



United Way of Marion County, Inc.

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2006 COMMUNITY REVIEW

TO: Community Review Applicant

FROM: Nancy Deming, Chair, Community Review Committee
Robin A.R. Smith, Executive Director

DATE: April 1, 2005

RE: APPLICATION FOR COMMUNITY REVIEW BY THE UNITED WAY OF MARION COUNTY

Thank you very much for your interest in joining with the United Way of Marion County for the 2006 funding cycle. A committee of volunteers, the Community Review Committee, who are Marion County residents or employees will review your application, make agency visits, and make appropriate recommendations.

Please find attached the Membership Application for 2006 funding. **One** copy of the completed applications should be submitted to the United Way office by *12:00 noon on Friday, April 29, 2005*.

Because there are changes to this year's process, we will be conducting three informational meetings to review the application and answer questions. In order for your application to be considered, it is mandatory for you, or a representative of your organization to attend one of these meeting. All meetings will be in the Chamber of Commerce Conference Room. Meetings will be held on the following dates:

| | |
|----------------|------------------|
| April 6, 2005 | 6:30 – 8:30 pm |
| April 12, 2005 | 10:00 – 12:00 am |
| April 19, 2005 | 1:00 – 3:00 pm |

Please call the United Way office, 366-4550, and register for the meeting you plan to attend. Technical assistance in preparing your application is available by contacting Robin

Smith. We are here to assist you. We urge you to take advantage of the available technical assistance. This application is available electronically and can be duplicated in your word processing program. The budget forms are also more easily completed.

We have included an explanation of our expectations so you and your board members will understand these in advance. Please ensure that your board of directors reviews and understand these expectations prior to signing and submitting the application. The expectations represent the major areas of the membership agreement you will be required to sign and comply with if your agency is awarded funding.

Please keep in mind the volunteers reviewing your application will need to be educated about your services, operation, programs, and value to the community. Do not assume that the volunteers know you or your programs.

We feel that it is important to provide you feedback on your performance as an agency as well as on your participation in the Community Review process. We will be providing evaluation letters to you at the conclusion of the panel presentations. These letters will include the strengths and weakness as identified by your visitors and the panel members. We encourage you to accept these comments constructively and use them to strengthen your organization.

This application packet includes:

COVER SHEET: Name, address, phone & fax numbers, key officers, 2006 request and signatures. Remember, we need 1 copy of your completed application delivered to the United Way office by noon, Friday, April 29, 2005.

APPLICATION FOR 2006 FUNDING: There are only minor revisions to the application format. We hope you find the new format easy to understand and complete. The Committee may use the monthly reports you submit to supplement this information. This format has been adopted to optimize the volume of information that is required from you and reviewed by the committee volunteers. Please note that research data to support your application may be drawn from a variety of sources, but in all cases, should be cited.

CHECK LIST

PRESENTATION WORKSHEET

TIME LINES AND IMPORTANT DATES

APPEALS PROCESS

PLEASE NOTE: *United Way Agency Agreements include specific reporting requirements. Compliance with these obligations will be reported to the Community Review Committee.*

Expectations for the United Way Agencies

The United Way of Marion County recognizes the continually changing nature of human service needs. Each year a committee of community volunteers reviews agency applications and recommends agencies to our Board of Directors for admission and/or continued membership. Agencies reviewed are evaluated for their overall ability to provide service, as well as their appropriateness for United Way funding.

An agency being considered for United Way support must meet United Way eligibility requirements. These requirements were adopted by the United Way's Board to ensure all admitted agencies meet legal and organizational requirements. If any agency does not meet the eligibility requirements, it will not be considered for funding. Therefore, we ask that you review the following information prior to submitting an application for admission or continued membership.

Prior to funding disbursement, the agency must sign and agree to adhere to the AGENCY AGREEMENT which explains requirements in greater detail. Copies of these documents are available from United Way upon request. However, the items listed below will provide you with a good overview of what will be required and expected of you as a United Way agency.

The following are eligibility requirements and expectations for member agencies:

- (1) The agency must be a local, non-profit organization operating a program deemed by the United Way Board of Directors to be important to the general human care service system of the community and must have federal tax exempt status under IRS code 501 (C) (3);
- (2) The agency's management must be vested in a soundly constituted volunteer Board of Directors, large enough to be properly representative, which meets at least quarterly, and which in actual fact, assumes the responsibility and accountability to the public for the governance of the agency;
- (3) The agency must render a service which meets a demonstrated human need; its programs must be of quality and quantity which will justify present and proposed expenditures; its hours of service must be such to meet the needs of the people served; its facilities must be adequate for the purpose for which they are maintained; intake policy and limit of service, geographic and otherwise, must be clearly defined;
- (4) The agency must provide services without discrimination based on race, sex, creed, age, color, handicap, or national origin;
- (5) The agency shall use only those methods of securing other income, which are in accord with United Way's policy, including honoring the ninety-day exclusion period August 15 - November 15.

- (6) The agency shall make available a copy of the most recent financial statement to be prepared by an independent public accountant in accordance with generally accepted auditing standards. United Way agencies, regardless of budget size, are required to have an audit at least every two years. Agencies with budgets in excess of \$100,000 are required to have an audit annually;
- (7) The agency shall have a satisfactory plan for meeting any prior indebtedness and agencies with buildings shall have safe structures;
- (8) The agency shall cooperate with other agencies in preventing a duplication of effort and in promoting effective service, efficiency and economy of administration;
- (9) The agency must utilize all opportunities to inform the public of the mutual values of United Way agency relationships to the community and to identify itself in every practical manner as a recipient of community support through the United Way through display of United Way insignia on its property, offices, stationary, publications, and through other procedures that would be mutually beneficial in the promotion of United Way;
- (10) The agency must have a plan for organization and operation which is satisfactory to the United Way, operate on a sound financial basis and maintain an adequate system of records and reports covering both its services and finances;
- (11) The agency must make effective use of volunteers, wherever possible, consistent with its program;
- (12) If the agency employs staff, they must be qualified by training and/or experience to carry on an effective program;
- (13) The agency must have a local presence in the Marion County geographical area;
- (14) The agency must be registered with the Secretary of State of West Virginia, if required, and must file all applicable forms with the State;
- (15) The agency must have operated for a period of two years prior to its request to become a United Way member agency.
- (16) Compliance with the Patriots Act.

Good Luck!

**2006 Funding Application
United Way of Marion County**

Agency Name: _____

Contact Person: _____

Mailing Address: _____

Telephone #: () _____ Fax #: () _____

E-Mail: _____ Website: _____

Service/Impact Areas: Please choose one for each program application.

_____ Crisis and Disaster Services – Programs or services designed to stabilize individuals and/or families as a result of a crisis or natural disaster.

_____ Basic Needs Services – Programs or services that assist individuals and families in securing and/or maintaining their basic needs: food, shelter, utilities, clothing and access to medical care.

_____ Youth Services – Programs or services designed for at-risk children and/or programs or services designed to break negative social cycles (i.e. Domestic Violence, Alcohol and Drug Abuse, Poverty)

Program A _____ \$ _____

Program B _____ \$ _____

Program C _____ \$ _____

Total requested United Way funding for 2006 \$ _____

Submission Approval

Chief Professional Officer: _____

Name (Please Print)

Signature

Date

Board Chairperson:

Name (Please Print)

Signature

Date

Reviewed by Full Board: Yes _____ No _____

Date

Special note: Please read over the entire application before beginning to complete it. The Program Section is divided into two parts: Part A covers all programs offered by your agency; Part B covers the programs for which you are seeking funding from the United Way of Marion County.

PART A. Agency Evaluation

I. Overview

Please provide a BRIEF narrative describing ALL programs offered by your agency. Include objectives, activities, and numbers served. Attachments and supplemental documentation not specifically requested are discouraged from being attached to this application. Additional information you feel maybe helpful to the committee should be provided to the United Way representative during your agency visit.

II. Board of Directors

1. How does the Board determine the organization's mission and purpose? How often do they review it?
2. How does the Board support the chief executive and assess his or her performance?
3. How does the Board actively recruit and orient new Board Members and assess board performance?
4. What is the size of your agency Board per bylaws? How many members are currently on the Board? (**Attachment A:** Please attach a list of Board Members, tenure, and committee assignments.)
5. What is the average attendance of the Board meetings?
6. How often does the Board meet?

III. Volunteers

1. How many volunteers were utilized *by your Agency* last year: _____
2. Does the organization have liability insurance for volunteers?
Yes _____ No _____
3. Does the organization have a designated "volunteer coordinator" who handles referrals?
Yes _____ No _____
4. Describe your organization's procedures for responding to volunteer inquiries, training volunteers, and managing volunteers?

5. Describe how your agency participates in community-wide volunteerism activities.

IV. Fiscal Responsibility

1. Agency Fiscal Year: _____ through _____
2. Date of Last Audit: _____/_____/_____
3. Audit Type: _____
4. Audit Firm Utilized: _____ (**Attachment B:** Attach a copy of the management letter and any response from the board of directors.)
5. Are the duties and responsibilities of financial personnel clearly established and described in writing?
6. Does the governing board conduct periodic review and comparison of budget versus actual?
7. Does your agency have a reserve fund? If yes, are they available for operating expenses and for how many months could your agency operate on these reserve funds.
8. Does your agency have liability insurance? Property insurance? Who is your insurance agent?
9. List any and all Board restricted endowments and reserve funds; list the restriction policy or policies. Provide the following information for each restricted fund.

Name of Restricted Fund:

1. Restricted by: Donor Agency Board

2. Source of Fund:

3. Restricted Purpose:

4. Are investment earnings available for non-restricted purposes?

5. Fund Balance: Current: \$ _____ 12 Months Previous
\$ _____

V. Agency Financial Statements

Attach the following financial statements to your applications:

1. Current year operating budget (**Attachment C**)
2. Projected operating budget for next year (**Attachment D**)
3. List and explain any budget item that varies above/below 10% or more from previous year. (**Attachment E**)
4. Most recent year-to-date income and expense statement (**Attachment F**)
5. Most recent year-to-date balance sheet (**Attachment G**)
6. Salary schedule for all positions. Please include whether position is full time or part time. (**Attachment H**)
7. If you received funding last cycle, please provide a detailed accounting of how those funds were spent (**Attachment I**)

Part B. Program Evaluation

Please complete a separate form for each program for which you are requesting United Way funding. Make additional copies of Part B. as necessary.

Program: _____

Service/ Impact Area: _____

I. Program Objective

(What we do)

A general statement of what this program is designed to accomplish. The objective should be linked to an identified community need (or target population served). Please include sources of data that support your need statement.

II. Program Activities

(How we do it)

Steps taken/ methods used to provide the service.

III. Evaluation

(How do we know we are successful)

Give criteria used to measure program impact upon targeted need.

1. Does the agency review program objectives annually to determine whether or not they have been met? If yes, who reviews and what were the most recent results? If not, is there a plan to begin to evaluation program objectives?

IV. Service provision in our United Way area

1. In which communities is this program provided? (Please list.)
2. Define unit of service.
3. How many units of service did or will you provide in the following time frames?
Previous Year _____
Current Year _____ (completed and estimated)
Next Year _____ Estimated units
4. How many new clients/participants did you serve in the past year?
5. How many new clients/participants do you anticipate serving in the next year?

V. Eligibility Criteria

1. What are the program eligibility criteria to receive services?
2. What happens to clients/applicants that are determined to be ineligible for your services?
3. Do you provide service to ALL clients/applicants determined to be eligible? If not, why and what happens to these clients/applicants?

VI. Fees for Service

1. Are fees charged to program participants? If so, what is the fee scale; and how are the fees assessed?
2. What is the procedure if a person cannot afford to pay fee for service?

VII. Funding

1. Please provide a narrative of how United Way funding will be used to support this program?
2. Describe how this program would be affected should United Way funding to your program be reduced or denied.
3. To help our donors better understand the impact their dollar has on community need, please give examples of how small gifts can provide service to your clients. (Ex: \$5.00 provides one resident with one night's lodging and meals).

\$ _____

\$ _____

4. List supplemental fundraising activities planned for the current year included in the board-approved budget.

| Activity | Date | Expected Net Results |
|----------|------|----------------------|
|----------|------|----------------------|

Check list

Please include check list with your application.

For ALL Agencies applying or reapplying:

_____ Cover Letter: (optional): This is your opportunity to briefly address the volunteers on the Committee.

_____ Completed Application

_____ Application form

_____ Attachment A: Current Board of Directors roster with tenure and officers identified

_____ Attachment B: Copy of the management letter included with your last fiscal audit and any response from your Board of Directors

_____ Attachment C: Current year operating budget

_____ Attachment D: Projected 2006 operating budget

_____ Attachment E: 10% variances above/below operating budgets

_____ Attachment F: Agencies year to date income and expense statement

_____ Attachment G: Agencies year to date balance sheet

_____ Attachment H: Salary schedule for all positions

_____ Attachment I: Accounting of 2004 United Way allocations

_____ Completed presentation Worksheet

For Agencies applying for the first time or reapplying agencies whose information has changed since the last allocations cycle.

_____ IRS determination letter

_____ Most recent 990, audit or financial statement

_____ Copy of Charitable Funds registration or exemption letter

_____ Legal organizational documents of the agency: by-laws, constitution and cash handling procedures

Presentation Worksheet

Agency/Program Name _____

The following dates and times have been established for panel presentations. Please indicate your first, second and third choice. If we are unable to accommodate your preferences, we will contact you directly on May 3, 2005. Panels will be assigned on a first come, first serve basis.

| | | | | | |
|-------------------|------|-------|-------|-------|------|
| May 24 (Tuesday) | 5:45 | 6:30 | 7:15 | 8:00 | 8:45 |
| May 26 (Thursday) | 5:45 | 6:30 | 7:15 | 8:00 | 8:45 |
| May 31 (Tuesday) | 5:45 | 6:30 | 7:15 | 8:00 | 8:45 |
| June 2 (Thursday) | 5:45 | 6:30 | 7:15 | 8:00 | 8:45 |
| June 4 (Saturday) | 9:15 | 10:00 | 10:45 | 11:30 | 1:45 |

First Choice _____

Second Choice _____

Third Choice _____

For United Way use:

CRC Team Member _____

Phone _____

CRC Team Member _____

Phone _____

Time lines and important dates

NOTE: DO WE NEED TO SCHEDULE A MEETING WITH THE FULL COMMITTEE PRIOR TO RELEASING THE APPLICATIONS?

| | | |
|-----------------------|------|--|
| April 1 – 30, 2005 | | Application period to include 3 training sessions |
| | | April 6 6:30 – 8:30 pm |
| | | April 12 10:00 – 12:00 am |
| | | April 19 1:00 – 3:00 pm |
| May 3, 2005 | 6:00 | Standing 15 and Finance Initial Review |
| May 5, 2005 | 6:00 | Full CRC Team, Assignments for agency visits |
| May 9-20, 2005 | | Agency Visits |
| May 24 – June 4, 2005 | | Panel presentations |
| | | May 24 (Tuesday) Begin at 5:45 pm |
| | | May 26 (Thursday) Begin at 5:45 pm |
| | | May 31 (Tuesday) Begin at 5:45 pm |
| | | June 2 (Thursday) Begin at 5:45 pm |
| | | June 4 (Saturday) Begin at 9:00 am |
| June 7, 2005 | 6:00 | Community Review Committee (standing 15) Final recommendation night |
| June 8, 2005 | | Evaluation letters released to applying agencies |
| June 28, 2005 | | Recommendations before the United Way Board |
| June 29, 2005 | | Award Letters released |

Panel Presentations

Each agency will have no more than 15 minutes to present information to the panel. The presentations

will be timed and should concentrate on the following points:

1. Briefly state what it is the program/agency does
2. How will the United Way funding contribute to your ability to provide the service?
3. What is the impact on Marion County?
4. What will happen if funding is not appropriated or reduced?
5. Any unique circumstances or events that have impacted your ability to provide service.

United Way of Marion County Appeal Process

United Way has developed a citizen's review and allocation process that is intended to be volunteer-driven, fair, accountable, and sensitive to agency input and to community priorities. This process should be responsive to donors, inclusive, flexible, oriented toward the long term and not intrusive of agency missions.

The purpose of this review and allocation process is to validate for contributors and others that the United Way dollars are invested in agencies and programs that have an impact on significant community problems.

Basis for Appeal

United Way of Marion County believes that its program review and allocations process provides member agencies with ample opportunities to present their case for funding. Appeals shall only be made to address extraordinary situations, which include:

1. The United Way of Marion County violated its program review and allocations process or policies in making a fair allocation;
2. The agency has new information that was not available when it submitted its application or when it initially met with a Committee member, or when the agency appeared before the full Committee;
3. The United Way of Marion County made a factual error or seriously misinterpreted or misunderstood some aspect of the agency's presentation.

The decision to accept appeals for these or other reasons meriting consideration will be made by the Committee Chair, the Vice-Chair, and the Board President.

An agency's desire to reemphasize points already made is not considered a valid basis for an appeal. An appeal requested on the sole basis of dissatisfaction with the recommended allocation level may be refused.

Appeal Procedure

If an agency wishes to appeal, the United Way office must receive notification in writing within 10 working days of the date of the notification letters. Appeal letters are to be addressed to the Chair of the Community Review Committee and should include a brief statement specifically citing the reason(s) for the appeal request. The United Way will respond in writing within 10 working days.

Appeals are heard by the Community Review Committee chair, one BoD member who is uninvolved, and the President of the Board.

Information obtained during the appeals meeting will be considered by the Committee and a final decision to accept or adjust the appealed allocation will be made. A summary of the appeal will be presented to the Board of Directors at its next regularly scheduled meeting. Written notification of the decision will be sent by mail to the agency.