate goals

Long range goals -

10. Are contributions to your Agency tax deductible under the Internal Revenue Code? _____

If yes, attach a copy of Internal Revenue Service exemption letter.

11. STAFF: Give listing of number of current staff in each category of professional, technical, clerical, maintenance, etc., and indicate whether full-time or part-time. Indicate any projected changes in staff included in your proposed budget request. If you have specified salary ranges, please list.

Agency -----

12. How do you currently display your participation as a United Way recipient agency?

In your office?

In your various public relation releases?

13. What did your Agency do during the past year to promote or assist our United Way? How does your agency propose to improve on this next year (proposed budget year)? Attach examples •

Past year -

Next year -

SERVICE

1. Define your geographic area of service•

2. Give a concise statement of the services provided to our local area in the past year.

3. Cost of services provided to our local area in the past year.

4. Give a concise statement of projected services to be provided our local area next year (proposed budget year) .

5. Estimated cost of projected services to be provided our local area next year (proposed budget year) .

6. How is eligibility for service given by your agency determined? Are there any special characteristics of population served?

7. Who should a potential client contact for service?

Name ----- Telephone -----

Address -----

B. Volume of service provided to our local area? (In this section define the criteria you use to evaluate your service program such as number of persons served, number of days care provided, number of people participating, etc. Set up **in** column as follows:)

CRITERIA USED.	Actual Prior Year Ended	2nd Year	Actual - Prior Year Ended	Actual/Estimate Current Year Ending--	Proposed Budget For Next Year Ending ____

9. Budget summary by service:

	Actual - Prior Year Ended	
Management and General	\$ _____	----- %
Program Service	_____%
Fund Raising	_____	----- %
Total Disbursements	_____	100 %

10. (a) What was your program and/or service emphasis for the past year?

(b) What is your planned program and/or service emphasis for the coming year (proposed budget year)?

Agency -- -----

10. (c) Indicate the number of persons served for each category.

	Actual Prior Year Ended	Actual/Estimate Current Year Ending _____	Proposed Budget Year Ending _____
Children 0-18	_____	_____	_____
Adults 19-59	_____	_____	_____
Senior Citizens 60+	_____	_____	_____

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FUND RAISING

	Prior Year Ended	Current Year Ending ____	Proposed Budget Year Ending ____
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1. Indicate (by circling yes or no) whether your organization has conducted or will be conducting any "special" fund raising efforts for:

capital outlay	Yes/No	Yes/No	Yes/No
Sustaining membership	Yes/No	Yes/No	Yes/No

If your answer to any of the above **is** yes, please explain your "special" fund raising effort -----

Note - All "special" fund raising efforts must be cleared in advance with the United Way Board of Directors.

BUDGET RECAPITULATION

	Actual for Prior Year Ended	<u>Current Year Ending</u> To Date & Anticipated		Proposed Budget for Next Year Ending
			Budget	
Total Receipts (from pg. 9)	_____	_____	_____	_____
Total Disbursements (from pg. 9)	_____	_____	_____	_____
Net Surplus	_____	_____	_____	_____
et Deficit	_____	_____	_____	_____
Allocation from our local United Way	_____	_____		_____ (Request)
	Actual for Prior Year Ended	At date this report prepared (Date ____)		
Debt payable to:	_____	_____		
Banks	_____	_____		
State or National Organization	_____	_____		
Others	_____	_____		

	Actual for Prior Year Ended 20_	<u>Current Year Ending</u> To Date & Anticipated Budget		Proposed Budget for Next Year Ending 20_
RECEIPTS:				
From United Ways				
From other sources:				
Membership dues				
Direct contributions				
Foundations & trusts				
Fees & grants				
Sales of supplies & services				
Investment income				
Special-activities & events:				

Other: _____				

TOTAL RECEIPTS				
DISBURSEMENTS:				
Salaries-Professional staff				
Salaries-other				
Payroll taxes				
Employee benefits				
Equipment & other fixed asset purchases				
Operating expenses:				
Vehicle expense				
Office supplies				
Program supplies				
postage & shipping				
Telephone & telegraph				
Equipment maintenance				
Travel expense				
Conventions & conferences				
Leadership training				
Insurance & taxes				
Publicity & promotion				
Campaign expenses				
Legal & accounting expenses				
Printing & publications				
Depreciation/amortization				
Rent				
Dues/payments to State or National Organization				
Other: _____				

Special activities & events:				

Other: _____				

TOTAL DISBURSEMENTS				
EXCESS RECEIPTS (DISBURSEMENTS)				

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Funds needed to maintain present services

Funds needed to expand present services
Detail

Funds needed to add services
Detail:



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AFFIRMATION OF NON-DISCRIMINATION

At a meeting of the governing board of _____
held on _____ the board () adopted a policy. ()
affirmed its policy of nondiscrimination as follows:

"It shall be the policy of _____
to provide equal membership/employment/service opportunities to
all eligible persons without regard to race, religion, color,
national origin, citizenship, age, sex, marital status, parental
status, handicap, membership in any labor organization, political
affiliation, and, for employment only, height, weight, and record
of arrest without conviction."

■ certify that the practices of this organization conform to the
policy of nondiscrimination stated above.

Date

President or other authorized
official

ANTI-TERRORISM COMPLIANCE MEASURERS
ANNUAL CERTIFICATION

In compliance with the USA PATRIOT ACT and other counterterrorism laws, the United Way of Dickinson County requests that each agency certify the following:

"I hereby certify on behalf of _____
(agency name) that all United Way of Dickinson County funds will be used in compliance with all applicable anti-terrorist financing and asset control laws, statutes and executive orders."

Print Name: _____

Signature: _____

Title: _____

Date: _____

