

BASIC CONDITIONS FOR UNITED WAY OF BEMIDJI AREA PARTNER AGENCY FUNDING



Agencies seeking new or continued funding through the United Way must comply with or agree to the following conditions:

1. **BE INCORPORATED, OPERATIONAL AND PROVIDING SERVICES FOR WHICH YOU ARE APPLYING, NOT-FOR-PROFIT AND IRS TAX EXEMPT**
Agencies receiving United Way dollars must be not-for-profit organizations that have been declared tax exempt by the Internal Revenue Service and have a 501(c)(3) status. The agency must be in operation and providing the service(s) for which funding is being requested. In addition, each agency must annually submit a properly signed "Affidavit of Compliance" with the charitable regulations of the State of Minnesota.
2. **PROVIDE COMMUNITY SERVICE BASED ON DOCUMENTED NEED(S)**
The agency/program request should be based upon an identifiable current need, demand, or problem in the community, specifically the United Way target and service areas (ISD #31). United Way of Bemidji Area offers support in the following community impact areas:
Education - Helping children, youth, and adults achieve their full potential
Income - Promoting financial stability, increasing self-sufficiency and independence
Health - Improving people's health, social well-being and providing emergency services
Services which are supported by United Way dollars should be clearly defined and their impact documented by the organization applying for or receiving funds. Services should be targeted toward an identifiable population and/or geographic location within the service area of United Way of Bemidji Area.
3. **BE NON-DISCRIMINATORY**
Discrimination by race, creed, color, sex, age, handicapping condition or religion is prohibited. Each organization receiving United Way funding must have an up-to-date non-discrimination policy.
4. **HAVE ACTIVE, ROTATING VOLUNTEER LEADERSHIP THAT REPRESENTS DIVERSE ELEMENTS OF THE BEMIDJI AREA**
The agency's Board of Directors or governing body should consist of volunteers who participate in the policy making processes, represent the diverse elements of the community, periodically rotate off the Board on a planned basis, and meet at least quarterly.
5. **HAVE A SOUND FINANCIAL AND PROGRAM MANAGEMENT**
It is critical for United Way support that there is demonstrated ability to manage the programs and services in accordance with generally accepted accounting procedures, e.g. American Institute of Certified Public Accountants (AICPA) Guide. The organization must provide copies of its annual audit using an independent certified public accountant or accounting firm.
6. **HAVE A LOCAL CHAPTER/PROGRAM IN THE BEMIDJI SCHOOL DISTRICT COVERAGE AREA AND/OR SERVE PEOPLE WITHIN THIS DESIGNATED COVERAGE AREA**
Any agency applying for United Way funds that has a national or state charter must have a local chapter/program and have a visible presence in the Bemidji area in order to be eligible for United Way funding. The agency must also show ongoing support, participation and service to this area throughout the funding cycle.
7. **UNITED WAY FUNDING MAY NOT BE USED FOR BRICK AND MORTER/CAPITAL BUILDING PROJECTS**
Agencies applying for funding may not use United Way dollars for remodeling or renovation, expansion or new construction of office or program site.
8. **UNITED WAY DOES NOT FUND** Athletic organizations and/or events, political organizations and/or activities, organization's prior year's deficits, individuals, and/or for profit organizations.

IMPORTANT INFORMATION AND DIRECTIONS FOR APPLYING FOR UNITED WAY OF BEMIDJI AREA PARTNER AGENCY FUNDING



1. Agencies seeking partner funding from the United Way of Bemidji Area **MUST MEET THE “BASIC CONDITIONS OF FUNDING”** (see conditions above)
2. Agencies must submit to the United Way office **17 separate packets**, each containing copies of the information and completed forms as indicated below:
3. Staple or paperclip each packet together. Please do not place each application packet in a separate envelope, report cover or folders.
4. Copying on the front and back side of one sheet is permitted.
5. **APPLICATION DEADLINE** - The completed application must be received at the United Way of Bemidji Area office, 201 Third Street, 2nd Floor, by 5:00 p.m. on **Thursday, March 31, 2011.**
6. **Applicants will be notified of the allocation decision in June 2011.**

1 of the 17 packets, should be marked “OFFICE COPIES” and include:

- 1 completed **SUMMARY INFORMATION** form (*below*)
- 1 completed **AGENCY BUDGET** form and requested schedules (*download excel doc.– agency budget*)
- 1 signed **AGENCY PARTNERSHIP AGREEMENT** (*below*)
- 1 **agency brochure** (if applicable)
- Most recent available copy of charities registration approval letter from State of MN Office of Attorney General** stating that you have filed and that your organization’s registration has been continued pursuant to Minnesota Statutes chapter 309, the Charitable Solicitations Act.
If exempt from registration, submit a reason for exemption. *Minnesota law requires a charitable organization to file a registration statement if: 1) it solicits or intends to solicit contributions in excess of \$25,000 a year; or 2) its functions and activities are not performed wholly by volunteers (i.e. it pays staff, independent contractors (like coaches), officers or uses a professional fund-raiser); or 3) it has assets or income that inure to the benefit of an officer.*
- Copy of 501(c)(3)** – *unless* already on file in the United Way office (please contact the United Way if you are unsure if it is on file), or if there were changes in your status since last year
- Copy of By-laws** – *unless* already on file at the United Way office (please contact the United Way if you are unsure if it is on file), or if changes were made since last year
- Two (2) copies of most recently completed Audit report**
If an Audit is not required, submit your financial statement as approved by your Board of Directors complete with statements, schedules and notes.
- Two (2) copies of most recently completed IRS Form 990, 990-N (E-postcard) or 990- EZ.** If exempt from filing a 990, submit a reason for exemption.

The remaining 16 individual packets (for Allocation Committee members)

should include: **Please remember to staple or paperclip the packets. Do not place each packet in a separate envelope, folder or report cover.*

- 1 completed **SUMMARY INFORMATION** form *(below)*
- 1 completed **AGENCY BUDGET** form and requested schedules *(download excel doc.– agency budget)*
- 1 signed **AGENCY PARTNERSHIP AGREEMENT** *(below)*
- 1 agency brochure (if applicable)

FAILURE TO INCLUDE ANY OF THIS INFORMATION COULD RESULT IN REJECTION OF YOUR APPLICATION. A completed application is not a guarantee of funding. If you have any questions contact Ashli Bowen, Executive Director at 444-8929.



United Way
of Bemidji Area

*****Before completing the application, please double click on the footnote at the bottom of the page and type in your agency's name on the blank line.**

AGENCY SUMMARY INFORMATION

	DATE	
AGENCY		
CONTACT NAME		
TITLE		
PHYSICAL ADDRESS		
MAILING ADDRESS		
PHONE	FAX	
EMAIL	WEBSITE	

You **MUST** have at least a summary answer in the space for **EACH** question or your application is *not* complete. If completing by hand and you need additional space to answer any of the questions in more detail please use another sheet and indicate "additional information attached". If completing electronically, feel free to use more space than provided between questions. **Where applicable, the Bemidji area is defined as the Bemidji School District coverage area (ISD #31).**

1. **Your total request of United Way of Bemidji Area for July 2011-June 2012:**

\$	
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2. **Are the funds requested for general operating?**

YES	
NO	

If no, please complete section 2B.

A) If you answered that the funds are for general operating purposes, please place an “X” next to one of the United Way’s impact areas you feel best represents your agency and its programs:

	Education - Helping children, youth, and adults achieve their full potential
	Income - Promoting financial stability, increasing self-sufficiency and independence
	Health - Improving people's health, social well-being and providing emergency services

B) If funds are not requested for general operating purposes, please list the specific program(s) you are requesting United Way funding for in the table below.

PROGRAM	IS THIS A NEW PROGRAM? (yes or no)	HOW MUCH ARE YOU REQUESTING FOR THIS PROGRAM?	PLEASE LIST <u>ONE</u> OF UNITED WAY’S IMPACT AREAS YOU FEEL BEST REPRESENTS THIS PROGRAM (education, income or health – <i>definition above under A</i>)

3. What is the mission of your agency?

4. What program(s)/service(s) is your agency providing this year?

5. List specific objectives for these programs/services:

6. What new/different programs are you planning for 2010/2011? How will these be funded?

7. PROGRAM OUTCOME MANAGEMENT

Please answer the questions 6A and 6B below OR complete the Program Outcome Management Chart on the following page.*

**If you are applying for operational funding, please complete the chart for all of your primary programs – using a separate page for each primary program. If you are applying for specific program funding, please complete the chart for only the programs you are applying for.*

A) By whom, and how are your agency programs/services assessed for effectiveness. (If assessment was performed by an outside agency please attach a copy.)

B) Based on this evaluation, what significant changes, results and/or outcomes occurred last year for the clients served by your organization? (ex. changed attitudes, behavior, learned skills or knowledge, gained employment etc.)

PROGRAM OUTCOME MANAGEMENT CHART

PROGRAM NAME:				
Proposed Outcomes <i>(anticipated benefits or changes for program participants as a result of program participation)</i>	Measurement Tools <i>(What is used to measure for progress toward outcome achievement – survey, case notes, post test, census data, school data, etc.)</i>	Indicators <i>(Specific behavior, knowledge, etc. exhibited that shows an outcome progress or attainment of outcome.)</i>	Expected Results <i>(What the program anticipates to achieve. Raw #'s and percentages.)</i>	Actual Results (if applicable) <i>(what the program actually achieved)</i>

8. List the target population served (age, sex, special interest, etc.):

9. CLIENT INFORMATION

Total # unduplicated individuals who were:	Actually served by your whole program	Actually served in BEMIDJI AREA ONLY	Potential additional clients in Bemidji Area*
2 years ago			
The past/last year			
Projected next year			

**Estimates or actual known additional clients in need of your services that could have been served if you had enough people, money, space, etc.*

What was your cost per client within the past year?

\$

10. If your organization serves other geographical areas outside the Bemidji area, please list below **ALL** areas covered by your organization (i.e. cities and/or counties, etc.) **and ALSO complete two budget forms, one for the whole program and one “local budget” for the Bemidji area** (download the excel doc.– agency budget)

11. VOLUNTEER AND STAFF INFORMATION

TOTAL #	VOLUNTEERS		VOLUNTEER HOURS		STAFF		FULL TIME EQUIVALENT	
	Whole Program	Bemidji Area	Whole Program	Bemidji Area	Whole Program	Bemidji Area	Whole Program	Bemidji Area
3 years ago								
2 years ago								
Last year								

12. What supplementary fund-raisers does your agency conduct?

Activity	Net Results	Geographic Area Covered	Time Frame Conducted
	\$		
	\$		
	\$		
	\$		

13. How are your services the same/different from agencies that provide similar services? Do you coordinate/refer with each other?

14. What are your alternative sources of funding if United Way is unable to fund your request?

15. Will you be using United Way of Bemidji Area as a match for other funding?

YES	
NO	

If yes, please describe.

16. How many board meetings do you have per year?

List your Board of Director members:

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Do you have a quorum at your meetings?

YES	
NO	

If not, why?

16. SUCCESS STORY - *Describe how this program/service has made a difference in someone's life or the community. Share a specific example(s) from the past 12 months. This story(ies) should demonstrate how donations to United Way were used in your organization to make a difference. (If your story relates to a specific individual(s) or family, please share if they would agree to participate in sharing their story with the community and media.) For confidentiality, please do not share specific names of clients or program participants.*

2011-2012 AGENCY PARTNERSHIP AGREEMENT

If your agency receives funding from the United Way of Bemidji Area, as a Partner Agency you agree to the following:

Partner Agency Fund-raising Policy

- To make no cash solicitations for capital or current operating/program expense funds and/or hold fundraising events within the territory covered by this United Way's campaign without the consent of the United Way of Bemidji Area, during the United Way of Bemidji Area's campaign, September 1st through November 1. This provision is understood to cover those situations where solicitation is made in the name of the Agency financed by this United Way, although the purpose is to raise money for a program or service not financed by the United Way. Fundraising events proposed by member agencies to be held between September 1st and November 1st will be reviewed by the Board of Directors on a case by case basis (A Fundraising Project form must be submitted to United Way 60 days prior to the event).
- United Way funded organizations will not initiate or participate in any non-United Way organized solicitation of employees at the workplace at any time of the year in this service area. An organized solicitation is a federated campaign in the workplace, organized with the support of the employer, through which monetary contributions are solicited from employees.
- United Way of Bemidji Area agrees that the following types of self-support are acceptable at all times:
 - In-kind donations of services or materials
 - Grants
 - Participating partner agency memberships
 - User fees and program service fees
 - Property rental
 - Investment income
 - Unsolicited donations
 - Contributions from outside the United Way of Bemidji Area service area.
 - 'Quid pro quo' sales of merchandise, products, events or services.
- Monies allocated to the organization from the United Way of Bemidji Area are to be used for the intended purpose as stated in the original Allocation Application. Any changes in circumstance must be reported to the United Way for approval. If not approved, allocation repayment will be requested from the organization to the United Way of Bemidji Area.
- An "Exit Report," at the end of the allocation cycle, is requested of the organization if the organization decides to terminate their relationship as a continuing United Way Partner Agency. The organization does NOT need to provide an "Exit Report" if the organization intends to reapply for the allocation process the following year.

By signing this agreement, the below named agency's Board of Directors and staff agrees to follow these rules as set forth by the United Way of Bemidji Area. Any fundraising or actions not in compliance with this agreement may result in the withdrawal of the agency's allocation by the United Way of Bemidji Area. A signature also certifies that all information contained in the application has been reviewed and is true and correct.

Date: _____

Agency: _____

Agency Director/President (Print) _____

Signature: _____