

UNITED WAY OF WHITE COUNTY

2024 Allocation Agreement

Admission/Acceptance requirements

This format is designed to better tell the story of your organization; your stories help us raise dollars.

** If you have any questions about the application, do not hesitate to call 706-348-7067 or email to uwofwcga@gmail.com. The following criteria must be met in order for an agency to be considered for funding by the United Way of White County:

1. Be incorporated, not-for-profit, and IRS Tax Exempt for at least two years.

2. Offer Human Service Programs

United way will fund only human service programs that address themselves to an identifiable need, demand, or problem in White County.

3. Two years in operation

No agency can be considered for funding from the United Way until the agency has provided an active program for two full years prior to the time of application.

4. Non-discriminatory

The agency must demonstrate that it practices non-discrimination in all areas of its operation including hiring of staff, recruiting volunteers, and serving clients.

5. Has an active, rotating, volunteer Board of Directors or governing body that represents the diverse elements of community. The Board must meet at least quarterly to establish and enforce policy.

6. Organization must have sound financial and program management that is either audited or reviewed by a qualified person that does not serve on the board.

I have read the requirements for admission into the United Way of White County and attest that to the best of my knowledge, the agency that I represent is in accordance with the requirements listed above and all information, financial and statistical, is correct.

Printed name of Executive Director

Printed name of Board President

Signature of Executive Director

Signature of Board President

Date: _____

Date: _____

UNITED WAY OF WHITE COUNTY
Application Checklist for Allocation in 2024

Organization Name: _____

Required attachments for United Way of White County application:

- _____ Copy of 501c3 determination letter from the IRS or date previously provided __/__/__
- _____ Latest Audit and IRS form 990 or 990EZ (if 990-applicable)
- _____ Latest Annual Report and/or Financials
- _____ Recent Newsletters and/or Agency brochures
- _____ Copy of State of Georgia Non-profit registration
- _____ Signed copy of Anti-terrorism compliance measures form required by *United Way of USA*
- _____ Current list of Board of Directors to include: names, positions, addresses included county of residence, terms, frequency of meetings as required in Bylaws, frequency of Board review of financials, and a list of dates/ locations of Board meetings in 2023.

Printed name of Executive Director

Signature of Executive Director DATE

APPLICATION DUE BY February 1, 2024 by 5:00 p.m.

Mail to:

**United Way of White County
Attn: Allocations Committee
PO BOX 1288
Cleveland, GA 30528**

OR

Hand Deliver to Taylor Thomas:

**The Piedmont Bank
136 North Main Street
Cleveland, GA 30528**

*APPLICATIONS WILL BE SCORED ON A 100 POINT SCALE.

EACH CRITERIA SECTION HAS AN ASSIGNED MAXIMUM POSSIBLE POINTS.

Organization Name: _____

Community Impact ~ White County ~ How has your program impacted the lives of those living in White County?

1. **Area of impact(s):** Choose from the list below:

Education. United Way of White County believes that all residents of White County should have opportunities to learn and achieve their potential through basic literacy and comprehension development skills.

Income. United Way of White County supports the ideal that all residents of White County should be provided opportunities to meet their basic needs and achieve self-sufficiency through support in areas of resources providing food, shelter, and clothing, addressing barriers to self-sufficiency, and the promotion of financial security.

Health. United Way of White County supports health and safety and supports efforts to break the cycle of domestic violence, abuse and neglect, improving access to primary medical, behavioral, and dental care, prevention of and intervention in unsafe or unhealthy behaviors.

*The number of Areas of Impact selected does not affect the scoring as no points are assigned to this section

Program Impact—White County

2. **Program Purpose:** (Describe the program purpose for each of the impact areas in section 1.) above. Use additional pages if necessary. *This criteria is worth a *maximum of 25 points*.

3. **Target Population(s) served:** (Describe each of the target population(s) served for each impact area marked in section 1.) above. Use additional pages if necessary. *This criteria is worth a *maximum of 25 points*.

Organization Name: _____

Program Success Story ~ White County ~ Help us tell White County about your organization and the services you provide. *Must be stories that can be used in media releases—no names will be used.*

Choose one of your program services and tell a specific success story. State this success below as you would want it communicated to the public. The specific success stories will be used in United Way fundraising efforts. Can be based on an individual story of the program as a whole. **We do not want client names or other personal information.**

*This criteria is work a *maximum of 10 points.*

Organization Contact for Success Story: (please print):

Name: _____

Phone# _____

Organization Name: _____

5.) Collaboration with United Way of White County: (Describe you agencies involvement in the past year with UWWC activities and the estimated number of man-hours. Examples include but are not limited to: Bucket Drive, Golf Tournament, Festival of Trees, Unite Us referral program training, registered as Unite Us referral partners. If other activities please describe and use additional pages if necessary.

United Way is an entirely volunteer organization committed to raising funds to support worthwhile organizations serving White County; United Way is a partner with each of our funded organizations and we appreciate your involvement in making this a reality is our community. *This criteria is worth a ***maximum of 10 points***.

Organization Name: _____

Client Demographics-2023 Stats

Let us know who receives help from United Way of White County dollars. Estimate the data on who is benefiting from the United Way dollars we give your organization. **This criteria is worth a maximum of 20 points.*

| | White County: | |
|--------------------------------------|---------------|------------|
| | NUMBER | PERCENTAGE |
| Types of Clients: Individuals | | |
| Information & Referral | | |
| Organizations | | |
| TOTAL ORGANIZATION | | |

| Estimate if actual data is not available. | NUMBER | PERCENTAGE |
|---|--------|------------|
| Age Group: Under 5 | | |
| 6 thru 12 | | |
| 13 thru 17 | | |
| 18 thru 34 | | |
| 35 thru 54 | | |
| 65 and over | | |
| Unknown | | |
| TOTAL ORGANIZATION | | |
| Gender: Male | | |
| Female | | |
| Unknown | | |
| TOTAL ORGANIZATION | | |

| | NUMBER | PERCENTAGE | Ethnic/Racial Background: | | |
|--------------------------|--------|------------|-------------------------------------|--------|------------|
| Household Income: | | | Please estimate if data unavailable | NUMBER | PERCENTAGE |
| \$0 thru \$11,999 | | | White | | |
| \$12,000 thru \$14,999 | | | Black or African American | | |
| \$15,000 thru \$24,999 | | | Hispanic or Latino | | |
| \$25,000 thru \$49,999 | | | Unknown | | |
| \$50,000 thru \$74,999 | | | | | |
| More than \$75,000 | | | | | |
| Unknown | | | | | |
| *TOTAL | | | *TOTAL | | |

***NOTE: All Totals should be the same...**

Organization Name: _____

Organization Annual Budget—Financial Report

Please describe the specific use of United Way dollars received in 2023 (list all programs):

This would be the program you submitted for allocation in 2022. Give the results of the dollars allocated to your organization.

Programs:

2023 Program Funding Request: Briefly describe your request for 2024, including how dollars will be spent.

Program Name: _____

Specific details of program—including itemized budget for the program:

Organization Name: _____

Organization Annual Budget—Detailed Financial Report

Please complete the following financial information for your organization:

| REVENUE | 2023 ACTUAL | 2023 BUDGET | 2024 BUDGET |
|---|----------------|----------------|----------------|
| 1. United Way of White County allocation | | | |
| 2. Other United Way funding | | | |
| 3. Contracts <i>(list sources on additional page)</i> | | | |
| 4. Grants <i>(list sources on additional page)</i> | | | |
| 5. In-Kind Support (ex.; rent donated for office space, use of bus, etc.) | | | |
| 6. Client and Program Service Fees | | | |
| 7. Contributions | | | |
| 8. Special Events/Fundraising Activities | | | |
| 9. Investment Income | | | |
| 10. Sales to the Public | | | |
| 11. Misc. Revenue <i>(List sources on next page)</i> | | | |
| TOTAL PROGRAM REVENUE | | | |

| EXPENSES | 2023 ACTUAL | 2023 BUDGET | 2024 BUDGET |
|--|----------------|----------------|----------------|
| 1. Salaries | | | |
| 2. Employee Benefits/Payroll Taxes | | | |
| 3. Professional Fees | | | |
| 4. Supplies, Printing, Postage | | | |
| 5. Travel | | | |
| 6. Telephone | | | |
| 7. Utilities | | | |
| 8. Insurance | | | |
| 9. Fundraising | | | |
| 10. Dues | | | |
| 11. Maintenance of Building & Grounds | | | |
| 12. Conferences & Training—BOOKS | | | |
| 13. Banking/Accounting & Savings/Debt Reduction | | | |
| 14. Major Property & Equipment Acquisition | | | |
| 15. Misc. Expense (rent for classroom, office, and bus: in-kind) | | | |
| TOTAL EXPENDITURES | | | |

*Excess (deficit) of total revenue over expenditures: _____

Organization Name: _____

Staff Positions/Salaries *This criteria is worth a *maximum of 10 points*

Please complete the following staff positions/salaries information:

- Salary information should be rounded to the nearest dollar.
- Do not include payroll taxes or benefits on this schedule.
- Use ✓ indicate position filled, X to indicate position vacant at time of submission of this form.
- Full-time staff will be noted as 1:00; half-time as 0.5, etc.
- Total salary and wages should agree with line 1, on page 9 (Detailed Financial Report).

| Position Title | Last Year Actual | Full Time Equivalent | This Year Budgeted | Filled or Vacant | Full Time Equivalent | Next Year Proposed | Full Time Equivalent |
|---------------------------------|------------------|----------------------|--------------------|------------------|----------------------|--------------------|----------------------|
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| TOTAL SALARY & WAGES | | | | | | | |

Total number of Agency Volunteers: _____

Total estimated Volunteer Hours: _____

Total number of Volunteers in White County: _____

Total estimated Volunteer hours in White County: _____

Anti-Terrorism Compliance Measures

In compliance with the **USA PATRIOT ACT** and other counterterrorism laws, the United Way of White County 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.”

Printed Name of Executive Director _____

Signature of Executive Director _____

Date: _____



**United Way of
White County**