

United Way of 1000 Lakes  
Program Allocation  
Request Forms

**Instructions**

Note: These forms may be duplicated or on-line at [www.unitedwayof1000lakes.org](http://www.unitedwayof1000lakes.org) go to the Link to Agencies tab for a printable form

*Please read and follow the instructions for the program allocation process. Complete and return the requested materials to the United Way office by **Friday, February 16, 2007.***

*Include a separate complete packet for each **Field of Service.***

- 1. Cover Page:** Please use this page as the top sheet; do not use report covers, staples, or other cover pages. Be sure to check the Field of Service box for the program.
- 2. Agency Overview:** State your mission and briefly describe your programs.
- 3. A Separate Narrative for Each Program:** Use the format of this page to describe in narrative form the planning process, specific activities and expected outcomes of the program for which you seek United Way funding. Be complete in your description; this is the information from which the community volunteers determine the allocation.
- 4. Agency Administration:** Please be prepared to discuss the listed information and provide requested materials for the volunteers who will visit your agency.
- 5. Agency Financial Information:** In two pages or less, answer the questions regarding the overall financial status of the agency. Provide the attachments as requested.

**ADDITIONAL ATTACHEMENTS:**

- 6. Agency Publicity:** Please attach at least one success or an impacting story that can be used in a year round communication effort by United Way or during campaign time.
- 7. Demographics:** Complete the demographic form to the best of your agencies ability.
- 8. Fundraising Timeline:** Provide your agencies projected fundraising schedule for the upcoming year and report any discrepancies from the previous year projections.

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For July 1, 2007 through June 30, 2009

Agency: \_\_\_\_\_

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

Contact Person: \_\_\_\_\_ Agency Director: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Field of Service (check one):

- Nurturing Children (*Programs that develop healthy attitudes and behaviors through positive interaction with peers and adult role models.*)
- Strengthening Families (*Programs which promote healthy, stable and secure environments.*)
- Fostering Self-Sufficiency (*Programs which enhance the economic, physical and social well-being of Itasca County residents.*)

<b><u>Program Name:</u></b>	<b><u>Program Budget:</u></b>	<b><u>Funds Requested:</u></b>

Total Agency Budget: \$

Signatures:

\_\_\_\_\_  
Contact Person Date

\_\_\_\_\_  
Agency Director Date

\_\_\_\_\_  
Board President Date

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**Agency's Mission:**

Please name the programs and activities, with a brief summary of each, that enable the Agency to meet its mission:

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### Program Narrative

*Focusing on program outcomes is defined as a systematic process for an organization to obtain information on the effectiveness of its work so that it can improve its activities and describe its accomplishments.* The outline below is provided as a guide to illustrate the program's focus on outcomes and evidence as a need for funding.

Please prepare a program narrative by listing the questions asked below and answering each question fully. This format will assist our community volunteers in making sound program allocation decisions.

#### 1. Community Issue:

- What is the specific nature of the issue and whom does it affect?
- Cite specific studies (documentation) used to determine this as a community issue. If you do not cite specific documentation then how was this program focus determined?

#### 2. Program:

- What are the program's overall goals and objectives and describe your activities to meet these goals and objectives.
- What short-term and/or long-term impact will this have on our community?
- How does this program collaborate with **or** complement existing human service programs in Itasca County?

#### 3. Evaluation:

Do you have an outcome based evaluation system?

If yes:

- What are your outcome indicators used to measure the program's effectiveness?
- What methods will be used to collect this information?
- How will the information be utilized for program effectiveness?
- What is the targeted level of achievement for meeting the program's objectives?
- What, if any, changes or improvements will be made in this program and in the outcome indicators, to measure effectiveness for next year?

If no:

- How do you determine the success of your program?
- Do you plan on using Outcome Based Evaluation methods in the future?

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### Agency Administration

Please provide in narrative form, a paragraph or two that describes the current status of your organization in the following areas. This is the information we will look for during the site visit.

#### 1. Board of Directors:

- A) A list of board members which includes their functional and geographic community affiliation.
- B) Summarize utilization of advisory councils and/or committees as it pertains to United Way funded activities.

#### 2. Agency:

- A) Is this agency licensed or accredited? Who is the licensing body? Is the agency monitored by any organization?
- B) Is the agency affiliated with any regional, state or national organizations? Please list the organizations and your relationship with them.
- C) Outline your agency involvement with United Way of 1000 Lakes and the importance of United Way to your agency.

#### 3. Management/Personnel

- A) Policies and procedures governing management and personnel, i.e. Sexual harassment and drug and violence free workplace policies.
- B) Provide an organizational chart of your staff and volunteer structure.

#### 4. Future Planning:

- A) Describe the agency's long-term plans.

#### 5. Miscellaneous Information:

- A) Are there any pending legal actions involving this agency? If so, please attach a summary explanation.

## Instructions

Overall Agency  
Financial Sources:

### 1. Revenue Sources:

A) In narrative form, summarize the agency's sources of income, include a brief historical perspective on the funding mix and changes experienced and expected. Additionally, list each source of income and the percent of total income from each source. Please include the following categories:

- Federal grants/contracts
- State grants/contracts
- County grants/contracts
- Private Foundation grants
- Fund-raisers & individual contributions
- Program Fees
- Other earned income

### 2. United Way Support:

A) Please list all United Way support this agency receives; name each United Way that provides funding within your agency and list the dollar amount of support received from each. Provide a brief explanation of which programs within your agency are supported by United Way.

B) Provide a brief summary of the funding niche that United Way fulfills within your agency.

3. Attachments: For each program submit a full agency or department budget and a program budget. Please indicate the expected date of receipt of the audit or annual report if not currently available for the most recent fiscal year.

- Full agency budget for current year/next year with columns for comparison: 2006-07 budget and year-to-date actual (even though our allocation year is from July 1 to June 30, we still need current year financial information)
- Most recent Audit (include management letter) or Review or Compilation (Note date if previously sent to United Way)
- Most recent Annual Report

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- A separate program budget for each program applying for United Way funds. Include revenue and expense. Please note if funds are currently secured or pending

**Demographic Profile**

To the best of your ability, please provide the requested information based on your program operation. This information is requested to better understand and communicate to our donors and volunteers the profile on program participants. Please begin using this form and report the results along with your semi-annual report in December. If needed feel free to include additional comments or data to clarify or further describe the information you provide.

Unduplicated Count of Individuals Served	January 2006 to December 2006	Unduplicated Count of Individuals Served	January 2006 to December 2006
<b>Gender:</b>		<b>Age:</b>	
<b>Female</b>		<b>0-4</b>	
<b>Male</b>		<b>5-9</b>	
<b>Unavailable Info.</b>		<b>10-14</b>	
		<b>15-19</b>	
<b>Race/Ethnicity:</b>		<b>20-34</b>	
<b>American Indian</b>		<b>35-54</b>	
<b>African American</b>		<b>55-64</b>	
<b>Asian</b>		<b>65-74</b>	
<b>Caucasian</b>		<b>75-84</b>	
<b>Chicano/Latino</b>		<b>85+</b>	
<b>Multi-Racial</b>		<b>Age Unknown:</b>	
<b>Other Ethnic Designations:</b>		<b>Location of Residence:</b>	
		<b>Bigfork:</b>	
		<b>Bovey:</b>	
<b>Race Unknown:</b>		<b>Calumet:</b>	
		<b>Cohasset:</b>	
<b>Household Income If Available:</b>		<b>Coleraine:</b>	
<b>Below Poverty*</b>		<b>Deer River</b>	
<b>Low Income**</b>		<b>Grand Rapids:</b>	
<b>Above Low Income</b>		<b>Hill City:</b>	
<b>Income Unknown</b>		<b>LaPrairie</b>	
		<b>Marble</b>	
		<b>Other:</b>	

\*Below Poverty Level is income of \$9,800 for one person and \$20,000 for a four person house hold.

\*\* Low Income is 150% of the Poverty Level

Definitions provided by Federal Department of Health and Human Services, January 2006

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