



United Way of Mower County Application for 2010 Funding

Application deadline is FRIDAY, FEBRUARY 11TH, 2010 - 4 p.m.
NO EXCEPTIONS

Application form is available via e-mail (unitedmr@smig.net) or can be downloaded off our website at www.uwmower.org.

Complete packet must include (do not three hole punch or staple):

- One copy of page 2, 3 & 4
- Ten copies of pages 5, 6 & 7
- Ten copies of page 8 (2010 outcome measurement chart)
 - Ten copies of page 9 (2009 outcome result chart)
- Ten copies of page 10 (program budget - **MUST USE THIS FORM**)
 - Ten copies of page 11 (explanation of reserves)
 - Ten copies of page 12 (fundraising activities)
- Ten copies of organization budget (in your own form)
 - One copy of agencies most recent 990

Keep this page for your records - Date submitted/sent to United Way _____



United Way of Mower County
2010 Program Funding Application
Include one copy of this page with your application packet



ORGANIZATION INFORMATION

Legal Name of Organization: _____

Address _____

City, State, Zip _____

Telephone _____

Fax: _____

Email: _____

Web site: _____

Name of top paid staff: _____

Title: _____

Direct dial phone # _____

Local contact person
(if different from top paid staff)

Title: _____

Direct dial phone # _____

Agency Checklist: Complete questions below by circling appropriate answer.

Our 501(c)(3) determination letter from the IRS is still in effect. <i>If no, why not?</i>	YES	NO
Our board represents a broad cross-section of the community. Our board met _____ times last year. We have _____ (#) members on our Board of Directors. The average attendance at board meetings last year was _____ (#) members.	YES	NO
We require two signatures on all checks; with at least one of them being an officer of the board. <i>If no, who is authorized to sign checks?</i>	YES	NO
Our agency conducts an annual audit performed by an independent accounting firm.	YES	NO
We have written bylaws and/or articles of incorporation.	YES	NO
Long-range planning efforts are occurring	YES	NO
We currently have a method for measuring the outcomes of our services.	YES	NO
Policies are developed and implemented at the Mower County level	YES	NO
Is the agency located or is the program provided in Mower County? <i>Describe:</i>	YES	NO

AUTHORIZATION:

I authorize all information in this packet to be true and accurate:

Signature of top paid staff person:

STAFFING

Include one copy of this page with your application packet

In the table below please list the number of presently employed or volunteer individuals who perform each type of agency function listed. Do not count an employee twice. If an employee works in more than one area, count that person in the area in which he/she spends the most time.

Type of Employee	Full Time Paid	Part Time Paid	Volunteers
Administrative			
Direct Service			
Other			

List the top 10 salaries paid in your agency in the table below.

Full time staff should be noted as 1.00, halftime as .50 and quarter-time as .25.

Position Title and/or Emp. Name	Full-time Equivalent	If Hourly, Wage/Hour	Previous Fiscal Year Actual	Current Fiscal Year Actual	Next Fiscal Year Proposed

Program Description

Include ten copies of this page with your application packet

Program Name: _____

Organization Name: _____

How long has program been in existence? _____

Total Annual cost of this Program	\$ _____
Funding Request from this United Way for 2010	\$ _____
Funding Received from this United Way for 2009	\$ _____
List All Other Funding Sources in this space	\$ _____
List funding sources that have been reduced or eliminated since last application (2009) and why	\$ _____
How much does the client pay for this program	\$ _____

1. City of Austin – please fill out for each year (2007-2009)

Year	Total # of clients that utilized program services	Total # of new clients that utilized the program	Total # client contacts
2007			
2008			
2009			

2. For Greater Mower County – do not include Austin – please fill out for each year (2007-2009)

Year	Total # of clients that utilized program services	Total # of new clients that utilized the program	Total # client contacts
2007			
2008			
2009			

3. Please describe the mission and vision of the organization

4. Briefly, in 200 words or less, describe the need for this program.

5. Who will carry out program activities and what are their qualifications (please answer for both paid staff and volunteers)?

6. What alternative programs are available to residents of Mower County?

7. What percentage of funding goes directly to serving clients (organization question)?

8. What percentage of funding goes toward administrative or overhead expenses (organization question)?

2010 OUTCOME MEASUREMENT CHART

Include ten copies of this page with your application packet

(For each program you are applying for funding please identify **one desired outcome and two measurable indicators of success for 2010.** Please fill out rest of chart in its entirety.)

Program Name:

Organization:

Desired Outcomes	Measurable Indicators of Success	Sources of the Data	Methods of Data Collection	Person (s) Who Will Collect the Data	How Often The Data Will Be Collected
X					

2009 OUTCOME MEASUREMENT RESULT CHART

Include ten copies of this page with your application packet

(For each program you are applying for funding please report on results of 2009 identified outcome. Please fill out rest of chart in its entirety.)

Program Name: Shelter

Organization: Schmidt's Homeless Shelter

2009 Desired Outcome	2009 Results	Sources of the Data	Methods of Data Collection	Person (s) Who Will Collect the Data	How Often The Data Will Be Collected

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FINANCIAL & BUDGET

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Please use the table below for the **program** you are applying for UW funding. Applications NOT using this budget form **WILL NOT BE CONSIDERED FOR FUNDING.** Please attach entire organization budget (in your own form) with application.

Public Support & Revenue - All Sources	Previous Fiscal Year Actual	Current Fiscal Year Budgeted	Next Fiscal Year Proposed	% Amount Increase
Allocation from this United Way				
Contributions				
Special Events				
Legacies & Bequests (Unrestricted)				
Contributions from Associated Org.				
Allocations from other United Ways				
Fees/Grants from Govt. Agencies				
Membership Dues				
Program Service Fees/Incidental Rev.				
Sales of Material Investment Income				
Misc. Revenue (detail)				
TOTAL SUPPORT & REVENUE				

EXPENSES

Salaries				
Employee Benefits				
Payroll Taxes, etc.				
Professional Fees				
Supplies				
Telecommunication				
Postage & Shipping				
Occupancy				
Rental & Maintenance of Equipment				
Printing & Publications				
Travel				
Conferences, Conventions & Meetings				
Specific Assistance to Individuals				
Membership Dues				
Awards & Grants				
Miscellaneous				
Payments to Affiliated Organizations				
Depreciation of Bldg. & Equipment				
Other Expenses (Please detail)				
TOTAL EXPENSES				
EXCESS (DEFICIT) OF TOTAL SUPPORT & REVENUE OVER EXPENSES				

Please provide details regarding use of excess or plans for erasing deficit.

