



**PLEASE RETURN TO OUR OFFICE NO LATER THAN CLOSE OF BUSINESS ON
JANUARY 22, 2021**

Checklist for Proposals

Please send one electronic copy to msmith@unitedwayvaldosta.org. Also, provide six copies of each of the following:

- A. Most recent board approved budget
- B. Allocation Request 2021
 - For Each Program:**
 - 1. Program Purpose and Goals
 - 2. Program Funding Request Form
 - 3. Success Story
- C. List of supplemental fundraising activities from previous year
 - a. Results from previous year
 - b. Months conducted
- D. List of Board of Directors - No more than 50% can be a family member
- E. Signed and dated copy of Admission Standards and Guidelines

Provide one copy of each of the following:

- F. Copy of your 501c3 tax exempt status letter
- G. Agency Balance Sheet
- H. Signed Counterterrorism Compliance Form
- I. Form 990
- J. Most recent audit
- K. Signed Agency Policies and Procedures Manual Agreement
- L. Current Professional Licensing from Secretary of State
- M. Current Annual Registration from Secretary of State



Admission Standards and Guidelines

In order to become or remain a United Way Partner Agency you must agree to:

Be incorporated, in compliance with state regulations, not-for-profit, and hold I.R.S. tax exempt status

Organizations receiving United Way dollars must be

- **Properly registered with the Georgia Secretary of State Corporations Division as a corporation authorized to conduct business in the State of Georgia,**
- **Properly registered with the Georgia Secretary of State Securities and Business Regulation Division as a charitable organization, and**
- **A Not-for-profit organization that have been declared tax exempt by the U.S. Internal Revenue Service (I.R.S.).**

Offer human service programs

Greater Valdosta United Way defines human services programs as health, welfare, and/or youth programs. United Way funded organizations should meet the test of accessibility to clients served (e.g., frequency and times of operation).

Provide community service based on documented need

The organization should address itself to an identifiable current need, demand or problem in the community.

Comply with non-discrimination and ethics laws

Discrimination by race, creed, color, sex, age, handicap, veteran status or religion should be prohibited in programs, services, staffing and volunteer areas. A signed copy of a non-discrimination affidavit is required and reinforces compliance with the Equal Employment Opportunity Act of 1972. Compliance with provisions of Sarbanes-Oxley applicable to nonprofit corporations (whistleblower protection and implementation of document retention and destruction policies) shall be demonstrated. The organization should have both ethics and diversity policies in place.

Have an active, rotating, volunteer leadership that represents the diverse elements of the community

The agency's board of directors should consist of volunteers who participate in the policy-making processes, represent the diverse elements of the community, and periodically rotate off the board and meet, at least, quarterly. Members of the volunteer structure should not receive financial remuneration from the program(s) or service(s) they oversee.

Have sound financial and program management



Demonstrated ability to manage the finances of the programs/services in accordance with generally accepted accounting procedures (e.g. American Institute of Certified Public Accountants Guide) is critical to obtaining United Way support. The organization should provide a copy of its annual audit using an independent certified public accountant or accounting firm, where feasible. A determination should be made as to the convincing likelihood that the organization can or will meet its stated program objectives. In the event the applying organization has no previous history, work record, or financial data to submit, a special committee shall be appointed by the board of directors to confer with the officials of the corporation.

To conduct an intensive year-round program of interpretation and education in cooperation with the United Way; to identify itself in every practical manner as a recipient of U.W. support through the display of U.W. insignia on its property, offices, stationery, publications, etc., and through any other procedure which would be mutually beneficial in the promotion of the U.W. campaign; and to cooperate actively with the U.W. annual campaign.

Agree to adhere to Greater Valdosta United Way bylaws provisions governing member organizations

Greater Valdosta United Way maintains a set of bylaws with specific reference to member organizations. Organizations shall be given a copy of the bylaws and any updates and will be responsible for abiding by their provisions.

By signing below I, as the Executive Director/CEO, agree that I understand and will abide by these statements.

_____ (Agency)

_____ (Executive Director/CEO)

_____ (Date)



Name of Agency: _____

I hereby state that all information documented within the pages of this request is accurate and truthful:			
Executive Director Signature	Date	Board President Signature	Date

Executive Director: _____ Contact Person: _____
 Phone: _____ Phone: _____
 Mailing Address: _____ Mailing Address: _____
 Email: _____ Email: _____

Financial Highlights for entire agency:

	Actual 2019	Actual 2020	Estimated This Year 2021
United Way Allocation			
Other Revenue			
Total Revenue			
Total Expenses			
Net Income or loss			

What is your agency’s mission statement?

List the programs that were funded by the United Way in 2020. Should correspond with monthly financials.

- _____
- _____
- _____

List the programs that you are requesting funds for in 2021. You may request funding for no more than 3 programs.

- _____
- _____
- _____



JANUARY 1, 2021 – DECEMBER 31, 2021 REQUEST FROM GREATER VALDOSTA UNITED WAY: \$ _____

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AGENCY OVERVIEW

United Way funds must be used for local programs and/or services.

1. What percentage of requested funding is related to agency administration? _____

Answers to questions 2 should be reflected in your budget explanation.

2. Of the **total agency budget**, what **percentage and dollar amount** comes from each of the following funding sources?

Funding Source	2019 Actual Dollar Amount	2020 Actual Dollar Amount	Percent Per Source Last Year	Dollar Amount Per Source Last Year	Estimated percent This Year	Estimated Dollar Amount Per Source This Year
Government						
Fees for Service & Dues						
Fundraising						
Investment Income						
Area United Way						
Other United Ways						
Other:						
Other:						
Total			100%		100%	

We need to determine the percentage used for fundraising. The following formula will be used (fundraising expenses + administrative expenses)/total expenses. Please provide the information below.

2020 Fundraising Expenses. _____

2020 Administrative Expenses. _____

2020 Total Expenses. _____



If this percentage is over 25% an explanation must be provided.

PREVIOUS ALLOCATION/CURRENT REQUEST BY PROGRAM(S)

NAME OF PROGRAM	2019 ALLOCATION	2020 ALLOCATION	2021 REQUEST	PERCENT DIFFERENCE
1.				
2.				
3.				
4.				
5.				
TOTALS				

Program Participant Demographic Data- statistics for people served by county for the period of January 1, 2020 to December 31, 2020. (If tracked)

All numbers must be UNDUPLICATED.

County	Total Served	Number of Males	Number of Females	White	African American	Hispanic	Other	Low Income
Berrien								
Brooks								
Echols								
Lanier								
Lowndes								
Total Served								

What percentage of the individuals assisted fall below the federal poverty guidelines? _____



SUMMARY OF PROGRAM FUNDS SPENT IN 2020

Show a listing of all programs offered by your agency, the total number of people served by each program, the total revenue received by the agency, and the cost per person for the service. Make copies of this page if necessary. **Please provide an UNDUPLICATED count of individuals. Should represent a cumulative total of monthly reports submitted to UW office for January 1, 2020 – December 31, 2020.**

Program: _____ Number Served: _____

Program/Services	Total # of individuals served	# of individual Clients Served Through UW program/service	UW Dollars spent directly/indirectly relating to program	Collaborative dollars spent directly/indirectly relating to program

Program: _____ Number Served: _____

Program/Services	Total # of individuals served	# of individual Clients Served Through UW program/service	UW Dollars spent directly/indirectly relating to program	Collaborative dollars spent directly/indirectly relating to program

Program: _____ Number Served: _____

Program/Services	Total # of individuals served	# of individual Clients Served Through UW program/service	UW Dollars spent directly/indirectly relating to program	Collaborative dollars spent directly/indirectly relating to program

FOR EACH PROGRAM LISTED ABOVE, COMPLETE THE NEXT TWO PAGES.



PROGRAM PURPOSE AND GOALS

(Complete separate sheets for each program.)

Program Director's name: _____

Community Needs:

1. Briefly describe the program to be funded in 2021.

2. Which of our target areas does your program primarily address? (choose one)
 - ___ Strengthening and Supporting Families
 - ___ Helping Children and Youth Succeed
 - ___ Helping Vulnerable and Aging Populations
 - ___ Promoting Independence and Self-Sufficiency
 - ___ Fulfilling Urgent and Basic Human Needs
 - ___ Improving Financial Stability
 - ___ Promoting Individual and Family Health and Wellness

3. Why has your agency determined this program is needed? (Use county data, waiting lists, or other dependable research.)

4. Provide a specific statement of the desired changes in the lives of your clients that this program will accomplish.

5. Detail the information you use to track your program's success.

6. 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 fee? _____
 - c. If sliding scale: What is the threshold for free services? _____
 - d. If not charging a fee please explain why. _____



7. Describe your plan for this program that includes timelines and assessments of current and anticipated issues.

8. 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 the United Way are utilized. Feel free to change names or identifying details if necessary.



PROGRAM FINANCIAL INFORMATION- SUPPORT, REVENUES AND EXPENSES

Program Revenue & Support

	Actual 2019	Actual 2020	Projected 2021
1. United Way Grants			
2. Revenue from Other United Ways			
2. Government Support/Fees and Grants			
3. Foundations/Private Grants			
4. Legacies and Bequests (Unrestricted)			
5. Client/Program Service Fees			
6. Contributions			
7. Sales of Materials			
8. Fundraising Events/Other Income			
9. Investment Income			
10. Special Events			
11. Membership Dues			
12. Incidental Revenue			
13. Miscellaneous Revenue			
14. TOTAL PROGRAM REVENUE (ADD LINES 1-13)			



Program Expenses- specific to the program for which you are seeking funding

	Actual 2019	Actual 2020	Projected 2021
15. Salaries of Program Staff-broken down on page 10			
16. Payments to Affiliated Organizations			
18. Benefits/Taxes			
19. Professional Fees			
20. Specific Assistance to Individuals			
21. Supplies			
22. Travel			
23. Conferences /Training /Conventions/Meetings			
24. Printing & Publications			
25. Occupancy (utilities, etc.)			
26. Rental/Maintenance of Equipment			
27. Major Property/Equipment Acquisition			
28. Program Administration			
29. Membership Dues			
30. Awards/Grants			
31. Communication (phone, fax)			
32. Postage/Shipping/Printing			
33. Miscellaneous Expenses			
34. TOTAL PROGRAM EXPENSES (ADD LINES 15-33)			
EXCESS OR (DEFICIT)- Total Program Revenue (Line 14) minus Total Expenses (Line 34)			



BUDGET EXPLANATION

MAJOR DIFFERENCES IN SUPPORT/REVENUE & EXPENDITURES: Use this form to explain any major increases or decreases in line items between Estimated & Proposed Budgets from page 7. A major shift would be more than 5% of the line item. It is in your best interest to provide more information, however, it is not necessary to detail shifts in very small items.

Line #	Item	\$ This Year Estimated	\$ Proposed	% Increase or (Decrease)	Explanation

Please provide a breakdown of the salaries for each employee in your organization:

Position	Salary



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In compliance with the Revised IRS Form 990, please answer the following questions.

Section A- Governing Body and Management

- Number of voting members of the governing body _____
- Did any officer, director, trustee or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee? _____
- Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? _____
- Did the organization become aware of a material diversion of the organization's assets? _____
- Did the organization contemporaneously document the meetings held or written actions undertaken during the year by a) the governing body and b) each committee with authority to act on behalf of the governing body? _____
- Was a copy of the Form 990 provided to the organization's governing body before it was filed? _____

Section B- Policies

- Does the organization have a written conflict of interest policy? Are officers, directors, trustees and key employees required to annually disclose interests that could give rise to conflicts? Does the organization regularly monitor and enforce compliance with this policy? If so, describe how this is done.
- Does the organization have a written whistleblower policy? _____
- Does the organization have a written document retention and destruction policy? _____
- Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision: a) CEO, executive director or top management official, b) other officers or key employees of the organization? _____

Section C- Disclosure

- Indicate how the organization makes its Form 1023, 990, and 990-T available for public inspection (organization's website, another's website, upon request).
- Does the organization make its governing documents, conflict of interest policy, and financial statements available to the public? If so, how?



Anti-terrorism Compliance

In compliance with the USA Patriot Act and other counterterrorism laws, the Greater Valdosta United Way requires that each agency certify the following:

"I hereby certify on behalf of _____ that all United Way funds and donations will be used in compliance with all applicable anti-terrorist financing and asset control laws, statues and executive orders."

Print Name: _____ Title: _____

Signature: _____ Date: _____

Print Name: _____ Title: _____ Board Chair/President

Signature: _____ Date: _____