

Bainbridge-Decatur County United Way, Inc.



BUDGET REQUEST FOR AGENCY FUNDING FOR THE PERIOD: JANUARY 1, 2015 – DECEMBER 31, 2015

Contact Information:
Karon Elwell
(229) 246-9288

The United Way Board has adopted an operating philosophy as follows:

“Create and manage the most efficient fundraising and fund distribution organization in Decatur County. Benefits include being the charity of choice for donors and the primary funding source for nonprofit agencies in the county. Companies and individuals will direct all individual fund requests back to the United Way organization. These purposes will be achieved by a market-based operating model.”



TO: Potential 2015 United Way Agencies
FROM: Admissions and Allocations Division
SUBJECT: 2015 Budget Request
DATE: April 15, 2014

For purposes of simplicity and convenience the United Way of Bainbridge-Decatur County shall be referred to herein as the United Way.

Thank you so much for looking to the United Way to further the good works of your agency! Together, as we increase our organized capacity to help one another, we will make even more significant differences in the lives of many people.

Enclosed you will find your budget request packet for 2015. Included are budget reporting forms, statements of agreement, a non-discrimination certification, and a list of our Current Board of Directors.

The deadline for returning the required information is **May 31, 2014**. Applications should be mailed to P.O. Box 1805, Bainbridge, GA, 39818 or may be hand delivered to Karon Elwell at 1900 Liz Felty Lane, Bainbridge, GA. **NO BUDGET REQUESTS WILL BE ACCEPTED POST MARKED AFTER THIS DATE.** This will give you time to obtain the needed information while leaving adequate time for the Admissions and Allocations Committee to complete their tasks prior to the fundraising campaign.

United Way considers the Admissions and Allocations Committee review process of paramount importance. A team of four to five trained volunteers will scrutinize your application and evaluate the need your agency meets in the community as well as the ways you do so. We believe in being fully accountable to the hundreds of people whose pledges assist United Way approved agencies. An interview could take place in June and you will be notified by mail of the date and time if needed.

If approved to be a United Way agency, you will be part of a vibrant team that is committed to serving the community year-round. From the United Way you will receive funds, the opportunity for additional goods and services specifically tied to the good work that you do, and a network of like-minded individuals.

- ▶ To the United Way you will provide financial and operations records, fundraising assistance, and your vision for the future.

Thank you again. If you need additional information or have any problems while working on your budget request, please feel free to call the United Way office.

PLEASE INCLUDE THE FOLLOWING WITH YOUR BUDGET REQUEST



2015 Application for Funding Checklist

Funding applications and all required documentation should be mailed to United Way of Bainbridge-Decatur County (P.O. Box 1805, Bainbridge, GA 39818) no later than **May 31, 2014** for consideration for the 2015 funding cycle. **Please complete your application thoroughly and arrange application materials and attachments in the order provided in the checklist. Incomplete applications cannot be processed.**

REQUIRED DOCUMENTATION – *Submit one (1) original of the following:*

- _____ Application for Funding (Pages 4-7) ****Please use form provided****
- _____ Any literature, information, logos, and/or other related data that you wish the Admissions & Applications Committee to see (brochures, posters, newspaper articles, client/volunteer “stories”, etc.)
- _____ Last page of the Statement of Agreement, with requested signatures and date (Page 12)
- _____ Non-discrimination certificate (Page 13)
- _____ Staff/Volunteer/Client Profile (Page 14)
- _____ Agreement for Use of Name (Page 15)
- _____ Current Board of Directors (Page 16)
- _____ If receiving or requesting \$10,000 or *more* from the United Way: most recent CPA’s audit, report, or review. If receiving or requesting *less* than \$10,000 from United Way, please provide a balance sheet and statement of income signed by your agency director and the Board’s Executive Committee (officers). See page 17 for sample Revenue and Expense Statement. **Read each item carefully and give complete information asked for.** If a question does not apply, please answer with N/A (not applicable).
- _____ Proof of your organization’s Charity Registration with the Secretary of State’s office **OR** a letter explaining exemption (Page 18) ****Required****
- _____ Counterterrorism Compliance Form (Pages 19-20)
- _____ Anti-Terrorism Compliance Measures (Page 21)
- _____ Include at least one photo depicting how the money is used for the population served by your organization
- _____ ***AGENCIES REQUESTING FUNDS FOR THE FIRST TIME ONLY—A copy of your Internal Revenue Service 501(c)(3) Certification**

Submit five (5) additional copied sets of the following:

- _____ Application for Funding (Pages 4-7) ****Please use form provided****
- _____ If receiving or requesting \$10,000 or *more* from the United Way: most recent CPA’s audit, report, or review. If receiving or requesting *less* than \$10,000 from United Way, please provide a balance sheet and statement of income signed by your agency director and the Board’s Executive Committee (officers). See page 17 for sample Revenue and Expense Statement. **Read each item carefully and give complete information asked for.** If a question does not apply, please answer with N/A (not applicable).

_____ Any literature, information, logos, and/or other related data that you wish the Admissions & Applications Committee to see (brochures, posters, newspaper articles, client/volunteer “stories”, etc.)

APPLICATION FOR FUNDING
For the Calendar Year January 1, 2015 to December 31, 2015

AGENCY NAME: _____

STREET ADDRESS: _____

P.O. BOX: _____

CITY, STATE, ZIP: _____

TELEPHONE FOR AGENCY: _____

FAX: _____

E-MAIL ADDRESS: _____

CONTACT PERSON: _____

POSITION: _____

ADDRESS: _____

TELEPHONE FOR CONTACT PERSON: _____

Submitted by: _____

Prepared by: _____ Title: _____

SUMMARY REPORT

Agency: _____ Date: _____

1. What is the agency's mission statement? _____

2. What programs/services did your agency provide this year? _____

3. How are your agency programs/services assessed for effectiveness? _____

4. Do you measure your program outcomes in any way? _____

5. County/counties served: _____

6. Target population served (age, gender, special interest, etc.): _____

7. Number of unduplicated individuals served in **Bainbridge-Decatur County**:

3 years ago _____ 2 years ago _____

Last year _____

8. Is your agency run by paid or volunteer staff: Paid Staff Volunteer Staff

How many employees are paid by your agency? _____

How many employees are paid from other sources? _____

9. What is the size of your present Board? _____ When and where does the Board meet? _____

10. Do you keep official minutes of Board meetings? Yes No

If so, attach your most current minutes.

11. What supplementary fundraising activities does the agency conduct?

<i>Activity</i>	<i>Net Dollar Results</i>	<i>Month Conducted</i>

12. Were you required to provide an audit to the United Way for the previous year?

Yes No

13. Is your agency required to file a Form 990? Yes No

Did you get a copy on file to United Way? Yes No

If no, please attach a copy

14. Does your agency receive funds in an amount greater than \$1,000 from any agency other than the United Way of Bainbridge-Decatur County? Yes No

If yes, please list which ones and the amounts received in the current year.

Agency	Amount Received	Agency	Amount Received

15. Describe how the United Way funds will be used. Be specific, giving numbers for goals to be measured.

16. Do you charge fees for any of your programs or services? Yes No

If yes, describe the fee structure (sliding scale, age, etc.): _____

17. What percent of your services are free? _____%

18. Are two signatures required on all checks? Yes No

19. Amount of funds requested from the United Way: \$ _____ (Year 2015)

20. Total Expenses (I) (Cash Only):

2013	2014 (*)	2015 (Projected)
\$	\$	\$

21. Allocated by United Way (II):

2013	2014 (*)	2015 (Projected)
\$	\$	\$

22. Percentage (Item II is to I):

2013	2014 (*)	2015 (Projected)

(*) Project as needed through the end of year 2014.

23. Name the firm and CPA who annually audits the agency books (*if your agency receives or is requesting \$10,000 or more from the Bainbridge-Decatur County United Way*):

Name and title of individual who prepares your agency's yearly statement of income and balance sheet (*if your agency receives or is requesting less than \$10,000 from the Bainbridge-Decatur County United Way, Inc.*): _____

STATEMENT OF AGREEMENT
Between
UNITED WAY FOR BAINBRIDGE-DECATUR COUNTY
And

(Participating Agency)

for the period beginning
January 1, 2015
and concluding
December 31, 2015

(Date of Agreement)

SECTION 1

Both Parties Agree To:

- A. Maintain a responsible board whose members serve without pay, are representative of the community, and meet at regular stated intervals.
- B. Furnish a roster of Board of Directors, communicate significant changes during the year, and on request provide the by-laws/constitution of the agency.
- C. Offer opportunity for participation in programs, services, and employment to persons regardless of race, religion, age, gender, national origin, and disabilities.

SECTION 2

The United Way Agrees To:

- A. Recognize and respect the autonomy of the participating agency, through its governing Board, to determine its own policies and to manage its own programs, within the scope and spirit of this agreement.
- B. Conduct a yearly campaign for operating funds and to set goals for this campaign with consideration for the financial needs of the participating agency, the economic climate and the long-range goals of the United Way.
- C. Conduct an annual volunteer Admissions and Allocations fund distribution process.
- D. Maintain responsible stewardship on behalf of contributors, participating agencies, and the community at large.
- E. Keep comprehensive and accurate financial records in conformation with *Standards of Accounting and Financial Reporting for Voluntary Health and Welfare Organizations* and to have these records checked annually by an independent auditing firm.
- F. Keep channels of communication open to the agencies for discussion of matters of common concern.

- G. Disburse allocations in quarterly disbursements if participating agency's quarterly report is received within one month of the start of the new quarter. Agencies may request consideration of a payment different from the quarterly schedule. Reports will be mailed to participating agencies one month prior to deadline for submittal. These reports must be received for funding to continue.
- H. Participating agencies should deposit their allocations promptly after being received.
- I. United Way shall not be held liable for any legal or illegal actions of a participating agency.
- J. Respect the confidential nature of any data submitted to it by member agencies.

SECTION 3

The Participating Agency Agrees To:

- A. Satisfy the corporation laws of the State of Georgia as a not-for-profit corporation.
- B. Obtain and keep in effect a ruling from the United States Treasury Department that indicates the agency is not a private foundation that it is exempt from payment of income tax and that gifts to the agency are deductible for income tax purposes. A copy of the 501(c) 3 rulings is to be submitted to the United Way.
- C. Keep comprehensive and accurate financial records in conformation with *Standards of Accounting and Financial Reporting for Voluntary Health and Welfare Organizations* and to have these records audited annually by an independent auditing firm or CPA if receiving or requesting \$10,000 or more from this United Way; **OR** submit a Profit and Loss Statement and a Balance Sheet, including a detailed breakdown of the program and services implemented, all of which shall be signed by the agency director and the Board Chairman or Treasurer attesting to the accuracy and validity of such records if receiving or requesting less than \$10,000 from this United Way. ***These data are to be submitted with yearly budget request.***
- D. United Way reserves the right to inspect and audit any participating agency's books and financial records at any time if the United Way Executive Board deems it necessary.
- E. Participate actively in the annual campaign and to support the United Way effort throughout the year, including but not limited to:
 - ▶ Identify as a United Way participating agency on letterhead if possible and in all publicity and educational efforts in the community.
 - ▶ Participate in the Autumn campaign kick-off.
 - ▶ Encourage agency Board members to pledge to the United Way.
 - ▶ Provide active workers for the pledge campaign.
 - ▶ Provide the United Way with suggestions for cooperative marketing and publicity.
 - ▶ Provide United Way with at least three (3) client stories that are representative of the people helped throughout the year.
- F. Cooperate with the United Way in all phases of the Admissions and Allocations review process.
- G. Inform the United Way of major program emphasis shifts and new, expanded, or deleted programs through the Admissions and Allocations review process.
- H. Provide all required financial, program, and client beneficiary data on United Way funded programs.
- I. Review this agreement with participating agency Board of Directors prior to its execution and submission to the United Way.
- J. A participating agency shall not be held liable for any legal or illegal action of the Bainbridge-Decatur County United Way, Inc.

- K. Participating agency may exercise the right to appeal the Admissions and Allocations Committee's recommendation by written request no later than 15 days following notification of the committee's decision.
- L. The following shall constitute the only grounds for an appeals review:
 - a. Inadequate representation of United Way committee members at the Admissions and Allocations review process.
 - b. Information now available that was unknown at the time of the allocation conference, which creates a different need for United Way funds than previously understood.
 - c. Other reasons that in the opinion of the Admissions and Allocations Committee justify a review.
- M. Participating agencies have a right to request emergency funding during the year from whatever contingency reserve may be established for this purpose by the United Way Board of Directors. The Executive Board of the United Way will evaluate requests.

SECTION 4

The purpose of the Bainbridge-Decatur County United Way is to conduct a single community-wide annual campaign and to distribute funds to programs of agencies that serve the needs of the community.

In order to generate maximum dollars in the annual campaign for the benefit of all agencies, and to realize the advantages of the United Way system, the fundraising appeals of the participating agencies must be limited and conducted according to pre-established guidelines.

The United Way recognizes the need for agencies to raise funds in addition to the assistance provided by the United Way. However, to help ensure the success of the United Way campaign, the following regulations apply:

- A. **Supplemental fundraising activities shall not be scheduled between the United Way campaign period of September 1st through November 30th.** If a participating agency has a fundraising conflict during this time frame, contact the United Way Executive Secretary to apply for an exception.
- B. Independent and community foundations may be solicited throughout the year including the restricted campaign period.
- C. Corporations or corporate foundations shall not be solicited by member agencies for the purpose of direct contributions during the United Way campaign period of September 1st through November 30th.
- D. Individuals may not be solicited by member agencies at the work place at any time during the year.
- E. Your agency has a mechanism in place to remove individuals from solicitation lists who no longer want to be contacted.

SECTION 5

TERMINATION

- A. Participating agencies may terminate the relationship created by this agreement on sixty (60) days notice, which may be given at any time. Any such termination will be by written notification from Board of Directors of the Agency and funding shall cease on the effective date of the termination.
- B. United Way reserves the right to terminate the relationship by this agreement on sixty (60) days notice. Any such termination will be by written notification from the Executive Committee of the United Way.
- C. United Way also reserves the right to terminate the relationship created by this agreement without advance notice in the event an agency fails to meet, at any time, the basic criteria in this agreement.

ENFORCEMENT

- 1. If a violation of the fundraising guidelines occurs, the agency will be required to provide a written statement to the United Way Executive Committee and attend a conference set by the United Way Executive Committee. Any or all of the following recommendations may be made by the United Way Executive Committee after review of the reported violation:
 - (a) Requirement of a letter of explanation from the agency when a United Way giver has been inappropriately solicited.
 - (b) Reduction or withholding of the agency's annual allocation by an amount equal to the earned revenue of the fundraising.
 - (c) Renouncing affiliation of an agency from membership in the United Way in case of repeated violations.
- 2. All penalties shall be within the authority of the United Way Board of Directors, upon recommendation of the United Way Executive Committee.
- 3. Any agency that is penalized may appeal the decision to the Executive Committee of the United Way Board of Directors. The appeal must be in writing and received within fifteen (15) working days of written notification of the penalty.

DUAL BOARD MEMBERSHIP POLICY

Holding concurrent memberships of the Board of Directors of the United Way and an affiliated organization creates the possibility of a conflict. When a matter is under consideration by such a member, the Director must determine whether a possible conflict between the organizations is present and if so, whether the member is in a position to represent both interests fairly.

In such instances, the member may not be able to assess the issue impartially. If the member is a participating member of either or both Boards, the member may have acquired some loyalty and bias toward that or those associations. When faced with such a situation, the member should disclose the possibility of a conflict and refrain from discussion and voting on the issue.

Statement of Agreement

Between

UNITED WAY of BAINBRIDGE-DECATUR COUNTY

And

(Participating Agency)

for the period beginning

January 1, 2015

and concluding

December 31, 2015

(Date of Agreement)

The Board of Directors of this participating agency has reviewed THIS STATEMENT OF AGREEMENT. By our signatures we signify that we will abide by the policies of the Bainbridge-Decatur County United Way, Inc., as outlined in the previous pages in return for United Way funding for the coming fiscal year. Any conflict these policies cause in the operation of this agency will be immediately brought to the attention of the United Way Board of Directors.

Bainbridge-Decatur County United
Way, Inc.:

Name of Participating Agency

United Way Board Chair

Agency Board President/Chairperson

United Way Chief Professional Officer

Agency Exec. Director/Manager/
Representative

Date

Date

This agreement must be reviewed by the participating agency Board of Directors prior to submission to the United Way.

After this agreement has been reviewed and discussed by the Board President/Chairperson and by the Agency Executive Director/Manager/Representative (if there is no such person in the agency organizational structure, the second signature should be the Vice President/Vice Chairperson, or another officer of the Board), **submit this page with the original signatures and retain a copy of this agreement in its entirety in your agency files.**

NON-DISCRIMINATION CERTIFICATE

In compliance with the Federal Directive on non-discrimination Standard of Voluntary Health and Welfare Services, we

Name of Organization

hereby state that we are complying with the federal directive:

1. No person is excluded from service because of race, ethnicity, gender, age, or physical disabilities.
2. There is no segregation of those served on the basis of race, ethnicity, gender, age, or physical disabilities.
3. There is no discrimination with regard to hiring, assignment, promotion or other conditions of staff employment on basis of race, ethnicity, gender, age, or physical disabilities.
4. Governing bodies are open to representation from all segments of the public, regardless of race, ethnicity, age, gender, or physical disabilities.

Signed: _____

Title: _____

Date: _____

STAFF/VOLUNTEER/CLIENT PROFILE

Agency Name: _____

The names of the following staff/volunteers/clients are submitted by our agency to assist the United Way in raising funds and/or making oral presentations to employee groups and civic organizations during the fundraising campaign.

Name	Address	Phone

AGREEMENT FOR USE OF NAME

Agency Name: _____

This agreement, made this _____ day of _____, 2014 by and between _____ (First Party) and the Bainbridge-Decatur County United Way, Inc. (Second Party):

- (1) The Bainbridge-Decatur County United Way, Inc., is hereby given permission by the Party of the First to use any literature, information, logos, and/or other related data which will assist the Bainbridge-Decatur County United Way, Inc. in campaign fundraising activities or other promotions as deemed appropriate by our Board of Directors.

This agreement shall be binding upon the parties, their successors, assigns and agency representatives.

Signed the day and year first written above.

Signed:

Authorized Agency Representative

Signed:

United Way Board Chair

CURRENT BOARD of DIRECTORS

Agency: _____

Name	Position	Place of Employment	Area of Work	Address

REVENUE and EXPENSE

REVENUE: (round to nearest dollar)	Year 2013 Actual	Year 2014(*)	Year 2015 Projected
United Way of Bainbridge-Decatur County			
Allocated by other United Ways			
Contributions			
Special Events			
Legacies & Bequests (unrestricted)			
Contributed by Associated Organizations			
Fees & Grants from Government Agencies			
Membership Dues			
Program Fees & Net Incidental Revenue			
Sales of Materials			
Investment Income			
Other Revenue			
TOTAL REVENUE			
EXPENSES (round to the nearest dollar)			
Salaries			
Employee Benefits			
Payroll Taxes, etc.			
Professional Fees			
Supplies			
Telephone			
Postage and Shipping			
Rent			
Rental & Maintenance of Equipment			
Printing and Publication			
Travel			
Conferences, Conventions, & Meetings			
Specific Assistance to Individuals			
Membership Dues			
Awards and Grants			
Other Expenses			
TOTAL EXPENSES			
NET OPERATING INCOME	\$	\$	\$

(*) Project as needed through the end of year 2014

Signature of Certification by Officer or Director

Date

Agency Name: _____

CHARITY REGISTRATION

Proof of your organization's registration with the Secretary of State's Office is required unless your organization is exempt. If your organization is required to register, please provide documentation showing that your organization has current fundraising registration with the Office of the Secretary of State.

If your organization is exempt, please attach a letter on your organization's letterhead stating which exemption applies to your organization and why. More information about Charity Registration with the State of Georgia can be found on the Secretary of State's website: www.sos.state.ga.us/securities/charitable_organization.htm.

Below is an example of Charity Registration:

The screenshot shows a web browser window displaying the Georgia Secretary of State's website. The page features the state seal and the name of the Secretary, Brian P. Kemp. The main content is a registration record for Bainbridge-Decatur County United Way, Inc. The record is organized into several sections: Registrant Information, Registration Information, and Relationship Information. The Registrant Information section lists the name, address, and phone number. The Registration Information section provides the registration number, type, status, and expiration date. The Relationship Information section indicates that there is no relationship information for this campaign. A footer note provides contact information for the Office of Secretary of State.

Registrant Information		
Name:	Bainbridge-Decatur County United Way, Inc.	
Address:	P. O. Box 1805 Bainbridge GA 39818-0000	
Phone:	(229) 248-1040	

Registration Information		
Registration No:	CH-002391	
Registration Type:	Charity	Registration Status: Active
Effective Date:		Expiration Date: 9/29/2012

Relationship Information		
Click on the Registration Number to see detailed information for the campaign.		
No Relationship Information		

You may close this window to return to your search results
Data current as of: April 12, 2011

If you have any questions regarding the search results of this application, please contact the Office of Secretary of State via securities@sos.state.ga.us.

COUNTERTERRORISM COMPLIANCE

In compliance with the spirit and intent of the USA PATRIOT Act and other counterterrorism laws, the United Way of Bainbridge-Decatur County requests that each funded agency ("Organization") certify that it is in compliance with the United Way of Bainbridge-Decatur County and the United Way of America's ("UWA") compliance program.

ORGANIZATION NAME: _____

Check the Appropriate Box to Indicate Your Compliance With Each of the Following:	Comply	Do Not Comply
This Organization is not on any federal terrorism "watch lists," including the list in Executive Order 13224, the master list of specially designated nationals and blocked persons maintained by the Treasury Department, and the list of Foreign Terrorist Organizations maintained by the State Department.	<input type="checkbox"/>	<input type="checkbox"/>
This Organization does not, will not and has not knowingly provided financial, technical, in-kind or other material support or resources* to any individual or entity that is a terrorist or terrorist organization, or that supports or funds terrorism.	<input type="checkbox"/>	<input type="checkbox"/>
This Organization does not, will not and has not knowingly provided or collected funds or provided material support or resources with the intention that such funds or material support or resources be used to carry out acts of terrorism.	<input type="checkbox"/>	<input type="checkbox"/>
This Organization does not, will not and has not knowingly provided financial or material support or resources to any entity that has knowingly concealed the source of funds used to carry out terrorism or to support Foreign Terrorist Organizations.	<input type="checkbox"/>	<input type="checkbox"/>
This Organization does not re-grant to organizations, individuals, programs and/or projects outside of the United States of America with out compliance with IRS guidelines.	<input type="checkbox"/>	<input type="checkbox"/>
This Organization takes reasonable, affirmative steps to ensure that any funds or resources distributed or processed do not fund terrorism or terrorist organizations.	<input type="checkbox"/>	<input type="checkbox"/>
This Organization takes reasonable steps to certify against fraud with respect to the provision of financial, technical, in-kind or other material support or resources to terrorists and terrorist organizations.	<input type="checkbox"/>	<input type="checkbox"/>

form, "material support and resources" means currency or monetary instruments or financial securities, financial services, lodging, training, expert advice or assistance, safe houses, false documentation or identification, communications equipment, facilities, weapons, lethal substances, explosives, personnel, transportation, and other physical assets, except medicine or religious materials.

I certify on behalf of the Organization listed above that the foregoing is true.

Print Name: _____ Title:

Signature: _____ Date:

Anti-Terrorism Compliance Measures

In compliance with the USA PATRIOT Act and other counterterrorism laws, the United Way of Bainbridge-Decatur County 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, statutes and executive orders.”

Print Name: _____ Title: _____

Signature: _____ Date: _____