

United Way 2019/2020 Application

Chatham County and United Way Application Portal

General Information

Agency Name*

Character Limit: 100

Fiscal Year*

What is your fiscal year?

Please use this format:

Month Day through Month Day

(Example: January 1 through December 31)

Character Limit: 250

Total Agency Budget*

Please indicate the total agency budget for the current year.

Character Limit: 20

Agency Description*

Please provide a short description of your agency.

Character Limit: 300

Agency Summary*

Include all programs provided by your agency and a general description of services.

Character Limit: 3500

Agency Facilities*

List the facilities you operate within Chatham County, along with their physical address and days and hours of operation.

Please use this format:

Facility Name: Street Address, City, State, Zip

Days and Hours of Operation

Character Limit: 5000

Full Time Staff*

How many full time staff members work for your agency?

Character Limit: 250

Part Time Staff*

How many part time staff members work for your agency?

Character Limit: 250

Agency Volunteers*

How many volunteers work for your agency in Chatham County? **DO NOT** include volunteers that don't work in Chatham County in this figure.

Character Limit: 250

Total Volunteer Hours*

How many total hours do volunteers provide for your agency in Chatham County?

Character Limit: 250

Volunteer Training*

What type of training does your agency provide for your volunteers?

Character Limit: 500

Certification Documents

Please upload the required certification attachments below. **If a certification attachment cannot be submitted at this time, please submit an explanation as to why on letterhead signed by the director.** A projected date for submission of the required document should also be included. This letter of explanation should be submitted in place of the attachment and its certification attachment number should be written in the top right-hand corner.

C-1a. Annual Audit or Financial Statement Review*

An audit is required for the last completed fiscal year for agencies with annual revenue of \$300,000 and over. For agencies with annual revenue of less than \$300,000, a financial review by an independent CPA is required for the last completed fiscal year. Upload required in PDF format.

File Size Limit: 5 MB

Is your agency eligible for a financial analysis?*

For agencies with annual revenue of less than \$50,000, a financial analysis will be administered by United Way staff. You must contact the United Way office to complete the financial analysis **BEFORE** February 28.

Choices

Yes

N/A

C-1b. Management Letter (if applicable)

This is a letter from your auditor that is required to communicate material weaknesses and significant deficiencies. These could include: segregation of duties, account reconciliations, physical asset security, credit policies, employee performance, safety, internet use and expense

reduction. The letter also includes an auditor's recommendation for resolution. Upload required in PDF format.

File Size Limit: 1 MB

C-1c. Management Response Letter (if applicable)

This is a letter written by the agency detailing how they plan to incorporate the auditor's recommendations. Upload required in PDF format.

File Size Limit: 1 MB

C-2. Annual Line Item Budget*

Using this template list all revenue and expenses for the prior year actual, current year budget, current year estimated and next year requested. Project year-end totals for "current year estimated." Provide an explanation for any variance between the last two years of more than 10%. Your budget is required to balance, which means that total revenue and expenses should equal each other.

Download the required template, save it as an excel file, enter all requested budget information, save again and upload the file. Upload required in Excel format.

File Size Limit: 1 MB

C-3. NC Solicitation License or Letter of Exemption*

Upload required in PDF format.

File Size Limit: 1 MB

C-4. IRS Form 990 (most recent filed)*

Upload required in PDF format.

File Size Limit: 4 MB

C-5. Board Roster*

Please include Names, Addresses and Professional and/or Community Affiliations. Upload required in PDF format.

File Size Limit: 1 MB

C-6. Organizational Chart*

Please indicate each person's position and number of hours worked per week. Upload required in PDF format.

File Size Limit: 1 MB

C-7. Code of Ethics or Conflict of Interest Policy*

Upload required in PDF format.

File Size Limit: 1 MB

The following items should only be submitted if your agency is applying for the first time or if your Board has revised them since December 31, 2017.

C-8. Financial Reserves Policy

Upload required in PDF format.

File Size Limit: 1 MB

C-9. IRS 501(c)(3) Letter of Tax Exemption

Upload required in PDF format.

File Size Limit: 1 MB

C-10. Non-Discrimination Policy

The Non-Discrimination Policy is related to Clients, Board and Staff and meets Federal Guidelines. A written statement with a mission-based reason why this standard cannot be met is required if the agency doesn't have a Non-Discrimination Policy. Upload required in PDF format.

File Size Limit: 1 MB

C-11. Articles of Incorporation

Upload required in PDF format.

File Size Limit: 1 MB

C-12. By-Laws

Upload required in PDF format.

File Size Limit: 1 MB

Certification Questions

Financial Reserves Policy*

1. Is the agency in compliance with its Financial Reserves Policy?

Choices

Yes

No

Pending Lawsuits*

2. Are there reports of pending lawsuits, known fraud or embezzlement activity within the agency?

Choices

Yes

No

Agency Operating Percentage*

3. What is the percentage of the agency's fundraising and administrative expenses? Click here for instructions to calculate your FRA.

Character Limit: 5

Board Review of Financials*

4. How often are financials reviewed by the Board?

Choices

Monthly
Bi-Monthly
Quarterly
Semi-Annually
Annually
Not At All

NC Solicitation License Expiration Date*

5. What is the expiration date of your NC Solicitation License? For more information on how to obtain or renew a NC Solicitation License, see:

https://www.sosnc.gov/divisions/charities/online_filing

Character Limit: 10

Board Insurance*

6. Is the Board insured?

Choices

Yes
No

Board Review of Liability Needs*

7. Does the Board review general liability insurance needs?

Choices

Yes
No

Limits of Board Liability

8. What are the limits of liability?

Character Limit: 20

Staff Bonded*

9. Is the staff bonded?

Choices

Yes
No
N/A

Employee Dishonesty Insurance*

10. Does the agency have insurance covering employee dishonesty?

Choices

- Yes
- No
- N/A

Agency Mission Statement*

11. What is the agency's mission statement?

Character Limit: 1500

Review of Agency Mission*

12. When last was the agency's mission revised?

Character Limit: 10

Board Quorum*

13. How many board members must be present to have a quorum?

Character Limit: 10

Board Meetings*

14. How many times per year does your board of directors meet?

Character Limit: 50

Board and Officer Rotation*

15. What is your board and officer rotation policy?

Character Limit: 500

Board Minutes*

16. Do you maintain board minutes?

Choices

- Yes
- No

Strategic Plan*

17. Does your Board currently have a strategic plan that was created in the last 5 years? If yes, upload it in PDF format. If no, describe the steps that you will take to develop a strategic plan.

Character Limit: 1000 | File Size Limit: 1 MB

Fundraising Plan*

18. Does your Board currently have a fundraising plan that was created in the last 5 years? If yes, upload it in PDF format. If no, describe the steps that you will take to develop a fundraising plan.

Character Limit: 1000 | File Size Limit: 1 MB

Board Job Descriptions*

19. Do you have job descriptions for your Board members that include fundraising responsibilities?

Choices

- Yes
- No

Board Orientation*

20. Do you conduct an orientation for Board members?

Choices

- Yes
- No

Review of Personnel Policies*

21. Are your personnel policies reviewed by the board?

Choices

- Yes
- No
- N/A

Agency Evaluation*

22. Does your agency conduct a regular evaluation, certification or similar process by an external group for the programs you operate? If so, by whom? How often? Please report any deficiencies and corrective actions taken.

*Please note: United Way of Chatham County reserves the right to request a copy of this evaluation.

Character Limit: 1000

Personnel Policies*

23. Does your agency have personnel policies?

Choices

- Yes
- No
- N/A

Staff Job Descriptions*

24. Does your agency have job descriptions for each staff person?

Choices

- Yes
- No
- N/A

Performance Reviews*

25. Does your agency have an employee performance review process?

Choices

Yes
No
N/A

Staff and Volunteer Orientation*

26. Is there an orientation program for agency staff and volunteers?

Choices

Yes
No

Salary and Benefits Review*

27. How often are agency salary ranges and benefits reviewed?

Choices

Monthly
Bi-Monthly
Quarterly
Semi-Annually
Annually
Not At All
N/A

United Way Program Request Section

Program Name*

Character Limit: 250

Amount of Funding Requested for Program*

Character Limit: 20

Agency Mission*

1. What is the mission of your agency?

Character Limit: 350

Program Description*

2. Describe the program that this funding request will support.

Character Limit: 350

Program Purpose*

3. How does the program help to achieve the mission of the agency?

Character Limit: 3500

Requested United Way Funding Utilization*

4. What specifically are you going to do with the funding you are requesting from United Way?

Character Limit: 3500

Waiting List*

5. Is there a waiting list for this program? If so, provide an explanation and include the number of clients currently served and the total on the waiting list. To what extent will your funding request relieve this waiting list?

Character Limit: 1000

Allocation Budget*

6. Using the provided template, upload a proposed Allocation Budget in Excel format.

File Size Limit: 1 MB

Funding Request Details*

7. Is the amount of funding requested for this program an increase over the amount requested for this program last year? If yes, please explain why. If no, type N/A.

Character Limit: 500

Program Budget*

8. Using the provided template, upload a Program Budget in Excel format.

Revenue Section: Please list **ALL** revenue for this program. In the 'Notification Status' column indicate:

- If funding is approved- "Approved, Date"
- If funding is pending- "Pending, Anticipated Notification Date"

Please also indicate whether your United Way request is fulfilling a required match for the funding sources you list by indicating 'Yes' or 'No' in the 'Match' column. If yes, please specify the amount of the United Way request that will fulfill the required match.

Expense Section: Please list all expenses for this program.

*Please Note: "Current Year" and "Next Year Projected" budgets must balance.

File Size Limit: 1 MB

Location of Clients*

9. Please identify the number of clients served by this program for the current year by geographical area outlined below. (You will need to estimate the number served through the end of the current year.)

Area #1: Siler City/Silk Hope

Character Limit: 250

Area #2: Pittsboro, North East Chatham*

Character Limit: 250

Area #3: Goldston, Bennett, Bonlee*

Character Limit: 250

Area #4: Moncure*

Character Limit: 250

Address Unknown:*

Character Limit: 250

Total Current Year Estimated:*

Character Limit: 250

Number of Clients Served*

10. What is the total number of clients that this program will serve for the years listed below:

Prior Year Actual

Character Limit: 250

Current Year Estimated*

Character Limit: 250

Next Year Projected*

Character Limit: 250

Clients Served Details*

11. If you are planning to serve fewer clients for the year you are requesting funding than you are currently serving please explain why. If not, enter N/A.

Character Limit: 1000

Funding Focus Areas*

12. Please indicate which United Way Funding Focus Area this program addresses:

Choices

Assisting With Basic Needs

Nurturing Youth and Family

Strengthening the Community

Critical Need Addressed*

13. Describe the extent to which this program serves a critical need identified by the United Way of Chatham County Community Needs Assessment. The Survey Report may be accessed at <http://unitedwayofchathamcounty.org/community-needs-assessment/>.

Character Limit: 1000

Goals and Objectives

14. List up to three goals and three objectives for the program for the 2018/2019 funding year, using the following format:

Goal: To (provide or produce what service or product) for (clients or target market served) in order to (describe the outcome).

Objective: An (increase or decrease) in (what aspect of the goal statement) by (x%) from (current measure) to (projected measure) toward a benchmark of (long-term goal.)

Please Note: You will be required to report on each of these outcomes on **January 15, 2019** (for 7/1/18 to 12/31/18) and **July 15, 2019** (for 1/1/19 to 6/30/19). Receipt of funds obligates the agency to submit these reports.

Goal #1*

Character Limit: 10000

Objective #1*

Character Limit: 1000

Goal #2

Character Limit: 1000

Objective #2

Character Limit: 1000

Goal #3

Character Limit: 1000

Objective #3

Character Limit: 1000

Percentage of Chatham Clients Served*

15. What is the percentage of Chatham clients served by this program compared to the total clients served by this program?

Character Limit: 250

Percentage of Budget Utilized in Chatham*

16. What percentage of the program budget is allocated for services provided in Chatham County?

Character Limit: 250

Duplication of Services*

17. Does any other agency provide a similar program in Chatham County? If yes, which agencies? How is your program different from the others?

Character Limit: 500

Collaboration*

18. Explain how your agency has collaborated or attempted to collaborate with other agencies on the issue this program addresses. If you have not collaborated with other agencies, please explain why.

Character Limit: 800

Program Sustainability Plan*

19. Does the agency have a long-term plan for sustaining the program without financial assistance from United Way? If so, what is the plan? If not, why is continued assistance from United Way needed?

Character Limit: 800

Other Critical Program Information

20. Is there any special or critical information not included in the application that United Way should consider in your funding request? If so, please explain.

Character Limit: 1000

Electronic Signature

Executive Director Verification Required

On behalf of the Agency named on page one of this application, I hereby request financial support from United Way of Chatham County. The Agency named below agrees to the following in requesting United Way financial support. The Agency does not discriminate in its personnel practices, membership, operation, or provision of services on the basis of race, sex, age, religion or national origin. The Agency agrees to make available at any reasonable time any financial records that relate to how the requested funds have been spent, and to submit its financial records to an audit, should United Way request such an audit. Further, the agency agrees to all terms and conditions outlined in the United Way Agency Agreement, which will be received upon funding notification.

Application Submission Authorization*

By typing my name below, I, the Executive Director, certify that the information provided in this application regarding my agency and all program information is correct, and authorize its submission.

Character Limit: 250

