



Griffin-Spalding County United Way

Agency: _____

Date: _____

April 2019

TO: Agency Representatives
FROM: Jessica Mills
Executive Director
RE: Applications for 2020 Funding

Applications for 2020 Funding from the Griffin-Spalding County United Way need to be in the United Way office NO LATER than 3:00 PM on Friday, May 31, 2019. This does not mean postmarked on Friday, May 31, 2019. Those agencies missing the deadline will not be considered for 2020 funding. WE WILL NEED THE SPECIFIC NUMBER OF COPIES OF EACH ITEM REQUESTED. Applications must be complete. We will not call or email asking for missing information. We also will not call to remind you of the deadline. All State and Federal Registrations must be current.

The following information must be included in your funding application:

1. 6 – COPIES Of this application
2. 6 – COPIES Working budget, based upon your fiscal year.
3. 6 – COPIES Latest annual financial review/audit.
4. 1 – COPY 990 form, if applicable.
5. 6 – COPIES Your mission statement. Explain why your agency's program(s) are unique, how it differs from other similar programs, and why your agency should be funded by the Griffin-Spalding County United Way
6. 6 – COPIES If applicable: In VERY SPECIFIC terms, state what your agency has used United Way funds for during the past year, and how many people have benefited from programs the money has funded. Also, if your goals of the past year were met in these programs. If not, why not? We also would like a breakdown by company of those you have helped (i.e. 4 people who work at Caterpillar received food; 5 people from Vernay received counseling, 3 children in the program have parents who work for Spalding County, etc.)
7. 6 – COPIES The specific goals you have for next year and how will United Way funding be utilized to meet them.
8. 6 – COPIES What other funding sources you have. How much of your budget is met by these funds? How would a reduction in United Way funds affect program(s).
9. 1 – COPY Copy of your 501(c)3.

10. 1 – COPY Current Charitable Registration with the Georgia Secretary of State. If exempt, provide letter of explanations on agency letterhead. Secretary of State in accordance with the Georgia Charitable Solicitations Act of 1988, unless exempt from registration as set forth in the Act under O.C.G.A. § 43-17-9
PLEASE ATTACH TO THE FRONT OF APPLICATION. For more information concerning this registration go to www.sos.ga.gov/index.php/charities
THIS IS NOT YOUR CORPORATIONS REGISTRATION with the Secretary of State.
11. 6 – COPIES A list of your board members and their rotation schedule.
12. 6 – COPIES How have you and/or your staff participated in the United Way campaign or its special events in the past year?
13. 1 – COPY A description of the Agency’s program that benefits from United Way funding. (This information is printed in the United Way brochure so keep it short please.)
14. When your application is complete; please save and email Jessica Mills an electronic copy of your application at jmillsunitedway@att.net
This is for archival purposes only and will not be used for application submission
15. Please provide the copy/copies of all the information requested. This is very important. We cannot accept your request without the proper number of copies of each of the required documents.
16. Incomplete applications and/or applications requiring corrections WILL BE returned.
17. Please make sure all items listed are included in your application package in the order listed; **unless noted.**

The 2019/2020 Allocations Committee will need to make a site visit. The visit will allow you to show committee members just what you do and how well you do it. Allocation Chairs from each Allocations Team will be contacting you to set up a visit to your agency by committee members; tentatively scheduled for June 2019.

All this is being done to ensure, as always, that your agency is above reproach and that all efforts are being made to see that the community’s money is being used for what it is intended. It is the United Way that is doing public relations and fund raising for you, so we need a lot of information so we can give the public honest information about you and how you help those in our community who need help.

We also feel that because we are partners, you, your board members, staff, volunteers or whomever should be a bigger part of the campaign. We are asking for your help in making presentations this year. We would like some of your “SUCCESS STORIES” to be available to speak to donors at companies so people can see that their giving to United Way - and, thus, you - are important to the well-being of the community. Our annual campaign will run August 1st until Thanksgiving Day. We will provide you with all the upcoming events as soon as they are scheduled.

Thanks for all you do. If you have any questions, do not hesitate to call me at 770 229 4212. We look forward to receiving your application information.



Griffin-Spalding County United Way

Agency: _____

Date: _____

Community Need for Program

Program Name: _____

Program Director's Name: _____

Contact Person for Allocations Visit: _____

Phone#: _____

2019 Allocations from United Way: \$ _____

2020 Requested Allocations: \$ _____

Community Need

1. Choose one United Way Community Priority Area that this program best addresses.
 - [] **Children & Youth** - Investing in the future success of children by providing safe environments and educational activities. Enhancing character development and self-esteem.
 - [] **Health and Wellness** – Access to healthier food choices for children, families, and senior adults. Nutrition education, physical activity and education.
 - [] **Crisis Intervention** - Providing people with the basic necessities in a disaster or other times of temporary need. Encouraging and facilitating a return to self-sufficiency.
 - [] **Homelessness & Affordable Housing** – Helping individuals gain access to permanent housing and wrap-around services.
 - [] **Adult Education and Employment Readiness** – Education, training and other support services aimed at preparing adults for employment. Includes adult basic education, GED preparation, case management, career exposure activities, employment readiness activities, vocation-specific job training, “soft skills” training, job search assistance, and post-employment support services.
 - [] **Basic Needs Support** - Providing emergency and basic needs for individuals and families, including clothing, food, shelter, rent, and utility assistance; access to prescription assistance, primary medical, dental, vision and mental health care.

2. How is this program consistent with the Priority chosen above? Discuss the extent of the need.

3. Why does your agency feel this program is necessary in this area? Please use existing agency data, waiting lists, US Census, Spalding County Health & Needs Assessment, or any other dependable research (include citations).

4. **Success Story:** Your Program is designed to make your clients lives better in a variety of ways. Provide one (1) example of how this program has helped someone. Success stories should be from the last 12 months. This story may be used in marketing to demonstrate how donations to United Way are utilized. Feel free to change names or identifying details if necessary.

Success Story.....continued if needed

5. Are services to clients free of charge or fee based? Free Fee Based

a. What is the percentage of your clients who receive free services?

b. If fee based: Flat fee or Sliding scale?

c. If sliding scale: What is the threshold for free service?

6. Geographic breakdown:
Please be sure to list the numbers served for Spalding, Pike, Lamar and Upson Counties
Then any other counties and numbers served

County	Number Served Last Year
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Daily average of people served: _____

Program Purpose and Goals

Complete a separate sheet for each program

Program Name: _____

Program Director's Name: _____

Impact & Evaluation:

1. **Program Inputs:** What resources are consumed by this program? (This includes staff, volunteers, facilities, equipment, funding, etc.)

2. **Program Activities:** What methods are used for providing the program? (Detail specific processes or events undertaken.)

3. **Program Outputs:** Detail the direct product of program activities. (How many clients served, how often, over what duration?)

4. **Outcome Goals:** Provide a specific statement of desired change in the lives of your clients that this program will accomplish.

5. **Outcome Indicators:** Detail the specific data tracked to measure progress in achieving outcomes. (What methods do you use in your Agency to make sure this program is effectively meeting the goals you set out to achieve?)

6. Ability to Deliver:

1. Are you the appropriate agency to be delivering this program? Does your agency have experience in conducting this type of program?

2. Do you have adequate staff and volunteers to handle the program? If no, what are your plans to boost recruitment?

3. Does the program have a sound plan?

Agency Collaboration and Community Involvement

Complete a separate sheet for each program

Commitment to Community Partnership

1. Explain how this program positively overlaps and/or intersects with programs in other agencies in Spalding County:

2. List Agency Collaborators:

3. Does this program duplicate, in its entirety or in part, the efforts of other programs offered in Spalding County? If so, please explain why your program is distinctive and necessary:

4. How has your Agency cooperated and worked with the Griffin-Spalding County United Way through its direct programs or during its Annual Campaign?

Financial Accountability:

Allocations Committee Members will be reviewing the area of Financial Accountability from the information obtained through the Agency Certification Section of this Application. They will be considering:

- a) whether or not the budget information is well prepared;
- b) whether or not the agency operates by utilizing a board approved annual budget;
- c) whether or not the agency utilizes responsible planning and efficient management of resources, reflected in a comparison between budgeted & actual figures.

Agency Organization & Administrative Certification

Agency:

Board and Staffing:

1. How many times did your board meet during the last fiscal year?

2. What was the average number of members (excluding staff) present at your board meetings?

3. Is your agency affiliated with a national or state organization to which you are required to remit a portion of your income?

[] Yes [] No

If you answered yes, then respond to both questions below:

- (a) What percentage of your agency's income does it receive? ____ %
- (b) Explain how and to what extent the community benefits from this national and/or state affiliation?

4. Does the Agency's Board of Directors approve the annual budget?

Yes _____

No _____ (If no, please explain)

5. Does your board include at least two members with financial experience?

Yes _____

No _____ (If no, please explain)

6. Are meeting minutes maintained for all governing board meetings?

Yes _____

No _____ (If no, please explain)

7. Agency Staff:

Number of:

Full-Time Paid Staff

Part-Time Paid Staff

Government Subsidized

Number of active board members

Remember to attach list of names and addresses of Board of Directors

Volunteers:

1. Are volunteers utilized in your program?
Yes - If yes, to what extent No - If no, why not

2. What is your policy on performing background checks?

3. What type of training do volunteers receive? Are they evaluated on a regular basis?

Financial Controls

1. Does your agency have a system of safeguarding against unauthorized or improper disbursement of funds?

Yes No

If yes, please explain briefly the system in place. If no, explain why not.

2. Does your agency have an annual financial audit performed by an independent CPA? (Those organizations with operating budgets of \$100,000 or less with no prior audit requirements may submit a copy of their annual tax return (Form 990) in lieu of an audited financial statement.)

____ Yes - If yes, date of last audit completion _____

____ No - If no, explain why not.

3. Briefly outline what measures will be taken to keep United Way funded programs operating in the event of reduced funding. Specify the impact reduced funding would have and your agency's plans to deal with it.

4. Describe any reserve funds the agency holds, including the amount, usage of, and general activity in the previous year.

5. What percentage of your annual budget is spent for administration and fundraising costs?

What is the administrative cost annually for 2018? (Refer to 990 tax form)

Do you use professional fundraisers?

6. What percentage of the Agency's staff and directors contributed/pledges to the last Griffin- Spalding County United Way general campaign?

Employees _____

Directors _____