

## Community Investment 2020 - Application

Application Status: In Progress

### Agency Information

#### General Information

Organization Name

What is your agency's mission and purpose?

FED Tax ID #

If the organization is not 501c3 IRS Non-Profit or Tax-Exempt, please explain why:

Executive Director

Primary Address

Provide a description of your agency that can be used on the United Way website and other marketing materials.

In addition to funding, how do you view being a part of the UW network to be beneficial?

What are your expectations of a relationship with United Way?

#### Financial Contact

Financial Contact Full

Name:

Mailing Address:

Phone:

Email:

Finance

Which IRS form does your agency file annually:

Please indicate the Fiscal/Calendar year end for your most recent filing of the IRS Form 990/990EZ/990N:

Is your agency current in your filing of the IRS Form 990 / 990 EZ / 990 N?

Does the agency utilize a professional service for accounting or tax reporting?

If you are not required to file the IRS Form 990 / 990 EZ / 990 N, please explain.

## **Reserves**

**Does your Agency have a Financial Reserve Policy?**

**If yes, list specific reasons you are retaining financial reserves/savings:**

**How many months of operating capital do you currently have, including reserves:**

## **Board of Directors**

**How many people serve on your Board of Directors?**

**How many times did your board meet in the past 12 months?**

**What is the average attendance at your board meetings?**

**Are any paid staff members on your board?**

**How often are financial activity reports viewed by your Board of Directors?**

**Does your organization have a board-approved non-discrimination policy?**

## **Funding Sources**

**Besides BAUW funding, how is your income portfolio diversified? This can include grants, in-person or virtual fundraisers, direct asks, etc."**

**Is your agency eligible for matching funds?**

**Is United Way money  
used as a base to  
generate matching  
funds?**

**If you do not apply for grants, matching funds or participate in fundraising activities, please  
explain why:**

## **Memorandum of Understanding Agreement between**

**Brookings Area United Way (hereinafter referred to as United Way)**

**Agency Name**

**(hereinafter referred to as the Agency)**

**The signing of this agreement will allow the release of allocated dollars, if awarded, for the coming year.**

**Brookings Area United Way and the Agency enter into this agreement in order to:**

**PROMOTE social, civic, health, welfare, and recreational services in the areas of Income, Education and Health to the citizens of Brookings County.**

**PROMOTE the overall social welfare of people by encouraging cooperation and community planning among its citizens and its civic, health, recreational and welfare agencies and departments of government.**

**PROMOTE high standards of accountability, efficiency with all member agencies.**

**It is the mutual objective of Brookings Area United Way and United Way partner agencies that the optimal amount of money be made available for the provision of health and human services in our area. The United Way annual fundraising campaign is represented to the community as an opportunity to make one pledge of support to help meet the human service needs of Brookings County.**

**United Way's role in helping raise these funds is based upon the concept of a single annual campaign that elicits a response from the entire community, raising more money than would be likely with multiple, competitive fund raising campaigns. United Way's role is also based upon the desire of employers to conduct one annual campaign in the workplace.**

**Donations to the Brookings Area United Way are distributed exclusively to Brookings Area United Way Partner Agencies selected by our board of directors. Our local leaders agree that Brookings Area United Way shall not fund agencies or requests that could be detrimental to the community as a whole due to their controversial nature.**

**It is essential that local groups and individuals recognize that United Way funds are designed to focus on advancing the common good and not to promote political issues including but not limited to the pro-life / pro-choice debate.**

**It is agreed that United Way:**

- 1. Will assume the responsibility for an annual community-wide fundraising campaign in support of the selected and approved Agency and/or program(s).**
- 2. Will pay the allocation for the year on a quarterly basis.**
- 3. Will set the total annual campaign goal based on Agency program needs, community needs and the prevailing economic conditions.**
- 4. Recognizes the right of the Agency to determine its programs and services, its policies of operation and to administer its own internal affairs.**
- 5. Will, in cooperation with the Agency, direct its own public relations and marketing efforts so as to assist the Agency with the educational campaign of its funded programs. United Way will publicize its affairs and those of the Agency's supported programs as widely as possible.**

**It is agreed that the Agency:**

- 1. Will cooperate fully in the annual fundraising effort and will encourage and enlist the participation of its constituency and members in such activities. The Agency will conduct an annual United Way campaign among its employees and its Board of Directors.**
- 2. Will not conduct their agency fund-raising campaign during the United Way campaign in the entire month of September and October.**
- 3. Agrees to participate in United Way's review process and provide necessary documentation.**
- 4. Agrees to maintain responsible management, including a Board of Directors and an Executive Director, or a like position.**
- 5. Agrees to cooperate with other human service agencies, both public and private, in preventing duplication of efforts and in promoting efficiency and economy of administration in human service programs.**
- 6. Agrees to participate in meetings with Agency Directors to prevent duplication of efforts and to promote efficiency.**
- 7. Agrees to report to United Way any major program/budget changes that may affect how United Way allocated dollars are spent.**
- 8. Agrees to mention its participation as a United Way agency in news releases, media programs, brochures, etc where United Way dollars are a part of the program or service, and in verbal presentations where appropriate.**
- 9. Agrees to provide campaign information in a timely manner when requested.**

**10. Will return to United Way any funds allocated to the Agency that may no longer be used for their intended purposes, where by any act or default on the part of the Agency, or by an operation or process of law, or by any means whatsoever.**

**11. Will refrain from taking actions or conducting activities likely to damage the reputation of United Way. All concerns must be directed immediately to a United Way representative.**

**12. Agrees to accept funds by automatic transfer.**

**13. Agrees to contact the United Way Board Member “Liaison” who is assigned to the agency several times throughout the year. Contacts could be made via:**

- a. A site visit by the liaison to learn more about the agency’s work in the community**
- b. Attendance by the liaison at an agency board meeting or staff meeting (if possible)**
- c. A visit to review or clarify the agency’s Mid-Year Report (June/July)**
- d. A visit to review or clarify the agency’s Application for funding (October/November)**
- e. Attendance by the liaison at a special event or fundraiser**
- f. A phone call or email to check-in or provide information**

## **Certification**

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

**Date Of Approval**

**Chief Volunteer Officer**

**Chief Professional Officer**

## COUNTERTERRORISM COMPLIANCE

**Organization Name:**

**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.**

**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.**

**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.**

**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.**

**This Organization does not regrant to organizations, individuals, programs and/or projects outside of the United States of America with out compliance with IRS guidelines.**

**This Organization takes reasonable, affirmative steps to ensure that any funds or resources distributed or processed do not fund terrorism or terrorist organizations.**

**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.**

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

## **SHORT APPLICATION - Program Application**

### **General Information**

**Program Name**

**Program Primary Contact**

**Impact Area**

**Amount Requested**

**Duplicated client visits**

### **Community Need**

**\*Description of program and explain how dollars will be used:**

**\*Why is this program necessary in this area, how is this program different than others?**

**\*How will this program provide value to the community over time? How will you ensure the program is sustainable?**

### **Collaborations**

**Describe examples (if any) of how your program collaborates with other organizations in the community, particularly other United Way funded programs.**

### **Last Funding Cycle**

**Did any changes occur in the intended program during the current funding year?**

**If yes, please explain:**

**Program Change**

**Do you anticipate any changes to the program in the upcoming year?**

**If yes, please explain:**



## **--What a Contribution Buys**

**Help us communicate what services a small contribution will buy.**

**\$0.50/week (\$26/year) provides the funds for:**

**\$7.00/week (\$364/year) provides the funds for:**

**\$15/week (\$780 per year) provides the funds for:**

**\$25/week (\$1300 per year) provides the funds for:**

### **Permission to Use Publicly**

**United Way is granted  
permission to use the  
information  
provided on this form  
publicly.**

## Historical Comparison of Client Characteristics

### Federal Poverty Levels

#### Total Clients Served by the Program

	2017 (actual)	2018 (actual)	2019 (actual)	2020 (estimated)
# of Unduplicated Clients	125	130	140	150
Total	125	130	140	150

#### Gender

	2017 (actual)	2018 (actual)	2019 (actual)	2020 (estimated)
Males	32			
Females	2			
Transgender	45			
Unknown	45			
Total	124	0	0	0

#### Age

	2017 (actual)	2018 (actual)	2019 (actual)	2020 (estimated)
0 - 6 Years	12			
7 - 13 Years	13			
14 - 17 Years	20			
18 - 30 Years	20			
31 - 49 Years	5			
50 - 64 Years	10			
65 - 74 Years	5			
75 - 84 Years	5			
85+ Years	5			
Unknown	30			
Total	125	0	0	0

#### Ethnicity

	2017 (actual)	2018 (actual)	2019 (actual)	2020 (estimated)
Black / African American	20			
Asian	20			
White / Caucasian	20			

Hispanic / Latino	10			
Native Americans	5			
Pacific Islander	5			
Multi-Racial	20			
Others	10			
Unknown	15			
Total	125	0	0	0

### Federal Poverty Level

	2017 (actual)	2018 (actual)	2019 (actual)	2020 (estimated)
Very Low (50%) Income Limits	20			
Extremely Low Income Limits	20			
Low (80%) Income Limits	20			
Income Limits (81%) and above	20			
Unknown	45			
Total	125	0	0	0

	2017 (actual)	2018 (actual)	2019 (actual)	2020 (estimated)
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**\*--Outcomes**

**What is the goal outcome?      How is this measured?**

- |    |    |
|----|----|
| 1. | 1. |
| 2. | 2. |
| 3. | 3. |

**What outcomes, if any, do you currently track?**

**How do you currently, or plan to, use data to improve your program?**

**How does your organization advocate on behalf of those who serve? How have you adapted to the community's/people you serve needs?**

## **--Outcome Success Story**

**Agency Contact for  
Success Story:**

**Phone Number for  
Success Story:**

**Email Address for  
Success Story**

**Geographic community  
represented by the  
success story:**

**Please state a Program Goal/Outcome that was achieved last year. The goal/outcome should link to the story:**

**Provide an actual success story based on the above goal/outcome.**

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**--Program Budget**

**Revenue**

	<b>Actual Current FY Year</b>	<b>Projected Next FY Year</b>
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**Expense**

	<b>Actual Current FY Year</b>	<b>Projected Next FY Year</b>
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	<b>Actual Current FY Year</b>	<b>Projected Next FY Year</b>
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## LONG APPLICATION - Program Information

### General Information

Program Name  
Primary Contact  
Impact Area  
Amount Requested  
Duplicated client visits

### Community Need

\*Description of program and explain how dollars will be used:  
\*Why is this program necessary in this area, how is this program different than others?  
\*How will this program provide value to the community over time? How will you ensure the program is sustainable?

### Collaboration

Describe examples (if any) of how your program collaborates with other organizations in the community, particularly other United Way funded programs.

### Ability and Evaluation

Briefly describe the resources needed to carry out the proposed program.  
Assuming BAUW funds are available as requested, will your organization have the necessary resources to ensure program success?  
How will you use the results of your program assessment to improve its effectiveness in the future?

### Staff and Volunteers

Total FTE Employees:  
Part Time:  
How many volunteers did your program utilize this year?

**How many total volunteer hours were given to your program?**

**Are volunteers required to have a background check?**

**If not, please explain:**

**How do you utilize volunteer services?**

### **Other**

**Describe ways other than funding in which Brookings Area United Way can support your Program:**

### **Last Funding Cycle**

**Did any changes occur in the intended program during the current funding year?**

**If yes, please explain:**

### **Program Change**

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#### Ethnicity

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Revenue

	Actual Current FY Year	Projected Next FY Year
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Expense

	Actual Current FY Year	Projected Next FY Year
--	---------------------------	---------------------------

	Actual Current FY Year	Projected Next FY Year
--	---------------------------	---------------------------