1/4/2010

UNITED WAY OF GREATER AUGUSTA

COMMUNITY IMPACT GRANT FUNDING 2010-2011

Grant Award Funding Application | Cynthia Pritchard

United Way of Greater Augusta

COMMUNITY IMPACT GRANT FUNDING 2010-2011
GRANT APPLICATIONS

PURPOSE

The mission of United Way of Greater Augusta is to create long-lasting community change by addressing the underlying causes of the most significant issues facing Greater Augusta residents. We work to advance the common good by focusing on four priority areas: Building Self-Sufficiency, Strengthening Families, Nurturing Children and Youth, Promoting Health and Healing. This funding opportunity was established to build community capacity to support individuals and families with immediate needs and establish a foundation for long-term change.

Through this funding opportunity, United Way will invest in projects and programs that address Building Self-Sufficiency, Strengthening Families, Nurturing Children and Youth, Promoting Health and Healing.

GRANT DURATION

Grants are awarded annually. Programs which meet performance and compliance standards may apply in subsequent years if sufficient progress is made toward projected outcomes.

ELIGIBILITY

All public or private, tax-exempt, health and human service organizations serving residents of Staunton, Waynesboro and Augusta County are eligible to submit proposals.

The agency responding to this Grant application as the Fiscal agent (see definition of Fiscal agent on the following page) on behalf of a collaborative is required to provide with the proposal proof of tax-exempt status. Additionally, if the proposal passes the first review and is considered for funding, the Fiscal agent is required to submit its most recent IRS Form 990. Organizations with budgets over $250,000, and/or those conducting independent audits must also include a copy of their audited financial statements.

Organizations may apply and *compete for funding* ***only*** *if the project proposal is in alignment with one of United Way's impact areas: Building Self-Sufficiency, Strengthening Families, Nurturing Children and Youth, Promoting Health and Healing.* Any application that does not align with these impact areas will not be considered for funding.

Only one application per project/program will be accepted. The organization submitting the proposal for a project must choose one impact area, and must demonstrate alignment with one or more of that Impact Areas and related Long-term Goals identified in its *Funding Priorities* sections of the application for funding. On the proposal Cover Sheet indicate which Impact Area and related Long-term Goal(s) the project addresses.
If an organization is seeking funding for a second project, a separate proposal must be submitted.

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COLLABORATION

The United Way of Greater Augusta values the ability and willingness of our community partners to work with each other to achieve positive results for participants. United Way defines collaboration as a structured, mutually beneficial relationship between two or more organizations that work toward a common goal by sharing resources, responsibility, authority and accountability for achieving results. It is more than agencies cooperating, responding to requests or referring clients. Collaborationdemonstrates a jointly-developed structure and process for shared decision-making, problem-solving, communication, planning, allocation of resources, monitoring and evaluating the outcomes and deliverables of the project.

The organization assuming the role of fiscal agent or any of the collaboration partners may take the lead in different areas of responsibility. Each collaborative will define these roles differently as appropriate to the work and the organizations involved. Effective collaboratives will agree among the partners on the various roles, responsibilities and distribution of resources that will be necessary for the success of their joint effort.

If a collaborative is proposed, a Memorandum of Agreement (MOA) must be completed and signed by all collaborative partners and included with each proposal. In the MOA, outline the collaborative partners' agreed-upon roles and responsibilities, distribution of the project budget and the resources that each collaborative partner will bring to the project.

FISCAL MANAGEMENT ORGANIZATION

For granting purposes, one organization must apply for funding as the "Fiscal agent" on behalf of the project collaboration. This organization will hold the contract with United Way and take the responsibility for managing the funds on behalf of the collaborative, distributing funds as agreed to by the collaborative in its MOA and budget and maintaining records suitable for auditing. The Fiscal agent will also be responsible for submitting to United Way the required reports and documents on behalf of the collaboration.

FUNDING REQUIREMENTS

Requirements of the funding agreement with United Way of Greater Augusta are outlined in the Agency Agreement. By signing the Agreement, you acknowledge that you have read the funding requirements and that your proposal is submitted with full commitment.

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PROPOSAL REVIEW PROCESS

Proposals will be reviewed and scored with priority given to proposals that are most closely aligned with funding impact areas. Recommendations will also be based on application completeness including responses to all questions in the funding application, required forms, and all eligibility requirements.

Volunteer Citizen Investment Review Teams (CIRT) members will complete an onsite visit then review and score each proposal using an assessment tool. The members of the CIRTs will provide their review to the Community Investment Teams (CIT), which will make funding recommendations. Finalists **may** be interviewed by CIT Committee members before final recommendations are made to the United Way Board of Directors. The United Way of Greater Augusta's Board of Directors decisions are final.

TIMELINES

- January 4, 2010 — Grant application available at www.unitedwayga.org
- **February 26, 2010** — **Applications due by 5:00 PM**
- March 1, 2010 — Volunteers receive grant applications
- March 2-4, 2010 — CIRT Onsite visits
- March 8-9, 2010 — CIT Teams meet for Award funding
- March 22, 2010 — Applicants notified of final Award funding decisions
- 4/1/2010-3/30/2011 — Annual contract period

SUBMISSION INFORMATION

Proposals must follow the timeline and format and are due at the United Way offices on **February 26, 2010**

1. Submit **as directed on the application** to the address below:

   ATTN: Community Impact Grant Funding
   United Way of Greater Augusta, Inc.
   P O Box 1166
   Fishersville, VA 22939

   Drop off to: 1020 Jefferson Highway, suite 201, Staunton, VA 24401

2. In addition, you are **required to submit an electronic copy** of your proposal not including attachments to: **funding@unitedwayga.org**, also due February 26, 2010 by 5:00 PM.

Proposals that arrive at United Way after the due date and time will not be considered. If you are using US mail, be sure to mail early. **A postmark will NOT be considered on-time receipt at the United Way office.**

ADDITIONAL INFORMATION

For additional information about this funding opportunity, you are encouraged to contact our Executive Director, Cynthia Pritchard at (540)885-1229 or 943-1215 /via email: cynthia.pritchard@unitedway.org

REQUEST FOR FUNDING CHECKLIST

Complete and include one copy of checklist with each proposal

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IMPORTANT NOTE: You must submit a complete set of
Required Documents A Submit one copy only per **Program**

REQUIRED DOCUMENTS

- ☐ Request for Funding, collated and stapled on left side
- ☐ Cover Sheet
- ☐ Application
- ☐ Annual government reports (i.e. State Charities Annual Report and Federal Forms 990 & 5500)
- ☐ Most recent completed audit or compilation

Audit/Review/Compilation must performed by an independent CPA firm as follows:

Audit= $300,000+ annual budget
Review=$100,000 + annual budget
Compilation= under $100,000 annual budget

- ☐ Current Board of Directors list, including professional affiliation and contact information (address, telephone & email)
- ☐ Yearend financial statement including Balance Sheet, Budget to Actual and Profit and Loss Statements.
- ☐ 10 Agency brochures.
- ☐ Agency Bylaws
- ☐ Form 1: 2010 Work Plan & Evaluation
- ☐ Form 2A: Budgets
- ☐ Form 2B: Restricted Fund Balance Form
- ☐ Form 2C: Staff & Volunteers Form
- ☐ Form 3A: 2009 Progress Report Form-Program Report (1 for each 2009 UWGA funded program)
- ☐ Form 3B: 2009 Progress Report Form-Demographics (1 for each 2009 UWGA funded program)
- ☐ Form 4-A; Signed Copy of Memorandum of Agreement
- ☐ Form 4-B: Signed Copy of Counterterrorism Compliance Form
- ☐ Form 4-c: Signed Copy of Agency Fundraising Policy and Procedures

(***NOTE: All questions requiring a narrative the box expands as you type content)***

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United Way of Greater Augusta
2010 Request for Program Funding
Cover Sheet

ORGANIZATION INFORMATION

Name of organization *Years UWGA member agency*

Address *City, State, Zip* *Employer Identification Number (EIN)*

Phone *Fax* *Web site*

Name of Executive Director *Phone* *E-mail*

Name of Board Chair *Phone* *E-mail*

2010 PROPOSAL INFORMATION

Please give a short summary of your 2010 **program(s)** request: (in 100 words or less)

Population served by **program(s)**: _____

Geographic area to be served by **program(s)** in 2010: ☐ Staunton ☐ Augusta County ☐ Waynesboro ☐ Other (list) _____

Estimated number of people to be served by **program(s)** in 2010:
__Staunton + ___ Augusta County + ___ Waynesboro + ___ Non-Residents served in Greater Augusta =
____ Total number of people to be served in 2010

2010 BUDGET

- Total 2010 Total Organizational Budget: $
- Total United Way of Greater Augusta Funding Requested $
- Program Budget $
- 2010 In-Kind Goods & Services **dedicated to program (s)** (Estimated Market Value) $

AUTHORIZATION

Name of Executive Director Signature Date

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Section I. ORGANIZATIONAL RESPONSIBILITY

1. Use this space to provide a *brief* summary of your agency's history in Greater Augusta, including the date your organization was established, your agency's mission and its purpose.

2. Use this space to provide a *brief* description of your agency's current human services. (Staff and Volunteers).

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3. Use this space to describe how your services determined what programs and services to provide? Directed to whom? When was the last date you conducted a needs assessment?

4. Use this space to describe the *specific ways* your agency collaborates with other organizations to *provide services* to Greater Augusta residents?

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5. Use this space to describe the specific ways that this program is accessible to residents of diverse ages, abilities, races, national heritages, etc.

6. Please check off the areas in which your agency has partnered with United Way during 2009:
   - ☐ Gave a presentation at an Employee Campaign Kick-Off - #___ presentations
   - ☐ Coordinated UW Employee Campaign at own Agency or for Board of Directors
   - ☐ Submitted "Letters to the Editor" or wrote article about or mentioning UWGA in local newspapers or agency newsletter
   - ☐ Displayed UW logo on all Agency literature or otherwise informs public of UWGA funding
   - ☐ Other (describe)

7. Please answer the questions below related to fiscal responsibility:

   Within the last 5 years, has the agency ended two or more fiscal years with an operating deficit?

   ☐ Yes ☐ No

   If yes, please explain strategies to eliminate the deficit

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Is a deficit projected for the current year or next year?

☐ Yes ☐ No

If yes, please explain strategies to eliminate the deficit

Is a budget surplus projected for the current or next year?

☐ Yes ☐ No

If yes, explain why and its planned use.

Are you currently engaged in or plan to run a capital campaign within the next year?

☐ Yes ☐ No

If yes, please indicate the campaign's purpose, amount and target date

Please list any capital expenditures over $5,000 projected for the next three years.
Include: Year, Item, and Amount

If yes, please indicate the campaign's purpose, amount and target date

Does your agency have an Endowment?

☐ Yes ☐ No

If yes, what is its value? What is its long-term purpose?

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Does your agency have an ongoing business operation that provides regular income?

☐ Yes ☐ No

If yes, what are the average annual receipts of the last 5 years for this operation?

8. Please answer the questions below realted to organizational responsibility:

How often does your Board of Directors meet?

☐ Monthly ☐ Quarterly ☐ Bi-Annually ☐ Annually

Does a CPA serve on your Board of Directors?

☐ Yes ☐ No

Is your agency in compliance with current IRS obligations?

☐ Yes ☐ No

Do you have Liability Insurance?

☐ Yes ☐ No

If yes, what is the Limit of Liability?

How are your financial reports generated?

☐ In House ☐ Bookeeping Service ☐ CPA Firm

If prepared in-house, is the applicable staff bonded or do you maintain employee theft insurance.

☐ Bonded ☐ Insurance ☐ Neither

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SECTION II. PROGRAM INFORMATION

Please complete Section II. Program Information for each program that you are requesting funding for:

Program Name: _____

1. *CHECK THE* IMPACT *AREA THAT YOUR PROGRAM FALLS UNDER:*

- ☐ BUILDING SELF SUFFICIENCY
- ☐ STRENGTHENING FAMILIES
- ☐ NURTURING CHILDREN & YOUTH
- ☐ PROMOTING HEALTH AND HEALING

2. Use this space to describe **the program** for which you are requesting funding.

3. Use this space to describe the measurable impact this **program** will have on the targeted individuals (be specific). How are program outcomes aligned with United Way target outcomes in the impact area you choose in question 1.

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4. Use this space to describe how you plan to sustain this **program** financially in future. Be specific.

5. Use this space to describe the methods you will use to measure your outcomes. What indicators will you be collecting data? (You may provide a table to demonstrate outcomes correlated to methods)

6. Use this space to describe who will conduct the evaluation.

7. Use this space to describe what you will do with your evaluation results.

8. Complete a "Work Plan & Evaluation" sheet for each **program** that you are requesting United Way to fund **[Form 1]**

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SECTION III. 2010 BUDGET

1. Complete Budget form **[Form 2 A]**
2. Complete "Restricted Funds" disclosure **[Form 2-B]**
3. Complete "Staff and Volunteer" form **[Form 2-C]**

SECTION IV. 2009 REPORTING

1. Complete "2009 Progess Report" [Form 3A]
   (This is completed for the 2009 United Way Funded Program) (This sheet will also be submitted as part of your annual final report)

2. Complete "2009 Geographic Distribution" [Form 3B]
   (This is completed for the 2009 United Way Funded Program) (This sheet will also be submitted as part of your annual final report)

3. If you were a 2009 agency Use this space to report changes to your original 2009 Application, i.e., services not delivered, incomplete evaluations, etc. What strategies you put in place to overcome these challenges? What prevented you from implementing the proposal as proposed?

4. If you were a 2009 Agency Write a short narrative of your 2009 actual outcomes and how they aligned with the United Way funding you received

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2010 GREATER AUGUSTA WORK PLAN & EVALUATION FORM 1

Community Need:

Program Name:

Direct Human Services

Describe Service	# Clients	Units of Service	Person Responsible for Service Delivery	Planned Outcome	Evaluation/Tool: How will data be Collected.

Education & Support

Describe Service	# Participants	# Sessions	Person Responsible for Service Delivery	Planned Outcome	Evaluation Tool/method

Community Events

Describe Event	# Participants	# Events	Person Responsible for Service Delivery	Planned Outcome	Evaluation Tool

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BUDGET		FORM 2A
	2010 Organizational	2010 Program
INCOME		
Government grants		
Foundations		
Corporations		
United Way of Greater Augusta		
Other United Ways		
Individual contributions		
Fundraising events		
Membership income		
Investment income		
Government (SAW)		
Earned income		
Other (specify)		
Total Income		$ -
EXPENSES		
Salaries and wages		
Payroll Expense		
Employee Benefits		
Consultants & professional fees		
Insurance (non-employee)		
Travel		
Equipment		
Supplies		
Printing and copying (+manuals)		
Telephone, fax, email/internet		
Postage and delivery		
Occupancy (rent/mortgage)		
Utilities		
Meetings & Conferences		
Client Stipends		
Depreciation		
Fundraising Expense		
Advertising/Outreach		
Other: Child Care		
Other: Transportation to Groups		
Other: Incentives		
Other: Classroom Rental		
Staff Training		
Community Events		
Total Expense		
Amount Requested from UWGA		

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RESTRICTED FUNDS/INVESTMENTS FORM 2B

	Restricted Fund #1	Restricted Fund #2	Restricted Fund #3	*Total* Restricted Funds
Restricted Fund Name				
Donor Name				
Fund Purpose				
Fund is restricted by donor(s)				
Balance 12/31/2008				
New Gifts				
Describe				
Investment Gains				
Investment Losses				
Withdrawls				
Purpose of Withdrawal				
End Balance 12/31/2009				

II. UNRESTRICTED FUNDS*

End Balance 12/31/2009 _____

III. Total Fund Balance 12/31/2009

* Includes Board Designated Funds

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STAFF AND VOLUNTEERS FORM 2-C

		2010	2010
Position	Annual	Organizational Staff	Program Staff
	Salary	FTE	FTE
SAMPLE			
Woman's Advocate	$35,000	100%	25%
Total			
VOLUNTEERS*			
		2010 Organizational	2010 Program
Proposed Number of volunteers			
Proposed Number volunteer hours			

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2009 PROGRESS REPORT: PROGRAM REPORT FORM 3-A

Agency:

Program

Direct Human Services

	Planned		Actual	
Describe Service	# Clients	Units of Service	# Clients	Units of Service

Education & Support

	Planned		Actual	
Describe Session	# Participants	# Sessions	# Participants	# Sessions

Community Events

	Planned		Actual	
Describe Event	# Participants	# Events	# Participants	# Events

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2009 PROGRESS REPORT: GEOGRAPHIC DISTRIBUTION FORM 3-B

Agency:

INSTRUCTIONS

Use this sheet to report the geographic distribution of actual services delivered in 2009 using the following formula:

# of Clients served in Staunton + Augusta County + Waynesboro + Non-Residents served in Greater Augusta = Total # Clients.

Note: Total number of clients reported on form 3-A-1 equals total number of clients reported on Form 3A.

Direct Human Services

	Staunton	Augusta County	Waynesboro	Non-Residents served in Greater Augusta	Total # Clients
# Clients					

Education & Support

	Staunton	Augusta County	Waynesboro	Non-Residents served in Greater Augusta	Total # Participants
# Participants					

Community Events

	Staunton	Augusta County	Waynesboro	Non-Residents served in Greater Augusta	Total # Participants
# Participants					

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MEMORANDUM OF AGREEMENT FORM 4-A

This agreement is entered into based upon the mutual beliefs of the United Way and the Partner Agency that:

a) Strong, voluntary and vital agencies meeting the human service needs of the people of Greater Augusta are essential to the health and welfare of Greater Augusta.
b) A region-wide campaign is the most efficient and effective way to raise funds for the agencies.
c) Human service planning and the granting of funds based upon citizen's review of services is the most effective means of meeting the human service needs of Greater Augusta.
d) Partner agencies must be in part funded by local contributions and administered by local citizens concerned about improving the quality of life in Greater Augusta.
e) Clear understanding and mutual acceptance of the respective roles of the United Way and the Partner Agency are essential to their joint effort to meet the human service needs of Greater Augusta.

With these mutual beliefs in mind, the United Way and the Partner Agency agree to work cooperatively to increase the public's awareness and understanding of the human service needs of Greater Augusta and to work together to meet these needs.

I. Both the United Way of Greater Augusta and the Partner Agency agree: [Having been determined non-profit and tax exempt under the Internal Revenue Code Section 501(c) (3) or having been determined to be an agency, which utilizes funds for 501 (c) (3) purposes.]

A. To maintain an active, rotating volunteer board of directors, which meets on a regular basis to oversee and manage the goals and objectives of the agency through appropriate policies and procedures.
B. To communicate on a regular basis with each other the goals, objectives, progress and problems of the agency as they impact its ability to provide services to the community.
C. To work together on matters of mutual interest in service to Greater Augusta.
D. To provide services on a non-discriminatory basis.
E. To maintain an affirmative action policy.
F. To strive to increase the public's understanding and appreciation of and participation in human service programs.
G. To carry out the programs of the United Way of Greater Augusta and the Partner Agency in such a manner as will best meet the needs of the region and will be consistent with standards of service, efficiency and economy.
H. To comply with all regulations and laws of the state and federal government pertaining to the proper licensing and requirements of non-profit organizations.

II. The United Way of Greater Augusta agrees:

A. To respect the Partner Agency's autonomy and right to determine its own policies and programs.
B. To offer assistance to the Partner Agency to improve its ability to deliver services.
C. To conduct an annual region-wide fundraising campaign to meet the needs of the region, taking into consideration the financial needs of each Partner Agency, economic climate of the region and the best interest of its donors.

D. To grant funds through an annual comprehensive Community Investment Process of agency review to assure accountability and effectiveness.
E. To provide adequate budget review by responsible committees of citizens to assure expenditures of funds to meet priority needs of the community.
F. To follow accepted accounting principles and have an annual independent audit completed.
G. To promote each Partner Agency's name and services and the interpretation of the agency's programs to the region.
H. To include the Partner Agency on the UWGA website.
I. To disburse grant award on a quarterly basis with payments made on or about the fifteenth day of the month. The disbursement of awards will be in the following months: April, July, October, and January.

III. The Partner Agency agrees:

A. To support and assist in the annual fundraising campaign of United Way of Greater Augusta (UWGA) through financial support, volunteer involvement (including availability of staff and/or clients for speaking engagements & availability of facilities for touring) and board of directors' support.
B. To promote UWGA's support via logo and tagline "Live United" of the agency through its publicity materials, letterhead acknowledgment, press releases and on-site display of United Way Partnership signs.
A. To have its accounts audited on an annual basis and submit a copy to United Way of Greater Augusta. Those organizations with operating budgets of $100,000 or less with no prior audit requirements may submit a copy of their annual tax return (Form 990) in lieu of an audited financial statement.
B. To provide open disclosure of all information and materials as specified by the Community Impact Committee.
C. To inform the United Way of all budgetary changes which occur after the submission of the agency's approved budget that affect programs or services conducted by the agency.
D. To comply with all United Way policies and procedures presented in the Policies on Agency Fundraising. [Form 4-C]]
E. To provide UWGA with a quarterly progress report of all programs receiving funding that includes quantifiable information such as number of residents served and outcomes achieved.
F. To work with other partner agencies and other public and private agencies, in cooperation, to meet the needs of the community, avoid duplication of services and strive to meet the changing needs of Greater Augusta.
G. To regularly provide accurate and timely information to VA's 2-1-1 system.
H. To provide United Way staff with information required for the Virginia State Employee Combined Charitable Campaign and all agency conducted fundraisers, especially capital campaigns
I. To understand that United Way may reduce or withdrawn funding at any time, especially if agency engages in conduct contrary to legal or public community standards and that neither party shall be held responsible for legal or illegal actions of the other.
J. To provide adequate and appropriate insurance coverage for all aspects of the operation of the agency

K. To notify UWGA within 30 days of <u>any changes</u> in the program funded by the UWGA to include, but not limited to material changes such as staffing, implementation, and funding.

L. To notify the UWGA immediately of <u>any changes</u> in leadership/management staff.

IV. <u>Termination:</u>

Failure to comply with the provisions of this agreement may result in termination. Termination shall be accomplished through a vote of the Board of Directors of the United Way of Greater Augusta, Inc., and thirty (30) days written notice will be given to the Partner Agency detailing reasons for termination. An agency may appeal its termination to the United Way's Executive Committee. The United Way Executive Committee will submit their recommendation to the United Way of Greater Augusta Board of Directors for a final decision.

A Partner Agency may terminate this agreement at any time by giving written notice to United Way of Greater Augusta. United Way of Greater Augusta reserves the right to discuss an agency's decision to terminate this agreement with the agency's Executive Committee. This agreement has been read and approved at the meeting of the governing body of the ***Partner Agency*** held on _____

_____ _____

President or Chairman of Partner Agency Date

_____ _____

Executive Director of Partner Agency Date

This agreement was read and approved at the Board of Directors meeting of United Way of Greater Augusta held on _____.

_____ _____

UWGA Board President Date

_____ _____

UWGA Executive Director Date

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ANTI TERRORISM COMPLIANCE MEASURES FORM4-B

In compliance with the USA PATRIOT Act and other counterterrorism laws, the United Way of Greater Augusta, Inc., requires that each agency certify the following:

"I hereby certify on behalf of _____ [name of grantee] 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: _____

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AGENCY FUNDRAISING POLICY FORM 4-C

PHILOSOPHY:

The United Way is interested in working with participating agencies and the community at-large to secure the necessary funds for support of the county's human service programs. This policy establishes the guidelines for fundraising by agencies that have a membership status with the United Way of Greater Augusta. The purpose of this policy is to permit the greatest amount of flexibility to member agencies in conducting their own fundraising and, at the same time, insure the best possible results for the United Way's annual campaign.

I. Policies

A. Activities not requiring prior United Way notification:

1. Agencies are encouraged to use, to the fullest extent, the following funding sources: fees for services; private non-corporate foundations and government grants; investment income, bequest and memorials; unsolicited donations; revenue from program activities and use of facilities; out-of-county contributions and special events.
2. Sustaining membership drives are activities for the solicitation of individuals who may wish to identify themselves with a particular agency. Any agency will normally seek to enroll current and former board members, staff, program volunteers, clients and other individuals with whom the agency has a bona fide relationship. It is preferable that this drive be conducted ***outside*** the United Way time frame.
3. Special events offer the donor a return for his/her contribution. These events involve strong volunteer leadership in planning and implementation of the event. These events ***are not subject*** to the United Way time frame.

II. Restricted Times

Agency fundraising activities that include direct mail solicitation, workplace campaigns (such as team recruitment for a fundraising event) and corporate solicitation of $1,000 or more are discouraged within Greater Augusta from September 1st through November 30th of each year to avoid conflicting with the United Way campaign.

III. Outside Organizations

Activities conducted by outside organizations who propose to raise funds in the name of an agency are subject to all of United Way's guidelines and restrictions and are considered to be fundraising by the agency itself.

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IV. Procedure for Reporting Fundraising Activities

A. A plan of fundraising activities should be submitted with the agency's annual funding proposal. Funding of the agency by DCUW constitutes understanding of the fundraising activities listed therein.

B. In the event of an unplanned fundraiser, a letter outlining the fundraising activity and timetable should be submitted to the Executive Director of United Way forty-five (45) days prior to the scheduled beginning of the activity. United Way will make every effort to help promote such events.

Activities projected to net less than $500 are not required to be reported but must comply with all sections of this policy.

V. Failure to comply

Failure to comply with this policy may result in reduction of the United Way funding by an amount equal to the gross income of any non-complying activity. Continual disregard of this policy, or a pattern of failure to comply with this policy, may be grounds for termination of the membership agreement.

Print Name: _____ Title: _____

Signature: _____ Date: _____

United Way of Greater Augusta

DEFINITIONS FORM 5

Direct Human Services: One onone assistance to a client, i.e., giving food or clothing, an Individual counseling session, advocacy or legal advice, transportation, cash assistance, Housing.

Education & Support: Education or support for a group of individuals, i.e., support group, class,or training.

Community Event: A public event whose purpose is to raise awareness, i.e. Culture Fest.

Session: One group activity, i.e., one CPR class or one Child Care Provider Training

Unit of Service: Delivery of service to a client. Count every service contact as one unit of service, i.e. one individual receives food once a week for 10 weeks Count1 client and 10 unitsof service.

Client: One individual. When providing services to a family where the entire family receives tangible benefits, i.e., rent assistance or food, count total individuals in the family not "one family."

Participant: One individual attending a session or event. Example of unduplicated count – one client attends 5 sessions of "group A" and 10 sessions of "group B" Count 1 client and 15 sessions.

Planned Outcome: The *anticipated result* of your services or activities.

Actual Outcome: The *actual result* of your services or activities.

Evaluation Tool: Technique that will be used to collect information, i.e. questionnaire, tests, individual or focus group interviews, observation or document reviews.

InKind Goods & Services: "InKindGoods" are donations of items to your agency.
"InKind Services" are volunteer hours or professional services donated to your agency. Do not includeBoard members in this category unless they donate professional services or volunteer in a program.

Use the following formula to calculate the estimated market value of "InKind Goods." When in doubt, ask your accountant!

New Items – Calculate current retail value

Used Items – Calculate current market value less depreciation or what it would cost to buy this item secondhand.

Use the following formula to calculate the market value of "InKindServices."

Volunteers – Total volunteer hours/month x hourly wage x 12

Professional Services – Average cost of services, i.e., Website Maintenance, $2,500.00