

Investment Application – United Way of MPM

Fiscal Year 2020-21

Application Deadline – September 30, 2020 at 4:30pm

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Requests for funding must be at least \$5000.00. Late or incomplete applications will be disqualified for funding consideration. Save your application as a single PDF file that 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: _____

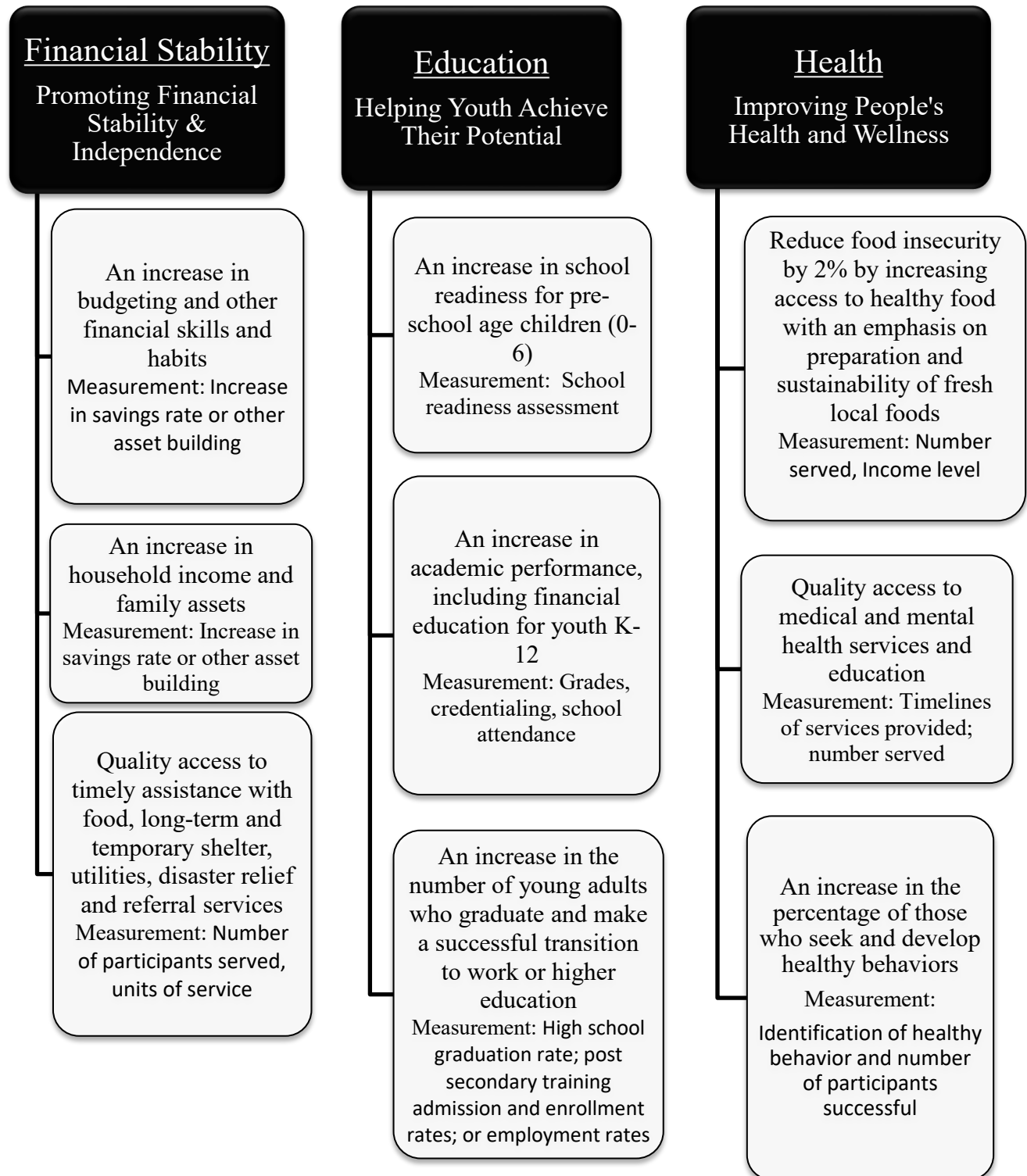
Request for Program Investment: \$ _____

This application will be used by the United Way of MPM Investment Committee to determine funding. Download the electronic version of this application and evaluation form at 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. Explain how proposed initiative achieves the goal selected above:

Please use the box below to explain how this initiative achieves the community goal selected.

C. Is this proposed initiative COVID-19 related? Yes or No

If yes, please use the box below to explain how it's related to COVID-19. (For recordkeeping purposes only; no points will be assigned.)

D. Briefly describe your program and investment request in the box below. 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

Program Results

Previous year

Proposed year

<p>A. How many unique (unduplicated) people/clients will be served through the program?</p>		
<p>B. 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.</p>		
<p>C. What is the cost per unique (unduplicated) person/client? (total program budget divided by number of unique people/clients served)</p>		
<p>D. What is the cost per unit of service to continue these services? (total program budget divided by total units of service- Should match Line O from program budget)</p>		

E. 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. Clearly identify the time-period in the lines provided; keep the program budget 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.**

➤ **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.
- Line 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 H - 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 I - 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 J - 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 K - 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 L - Include expenses not listed in lines H-K. Include debt retirement (principal and interest) here.
- Line M - Add lines H-L. This line represents the sum of all costs of operations for each program.
- Line N - The difference between the agency's "Total Support/Revenues" and the "Total Expenses". Where expenses are greater than revenues, resulting figures should be bracketed ().
- Line O – Cost per unit of service – total program budget divided by number of clients served.

Program Name: _____

SUPPORT/REVENUE	Actual-Most Recent Year End Fiscal Year _____-____-	Projected-Next Year's Program Budget Fiscal Year _____-____-
A. Contributions/Special Events/Membership Dues		
B. Fees and Grants from Government Agencies		
C. Program Service Fees/Sales		
D. UW of MPM Community Impact Investment (Do NOT include designations)		
E. Income from all other United Ways		
F. All Other Income Sources		
G. Total Support/Revenue		
EXPENSES:		
H. Salaries and Benefits		
I. Administration and Overhead		
J. Specific Program Costs		
K. Membership Dues or Support to National		
L. Other		
M. Total Expenses		
N. Surplus/Deficit		
O. 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.

Program Sustainability, Duplication of Services & Collaboration

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

A. How will this program continue after UW's investment?

Collaborative Experience

B. 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)
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	<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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UW Partnership Experience (Only programs that have received United Way funding in the past need to complete this section.)

Please use only the space below for your answer.

- A. Describe your compliance with the Partner Agreement in the following areas:
- Agency complied with funding agreement. Yes or No (If no, please provide explanation.)
 - Agency completed all documentation and status reporting by the due dates. Yes or No
- B. Did you achieve the goals and meet the outcomes you established for the program when applying for funding? Please explain.
- C. Have you co-branded program to reflect United Way support? Please explain.

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**