

Cumberland Trails  
 United Way  
 2018 Allocations Request



### Check List

Please complete this check list and make sure you have provided **ALL** information on the check list. **Any incomplete request submitted will not be considered by the Funds Allocations Committee.**

All forms must be received by the Cumberland Trails United Way NO LATER than May 1, 2018.

#### Part I - Agency Data

- Agency Information Sheet \_\_\_\_\_
- 501 (c)(3) Affirmation \_\_\_\_\_
- Board of Directors List \_\_\_\_\_
- Mission Statement \_\_\_\_\_
- Articles of Incorporation \_\_\_\_\_
- By Laws \_\_\_\_\_
- Marketing Information \_\_\_\_\_

#### Part II - Financial Information

- 990 (If annual budget is over \$25,000) \_\_\_\_\_
- Annual Audit (If annual budget it over \$100,000) \_\_\_\_\_
- Annual Report \_\_\_\_\_
- Budget Sheet \_\_\_\_\_

#### Part III - Program Information

Program Information Sheet – **How does your program fit into United Way’s goals of meeting community needs in income, education and health?**

#### Part IV - Goals & Measurements

- Goal/s \_\_\_\_\_
- Measurement \_\_\_\_\_

Cumberland Trails  
United Way  
2018 Allocations Request



Agency Information

Name of Organization: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ e-Mail Address:  
\_\_\_\_\_

Web Site Address: \_\_\_\_\_

Tax ID Number: \_\_\_\_\_

Chief Administrator: \_\_ (our contact) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Describe Area Served: \_\_\_\_\_

Did you receive United Way funding in 2014? \_\_\$\_\_\_\_\_ 2013? \_\_\$\_\_\_\_\_

Total Amount of Funds Requested for 2015: \_\_\_\_\_

I \_\_\_\_\_ hereby attest that all of the information provided in this grant request is accurate to the best of knowledge and that there is no other relevant information that we are withholding.

\_\_\_\_\_

\_\_\_\_\_

Cumberland Trails  
United Way  
2018 Allocations Request



Name

Date

\_\_\_\_\_  
Position

### 501 (c)(3) Affirmation

**Please Note:** To receive United Way funding you **must** be a legally recognized as 501(c)(3) not-for-profit corporation or be in the process of getting your 501(c)(3) and have a legally recognized as 501(c)(3) not-for-profit corporation as your financial agent.

Please select the option which most accurately describes your organization

#### Option A:

I \_\_\_\_\_ hereby attest that \_\_\_\_\_ is recognized by the Internal Revenue Service as 501(c)(3) not-for-profit corporation under the Federal Tax ID Number \_\_\_\_\_ - \_\_\_\_\_. In addition, to the best of my knowledge we are in good standing with the IRS at this time.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Position

#### Option B:

I \_\_\_\_\_ here by attest that \_\_\_\_\_ is not recognized by the Internal Revenue Service as 501(c)(3) not-for-profit corporation. Our acting financial agent is \_\_\_\_\_ and they **are** recognized by the Internal Revenue Service as 501(c)(3) not-for-profit corporation under the Federal Tax ID Number \_\_\_\_\_ - \_\_\_\_\_. I have enclosed a letter, on their letterhead, from their Board of Directors acknowledging this relationship.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Cumberland Trails  
United Way  
2018 Allocations Request



\_\_\_\_\_

Position

### Additional Agency Information

#### Board Of Directors

On an attached document, please list your Board of Directors and officers

#### Mission Statement

In the space provided below, or on an attached document, please provide the mission statement for your organization. Does your mission statement involve bettering your community by helping with education, income or health?

---

---

---

---

---

#### Affiliations

List any local state or national affiliation, as well as any religious auspices under which the agency operates. Use space below or provide an attached document.

---

---

---

---

#### Articles of Incorporation / By Laws

Include a copy of your Articles of Incorporation & By Laws

#### Partnership

# Cumberland Trails United Way 2018 Allocations Request



Do you have any official or unofficial partnerships with other agencies (non-profit, governmental etc...). Please detail on an attached document.

## Marketing & 211/I & R Information

The information provided here will not be used in determining your allocations, but will be used in United Way Marketing material and for information and referral request that we receive. (Use more paper if needed)

Name of Agency: \_\_\_\_\_

One sentence description of the services you provide: \_\_\_\_\_

---

---

---

---

Please list services you provide or key words/phrase that a client might search for if looking for assistance that your agency provides on the internet. (i.e. Fire Department might be fire, firefighting, emergencies, house fire, city or area they protect): **Do you allow persons from other areas that we serve to apply for help from your agency?**

---

---

---

Please submit 3-4 copies of any brochures, fliers or any other marketing material that you use. \_\_\_\_\_

Please submit a camera ready copy of your logo. This can be done with an art slick or e-mailed to us at ctuw@bellsouth.net. \_\_\_\_\_

We will be making an updated video of the agencies in our area. Will you allow us to film at your location and, if possible, with one of your satisfied clients?

## Financial Information

- Please submit a copy of last year's 990.

# Cumberland Trails United Way 2018 Allocations Request



- If your agency has a total annual budget of \$100,000 or greater submit a copy of last year's independent audit.
- Include your most recent annual report.
- If your agency is part of a larger organization, include its 990 and audit. When you complete the attached Income/Expense statement form, it should include information for YOUR LOCAL agency only!
- All agencies must complete the attached Income/Expense statement
- Please detail any outstanding litigation or financial judgments against your agency.

## Income/Expense Statement

| Revenue  | 2016                                  | 2017  |
|--|---------------------------------------|-------|
| United Way Funding   | _____                                 | _____ |
|  | _____                                 | _____ |
|  | _____                                 | _____ |
|  | _____                                 | _____ |
| In-Kind Contributions  |                                       |       |
|  | Volunteer Hours (@ \$ 16.00 per hour) |       |
| Other Funding Sources:   |                                       |       |
| (List – Use Additional pages if necessary)                                     |                                       |       |
| (i.e. personal solicitation, mail solicitation, special events, grants, etc..) |                                       |       |
| _____  | _____                                 | _____ |
| _____  | _____                                 | _____ |
| _____  | _____                                 | _____ |
| _____  | _____                                 | _____ |
| _____  | _____                                 | _____ |
| _____  | _____                                 | _____ |
| Total Funding  | _____                                 | _____ |

Expenditures

# Cumberland Trails United Way 2018 Allocations Request



Number of Employees

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Wages / Benefits

% of Employee Time Spent on Programs

(Not on fundraising or on administration)

Office Supplies / Materials

Rent / Mortgage

Operational Expenses (use additional paper as needed)

Utilities

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Phone

Equipment

Rentals

Insurance

Professional Services

Miscellaneous

Programs and Services

Total Expenditures

# Cumberland Trails United Way 2018 Allocations Request



## Program Information

Provide detailed information for each point below that applies. Attach additional documents as needed.

- If you received United Way funding last year, tell us how the money was spent. UW monies are not to be spent for administration expenses.  
▪
- How do you plan to spend funds that you receive next year?  
▪
- What community needs does your agency address?  
▪
- How does your agency address these needs?  
▪
- Have you launched any new programs in the past year?  
▪
- Do you have plans to launch any new programs next year?  
▪
- Do you advocate for United Way? Do you have signs up showing that United Way helps your agency? ▪

## Goals & Measurements



# Cumberland Trails United Way 2018 Allocations Request



The Goals & Measurement section is to meet our outcome measurement requirement from the United Way of America. The method was determined by your Agency Council.

1. Set **one or more** goals for your agency.
2. Identify **ways** that you can track/document your success at meeting your goals.
3. Tell us how you reached your goals in 2014.
4. Future funding will **NOT** be cut if you do not accomplishing goal/s. The board will look at progress towards you goal/s.
5. Agencies may have their measurements audited at random by the United Way Board of Directors.
6. What was last year's goal?
7. Provide results for the goal you set last year.