



United Way
of Morrison County

2020 Community Investment Timeline

<u>Task</u>	<u>Timetable</u>
Allocation application available online	Friday, 11/1/19
Application due at the UW office	Wednesday, 11/27/19 (12pm)
Application processing & review (UW office)	12/1/19-12/31/19
Allocation committee meeting (lunch)	Tuesday, 1/13/20
Agencies present to Allocation Committee	Tuesday, 1/21/20 (4:30pm-7pm)
United Way Board action	Wednesday, 1/22/20 (12-1pm)
Funding cycle begins	Tuesday, 3/31/20

2020 Impact Agenda

EDUCATION: Helping children and youth achieve their potential through education

1. Children enter school developmentally on track and ready to succeed.
2. Elementary students are prepared to succeed in later grades.
3. Increase high school graduation rates.
4. Young adults make a successful transition from high school to advance education.

FINANCIAL STABILITY: Helping families become financially stable and independent

1. Families move toward financial independence.
2. Increase income levels.
3. Working families have savings or checking accounts and money saved for emergencies.
4. Working families build appreciating assets.
5. Resource access through 2-1-1 service and FamilyWize.

HEALTH: Reducing child abuse, domestic violence, and increasing health education & preventive care

1. Maternal health and infant well-being.
2. Reduce and prevent child abuse and neglect.
3. Access to basic health care and prevention programs.
4. Reduction of risky behaviors for both youth and adults.



2020 Program Funding Checklist

Please return completed signed application packets by 12pm on Wednesday, November 27, 2020.
No grant applications will be considered if submitted after deadline.
If all fields/questions are not completed, the application is considered incomplete and will not be considered for funding.
 Mail to: Morrison County United Way, 116 8th Ave SE, #158, Little Falls, MN 56345

Agency Name: _____ Phone: _____

Submitted by: _____ Email: _____

Please submit one copy of the following: (unstapled)

- 1. Agency Information form with signatures _____
- 2. 501(c) 3 Letter with Federal ID number (or Tax Exempt letter) _____
- 3. Current Board Roster _____
- 4. Formal policy of non-discrimination _____
- 5. Copy of By-laws and/or Constitution _____
- 6. **Unbound** copy of Audit or financial review _____
- 7. Copy of most current IRS 990* _____
- 8. Agency Budget (use attached 2019 Organizational Budget) _____
- 9. 2019 Agency Agreement _____

Please submit 10 copies of the following: (unstapled, 1-sided)

(On white paper in the order listed below)

- 1. Annual Program Allocation Application _____
- 2. Information for each program applying for funding _____
- 3. Program Budget (use attached Actual 2019 Organizational Budget) _____

In addition to turning in your application, up to two representatives from your organization will be called upon to present the details of your organization and the program(s) to our Allocation Committee. **We ask that you prepare to present for approximately 10 minutes.** This panel will meet during the evening of Monday, January 20, 2020. Exact time and location will be determined at a later date.

*If you are not required to file a 990, you are still required to fill out the front page of the form and submit it with your application packet in order to be considered for funding by the United Way of Morrison County.



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2020 Agency Information

The Mission of Morrison County United Way is to increase the organized capacity of people to care or one another.

Agency Name: _____ Federal Tax ID#: _____

Mailing Address: _____

Street Address: _____

City/State/Zip: _____

Director's Name: _____

Director's Title: _____

Phone: _____

Fax: _____

Email: _____

Agency Summary Application Form

A. Agency mission statement (found in your bylaws, articles of incorporation or subsequent board adopted mission statements):

B. Funding application summary information

Program Title

Funding Request

\$ _____

C. General description agency services (be brief and include geographic area served):



2020 Agency Information (continued)

- D. Administration and overhead expenses (expressed as percent of total budget – also known as management and general, that portion of your expenses not dedicated solely to program or services. If asked, be able to explain it. If applying for United Way funding, you must figure the administrative expenses directly from your 990. **If you are not required by law to submit a 990, you must still prepare the first page of the form 990 and submit it to United Way. This is a requirement for receiving funds from the State and Federal employees’ campaign as well.**)

_____ %* (required)

- E. Describe interagency collaboration (briefly describe other agencies which you share or cosponsor services or programs. May include sharing of staff, facilities, equipment or program materials.):

- F. Authorization (executive director and board president signatures are both required, authorized by the agency’s board of directors):

The undersigned certify that authority to submit this application was properly provided by the agency’s board of directors.

Executive Director

Board President

Date

Date

- G. ANTI-TERRORISM COMPLIANCE MEASURES

In compliance with the USA PATRIOT Act and other county terrorism laws, the United Way of Morrison County requires that each agency certify the following:

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

Print Name: _____

Signature: _____

Title: _____

Date: _____



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Annual Program Allocation Application

Complete this portion for the program for which you seeking funding.

Agency Name: _____ Program Name: _____

The United Way of Morrison County will be assessing programs with regard to their unique value in addressing one of the identified priorities in the Community Impact Agenda. (See attached)

What is the objective?

What is the plan to reach this objective?

How will this program be affected if United Way funds cannot be provided as requested?

Do you receive funds from any sources other than Morrison County United Way? If yes, please specify sources and amounts.



Annual Program Allocation Application (continued)

Service Statistics for United Way funded program(s):

Total Program Cost: _____

Requested Funds: _____

Number of Units Served: _____

Cost Per Unit: _____

Number of Clients Served: _____

Staffing:

Full Time Equivalent (FTE): _____

Volunteer Hours: _____

What difference did this program make: To Society? To families? To individual clients? Choose one of the program's outcomes that you want to illustrate in a success story. State this outcome below as you would want it communicated to the public. Please include actual data. Provide a success story to be used in public media messages.

Example: An addiction recovery center where 50 clients were assisted in leading a drug or alcohol-free life. They received an understanding of their addiction, increased self-esteem, a philosophy to live by and a support group. Families experienced less economic deprivation, increased safety when with clients, and reduced domestic violence. Employers received less drug-related illness, more accuracy and better attitude. Society as a whole benefited from all of the above. Be as clear and concise as possible. Services and programs are not fundable unless there are identifiable benefits.

2020 Agency Agreement

THE AGENCY AGREES TO:

- Promote and assist in the United Way annual fundraising campaign.
- Make use of the United Way logo on all written forms of communication, social media, websites, print advertising letterheads, and in all of its public functions whenever feasible. Our logo will be forwarded to you upon request.
- Cooperate with other agencies and coordinate services to best meet the needs of the community.
- Show support for and partnership with United Way by participating in community events.
- Welcome United Way staff, Board Members, Community Investment Committee Members, and other United Way volunteers if they request to tour the agency.
- Collaborate and share needs assessment results with United Way.
- Grant United Way permission to use the information contained in the agency allocation application materials for media releases, promotional materials, campaign brochures, electronic communications, and United Way website.
- Conduct an annual United Way campaign each fall among its employees and Board members, encourage the participation of its constituency and members in such activities, with a focus on meeting overall community needs.
- Refrain from initiating or participating in any non-United Way organized solicitation of employees at the workplace at any time in the service area. An organized solicitation is a federated campaign in the workplace, organized with the support of the employer, through which monetary contributions are solicited from employees.
- Use funds as explicitly described in the Allocation Application and inform United Way of any changes in program criteria or operations that would influence how United Way funds are used. Any funds allocated to the agency that may no longer be used for their program intended purposes will be returned to United Way.
- Not conduct any direct fundraising during the period of **September 15th – October 15th**. Fundraising limitations include, but are not limited to, large fundraising campaigns and large promotional events. Fundraising limitations do not include small events such as bake sales, food drives, wreath sales, etc. This time frame is the busiest time for the United Way annual pledge drive and United Way appreciates your ongoing cooperation and assistance during this time to help us insure a successful pledge drive. (If you already have an established event during this timeframe, please notify the Morrison County United Way office. You may still have your event, but your sponsorship and donation requests must be completed and secured by September 15th.)
- Be familiar with this agreement and communicate the agreement to its Board of Directors, employees, volunteers, and community supporters. By abiding by this agreement, United Way believes that together we can most effectively meet community needs and strengthen the community we serve.
- Provide 5 hours of volunteer time to Morrison County United Way for events and fundraising efforts if total allocations awarded is \$1,000 or greater.
- Accept a decrease in fourth quarter payments if all pledges are not fulfilled.
- Accept a 10% decrease in allocation payments if agency is found in violation of this agreement.



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2020 Agency Agreement (continued)

MORRISON COUNTY UNITED WAY AGREES TO:

- Develop objectives for the annual fundraising campaign with regard to the requirements of participating agencies, fundraising realities and other pertinent considerations.
- Use its best efforts to achieve the campaign objectives.
- Act as a responsible steward of funds contributed to the United Way by fully informing contributors of the allocations and use of such funds.
- Submit financial records for review by an independent accountant.
- Raise awareness of United Way of Morrison County Partner Agencies and build the public's understanding of the valuable services and results achieved.
- Maintain ongoing communication with Partner Agencies and inform them of significant changes.

2020 Agency Agreement (continued)

Partner Agency certifies that:

1. This agency prepares and makes available to the public an annual report that includes a full description of the organization’s activities and supporting services and identifies its directors/governing body and chief administrative personnel.
2. This agency is directed by an active and responsible governing body whose members have no material conflict of interest and a majority of which serve without compensation.
3. This agency accounts for its funds in accordance with generally accepted accounting principles, submits IRS 990 form and/or was audited in accordance with generally accepted auditing principles by an independent certified public accountant in the past year.
4. The fundraising and administrative expenses are _____% of the total support and revenue. I further certify that these expenses are reasonable under all circumstances.
5. This agency is organized under the laws of the State of Minnesota.
6. This agency is a governmental agency or an agency which is recognized by the Internal Revenue Service as tax exempt under 26 U.S.C.501 (c) (3) and to which contributions are tax deductible pursuant to 16 U.S.C. 170.
7. Any lobbying activities of the agency to influence voting or legislation at the local, state or federal level would classify it as a tax-exempt agency under 26 U.S.C.501 (h).
8. This agency’s fundraising practices protect against unauthorized use of its CFC contributor listing: permit no general telephone solicitations of the public, permit no payment of commissions, finder’s fees, percentages, bonuses or similar practices in connection with its fundraising.
9. The publicity and promotional activities of the agency are based upon its actual program and operations. I further certify that they are truthful and non-deceptive, include all material facts and make no exaggerated or misleading claims.
10. Funds contributed by Federal personnel are effectively used for the announced purpose of the agency.
11. This agency received at least 50 percent of its total support and revenues from sources other than the Federal government or at least 20 percent of its total support and revenue from voluntary contributions from the general public.

Agency Executive: _____
Name (Print) Title

Signature: _____ Date: _____

This Agreement is in effect until December 31, 2020.



2020 Organization Budget
(Only this budget form will be accepted)

Table with columns: Source, INCOME, Amount. Rows include Support (Government grants, Foundations, Corporations, etc.), Revenue (Government contracts, Earned income, etc.), and Total Income.

Table with columns: Item, EXPENSES, Amount. Rows include Salaries and wages, Insurance, benefits and other related taxes, Consultants and professional fees, Travel, Equipment, Supplies, Printing and copying, Telephone and fax, Postage and delivery, Rent and utilities, In-kind expenses, Depreciation, Other (specify), Total Expense, and Difference (Income less Expense).

**2020 Program Budget
(Only this budget form will be accepted)**



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<u>Source</u>	<u>INCOME</u>	<u>Amount</u>
Support		
Government grants		\$ _____
Foundations		\$ _____
Corporations		\$ _____
United Way or other federated campaigns		\$ _____
Individual contributions		\$ _____
Fundraising events and products		\$ _____
Membership income		\$ _____
In-kind support		\$ _____
Investment income		\$ _____
Revenue		
Government contracts		\$ _____
Earned income		\$ _____
Other (specify)		\$ _____
_____		\$ _____
_____		\$ _____
_____		\$ _____
	Total Income	\$ _____

<u>Item</u>	<u>EXPENSES</u>	<u>Amount</u>
Salaries and wages		\$ _____
Insurance, benefits and other related taxes		\$ _____
Consultants and professional fees		\$ _____
Travel		\$ _____
Equipment		\$ _____
Supplies		\$ _____
Printing and copying		\$ _____
Telephone and fax		\$ _____
Postage and delivery		\$ _____
Rent and utilities		\$ _____
In-kind expenses		\$ _____
Depreciation		\$ _____
Other (specify)		\$ _____
_____		\$ _____
_____		\$ _____
	Total Expense	\$ _____
	Difference (Income less Expense)	\$ _____