

February 25, 2016

TO: Agencies applying for 2017 funding

FROM: Board of Directors-Barbara Messer

RE: Applications

The Budget Application for funding for 2016 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 Northern Michigan Bank at 500 Stephenson Ave., Bruce LeBlanc or Kelly, by April 15, 2016. **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

***If you are a new applicant, please contact Barbara Messer – Executive Director for details around submitting the application at the email or phone number below.**

The Budget Hearing Schedule will be sent. The dates are April 25-27, 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.

AGENCY _____

2018 FUNDING

AMOUNT REQUESTED FROM UNITED WAY OF DICKINSON COUNTY _____

1. Name of Agency: _____
Name and title of contact person: _____
Phone Number: _____ E-mail: _____
Address: _____
2. 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 must submit 14 completed copies of this format by April 15, 2017.

One copy of the supporting documents

AGENCY _____

7. Number of meetings held by governing body during the year. Please 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? ___Yes ___No

AGENCY _____

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.

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:

AGENCY _____

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 within our local area next year (proposed budget year).

5. Estimated cost of projected services to be provide within 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?

AGENCY _____

7. Who should a potential client contact for services?

Name _____ Phone _____

Address _____

8. What is the 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 was provided, number of people participating, etc. Please set up in column as follows:

Criteria Used	Actual 2 nd Prior Year Ended	Actual Prior Year Ended	Actual/Estimate Current Year Ending —	Proposed Budget For Next Year Ending —

9. Budget Summary by service:

	Actual Prior Year Ended	Percentage
Management and General		
Program Service		
Fund Raising		

AGENCY _____

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)?

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

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

AGENCY _____

FUND RAISING

1. Indicate whether your organization has conducted or will be conducting any “special” fund raising efforts for:

	Prior Year Ended	Current Year Ending	Proposed Budget
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.

AGENCY _____

BUDGET RECAPITULATION

	Actual for Prior Year Ended _____	Current Year Ending to Date Anticipated _____	Budget	Proposed Budget for Next Year Ending _____
Total Receipts				
Total Disbursements				
Net Surplus _____				
Net Deficit _____				
Allocation From United Way of Dickinson County				

Debt Payable To	Actual For Prior Year Ended _____	At Date This Report Prepared _____
Banks, State Or National		
Organizations		
Others		

RECEIPTS

	Actual for Prior Year Ended _____	Current Year Ending to Date Anticipated _____	Budget	Proposed Budget for Next Year Ending _____
From United Ways				
OTHER SOURCES				
Membership Dues				
Direct Contributions				
Foundations And Trusts				
Fees And Grants				
Sales of Supplies & Services				
Investment Income				
Special Activities And Events				

AGENCY _____

DISBURSEMENTS

		Actual for Prior Year Ended _____	Current Year Ending to Date Anticipated _____	Budget	Proposed Budget for Next Year Ending _____
Salaries	Professional Staff				
	Other				
Payroll Taxes					
Employee Benefits					
Equipment/Fixed Asset Purchases					
Operating Expenses					
	Vehicle Expense				
	Office Supplies				
	Program Supplies				
	Telephone				
	Equipment Maintenance				
	Travel Expense				
	Conventions And Conferences				
	Leadership Training				
	Insurance And Taxes				
	Publicity And Promotion				
	Campaign Expenses				
	Printing And Publications				
	Depreciation/Amortization				
	Rent				
	Dues – Payments To State/National Organizations				
	Other				
	Special Activities and Events				
	Other				
TOTAL DISBURSEMENTS					
EXCESS RECEIPTS DISBURSEMENTS					

AGENCY _____

Funds Needed To Maintain Present Services _____

Funds Needed To Expand Present Services _____

Detail

Funds Needed To Add Services _____

Detail

AFFIRMATION OF NON-DISCRIMINATION

At a meeting of the governing board of _____ held on _____
the board (_____) adopted a policy.
(_____) affirmed its policy of non-discrimination 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. For employment only, height, weight, and record of arrest without conviction.”

I certify that the practices of this organization conform to the policy of non-discrimination state above.

Printed Name

Signed Name and 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:

“ _____ 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.”

Printed Name

Title

Signed Name and Date
President or Other Authorized Official



AFFIRMATION OF NON-DISCRIMINATION

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

Consistent with Department of Management and Budget Policy Number 1220.05, it is the policy of the (name of organization) _____ to provide equal opportunities to all eligible persons to the extent required by applicable State and Federal laws.

I certify that the practices of this organization conform to the policy of non-discrimination state above.

Printed Name

Signed Name and Date
President or Other Authorized Official