

**Franklin County Area United Way  
Agency Application**

**REQUIREMENTS:**

Each Application must include the following:

- Completed Agency Application
- Current list of Board of Directors, including contact information and business or organization affiliation
- Agency Budget Sheet
- Agency Balance Sheet
- Most recent 990 tax return (If not applicable, substitute most recent year-end financial statement.)
- Copy of most recent Audited Financial Statement (if applicable)
- Program Results for 2015
- Program Goals for 2016
- Federal Employer ID Number (EIN) documentation of organization requesting. **(Do not send a Missouri sales tax exemption letter.)**
- Supplemental Fundraising request for each 2016 planned fundraiser
- Signed and Dated Solicitation Policy
- Signed and Dated Non-Discrimination Policy

**Applications that do not contain all of the required documentation listed above will not be accepted by United Way for review. We need two (2) copies of your completed application.**

Please note: Projected agency payments will be made in four equal quarterly installments:  
March 15, June 15, September 15, and December 15, 2016.

## Agency Application Glossary

**Number Served:** This number is the total number of people served with each person being counted only one time. Ex. Jane Doe and her two children come to organization X on February 18. On that day they receive xyz services. They are counted as 3 people served. They return for abc services on March 19. They are not counted in the total # served again on their second visit. (This information is requested on page one under the sections Target Population and Organizational Profile.)

**Units of Service:** This number accounts for each service provided to each person served. This number will be higher than the total number served. Ex. Jane Doe family from above received 3 units of service their first visit and three units their second. This is a total of six units of service. (This is requested on page one under the Organizational Profile section.)

**Administrative Cost:** This is defined as the non-program related costs. This figure can be obtained by dividing total general expenses by total income. (Line 3.9 Total General Expenses divided by Line 1.9 Total Revenue from the Agency Budget Sheet.)

(This information is requested on page one under the Organizational Profile section.)

<b>Franklin County Area United Way Agency Application- 2016</b>			Name of Applicant Organization:					
Address:			Primary Contact and Title:					
City	State	Zip	Telephone (area code):	Fax (area code):	Cell number:			
Federal EIN Number ( <b>Federal IRS letter must also be attached</b> ):			Email address and website:					
<b>Target Population(s) Check all that apply to your agency/program or fill in box (numbers and % based on total number of clients served)</b>								
Ethnicity(ies):  <input type="checkbox"/> African –American _____% <input type="checkbox"/> American Indian/Alaska Native _____% <input type="checkbox"/> Asian/Pacific Islander _____% <input type="checkbox"/> Caucasian _____% <input type="checkbox"/> Hispanic/Latino _____% <input type="checkbox"/> Other _____% <input type="checkbox"/> Unknown/Not Captured _____%			Geographic Area: number of clients served in each zip code, <i>not units of service</i>					
			63332		63041		63072	
			63013		65041		63091	
			63014		63055		63077	
			65014		65535		63079	
			65441		63056		65565	
			63015		63060		63080	
			65453		63061		63084	
			63342		63357		63089	
			63025		63068		63383	
			65061		63365		63090	
			63037		65066		Total others	
			63039		63069		<b>Total</b>	
Age Group: <input type="checkbox"/> Prenatal (ages Pregnancy - 1 month old) _____% <input type="checkbox"/> Infants/Preschool (ages 1 month - 5 yrs or less) _____% <input type="checkbox"/> Children/Elementary School (ages 5 - 9 yrs) _____% <input type="checkbox"/> Pre-Adolescent/Middle School (ages 10 – 14 yrs) _____% <input type="checkbox"/> Adolescents/High School (ages 15 - 19 yrs) _____% <input type="checkbox"/> Young Adults (ages 20 - 34 yrs) _____% <input type="checkbox"/> Adults (ages 35 – 54 yrs) _____% <input type="checkbox"/> Older Adults (ages 55 - 64 yrs) _____% <input type="checkbox"/> Seniors (over 65 yrs) _____% <input type="checkbox"/> All Ages _____%			Classify services provided:  <input type="checkbox"/> Emergency Assistance _____% <input type="checkbox"/> Helping those with special needs _____% <input type="checkbox"/> Supporting children and youth _____% <input type="checkbox"/> Family Strengthening _____%					
<b>Organizational History</b>								
Age of organization: <input type="checkbox"/> Less than 2 yrs <input type="checkbox"/> 10 yrs – 14 yrs <input type="checkbox"/> 30 yrs – 49 yrs <input type="checkbox"/> 2 yrs – 4 yrs <input type="checkbox"/> 15 yrs – 19 yrs <input type="checkbox"/> 50 yrs or more <input type="checkbox"/> 5 yrs – 9 yrs <input type="checkbox"/> 20 yrs – 29 yrs			Number of FTE staff: <input type="checkbox"/> Up to 4 <input type="checkbox"/> >20 <input type="checkbox"/> 5-9 <input type="checkbox"/> 10-20		Number of Volunteers: <input type="checkbox"/> Up to 4 <input type="checkbox"/> 50-99 <input type="checkbox"/> 5-9 <input type="checkbox"/> >100 <input type="checkbox"/> 10-49			
<b>Organizational Profile</b>			<b>Organizational Revenue Mix</b>					
Annual Operating Budget: _____ Total Amount Requested from UW _____ Total Number of Clients Served: _____ Total Number of Units of Service Provided : _____ Percentage of Administrative Cost: _____			List primary source of revenue: <b>Source: (i.e. private donations, grants, etc.)      Revenue (\$):</b> _____ _____ _____ _____ <p style="text-align: right;"><b>Total</b> _____</p>					
<b>Tax Status</b>								
<input type="checkbox"/> Exempt under 501(c)(3) of the IRS code (attach a copy of exemption letter) <input type="checkbox"/> Exempt governmental unit <input type="checkbox"/> Other (specify) _____								
Signature of President/CEO or Authorized Board Member/Title:			Printed Name		Date			

**Franklin County Area United Way  
Agency Application**

**Board of Directors**

Please provide the following information for each member of your Board of Directors: **Name, Address, Business/Organization for which they work, phone number and email address.**

1.	11.
2.	12.
3.	13.
4.	14.
5.	15.
6.	16.
7.	17.
8.	18.
9.	19.
10.	20.

**Written Summary:**

- 1. Describe your organization and the services you provide.

- 2. State the need for your 2016 United Way funding request.

**Franklin County Area United Way - Agency Budget Sheet**

Agency Name:  
Address:

Phone:  
City, State, Zip

Budget  
\_\_\_\_/\_\_\_\_/20\_\_\_\_

**1. REVENUE**

1.1 United Way	\$ _____
1.2 Interest Earned	_____
1.3 Contributions	_____
1.4 Fees & Dues	_____
1.5 Government Funding	_____
<u>OTHER</u> - List by source:	
1.6	_____
1.7	_____
1.8	_____
1.9 TOTAL REVENUE (Add lines 1.1-1.8)	\$ _____

**EXPENSES- DIRECT** (List all expenditures directly related to your organization's mission.

For example: meals, crafts, counseling, etc.)

2.1	\$ _____
2.2	_____
2.3	_____
2.4	_____
2.5	_____
2.6	_____
2.7 TOTAL DIRECT EXPENSES (Add lines 2.1-2.6)	\$ _____

**EXPENSES- GENERAL** (overhead expenses such as building rent, insurance, salaries, etc.)

3.1 Salaries	\$ _____
3.2 Supplies & Material	_____
3.3 Rent and Utilities	_____
3.4 Vehicle Expense	_____
3.5 Insurance	_____
<u>OTHER EXPENSES:</u>	
3.6	_____
3.7	_____
3.8	_____
3.9 <u>TOTAL GENERAL EXPENSES</u> (Add lines 3.1-3.8)	\$ _____

4. TOTAL EXPENSES (Add lines 2.7+3.9) \$ \_\_\_\_\_

5. REVENUE OVER EXPENSES (Line 1.9 less line 4) \$ \_\_\_\_\_

6. General expenses as a percentage of revenue \_\_\_\_\_%  
(divide item 3.9 by item 1.9)

**Franklin County Area United Way - Agency Balance Sheet**

Agency Name:  
Address:

Phone:  
City, State, Zip

**BALANCE SHEET** at end of most recent fiscal year

\_\_\_/\_\_\_/20\_\_\_

**ASSETS**

Cash, Checking, Savings, Certificates of Deposit

\$ \_\_\_\_\_

Fixed Assets

\_\_\_\_\_

Other

\_\_\_\_\_

**TOTAL ASSETS**

\$ \_\_\_\_\_

**LIABILITIES**

Accounts Payable

\$ \_\_\_\_\_

Notes Payable

\_\_\_\_\_

**TOTAL LIABILITIES**

\$ \_\_\_\_\_

**NET ASSETS (Total Assets-Total Liabilities)**

\$ \_\_\_\_\_

## Program Results: 2015

Agency Name: \_\_\_\_\_ Program Name: \_\_\_\_\_

	<b>2015 Program Goals</b>	<b>Completed Activities</b>	<b>Short-term Outcomes</b>	<b>Projected Long-term Outcomes</b>
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				



### Program Goals: 2016

Agency Name: \_\_\_\_\_ Program Name: \_\_\_\_\_

	<b>2016 Program Goals</b>	<b>Planned Activities</b>	<b>Projected Short-term Outcomes</b>	<b>Projected Long-term Outcomes</b>
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

**FRANKLIN COUNTY AREA UNITED WAY**  
**SUPPLEMENTAL FUNDRAISING REQUEST FORM**

Agency \_\_\_\_\_

Telephone \_\_\_\_\_ Fax Number \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Please check the supplemental fundraising activity anticipated:

- Product Sales     Special Event     Holiday Solicitation     Other (Please explain)

Briefly describe the proposed fundraising activity:

Who will be solicited during the event? \_\_\_\_\_

\_\_\_\_\_

Anticipated dates of the fundraising activity: \_\_\_\_\_

Financial goal: \_\_\_\_\_

Projected costs associated with the activity: \_\_\_\_\_

Purpose of the proceeds of the proposed fundraising activity: \_\_\_\_\_

\_\_\_\_\_

Is this an annual activity for your agency?     Yes     No

\_\_\_\_\_  
Executive Director's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Board President's Signature

\_\_\_\_\_  
Date

<i>Return this form to:</i>
<i>Franklin County Area United Way</i>
<i>P.O. Box 3</i>
<i>Washington, MO 63090</i>

## SOLICITATION POLICY

### I. PREFACE

The Franklin County Area United Way has been fortunate to establish and maintain open and cooperative relationships with those agencies to which it provides funding. It is in this spirit of cooperation that the following policy is enacted.

It is the intent of this policy to state clearly the expectations of the Franklin County Area United Way regarding agency fund-raising activities. In addition to observing the following restrictions, agencies are asked to respect the spirit of cooperation on which their United Way relationship is based. If supplemental fund-raising is not implemented appropriately, it will weaken the United Way campaign and handicap our efforts to raise funds for member agencies.

The geographic area of the Franklin County Area United Way refers to Franklin County and its school districts.

### II. POLICY GUIDELINES

- A. United Way agencies may not at any time, directly or indirectly, solicit corporations **listed on the top thirty (30) contributors list for any of the most recent past three (3) years.**
- B. Solicitation and acceptance of in-kind, non-cash donations and services are acceptable at any time of the year.
- C. Solicitation of employees at the workplace is prohibited at all times. This restriction applies to solicitation of employees in a workplace for the purposes of one-time or payroll deduction contributions, either by representatives of the agency or by an employee of the company for the benefit of the agency. Not included in this restriction are solicitations **at event-related activities which are initiated by the organization.**
- D. **No fund-raising activities of any kind** will be allowed during the United Way campaign from the conclusion of the Labor Day weekend through October.
- E. Supplemental fund-raising events and/or activities may be conducted from November 1 through Labor Day weekend. All agencies are to submit plans for supplemental fund-raising activities to the United Way board for the board's review.
- F. Agencies are required to submit a complete and accurate accounting of planned fund-raising activities to the United Way annually. This plan should be submitted with the agency's annual United Way funding application. (If an agency decides to conduct a fund-raising activity that was not included in the annual funding application, the agency is to submit a Supplemental Fund-raising Request Form to the United Way board for the board's review.)

I certify that I have read and understand the FCAUW Solicitation Policy. In addition, my organization agrees to conform to this policy as stated above.

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\_\_\_\_\_  
President

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\_\_\_\_\_  
Date

## Non-Discrimination Policy

At a meeting of the governing board of the Franklin County Area United Way held on January 14, 2015 , the board affirmed its policy of non-discrimination as follows:

1. No person is excluded from services because of race, color, religion, sex, national origin or disability.
2. There is no segregation of persons served on the basis of race, color, religion, national origin or disability.
3. There is no discrimination on the basis of race, color, religion, sex, national origin or disability with regard to hiring, assignment, promotion or other conditions of staff employment.
4. There is no discrimination on the basis of race, color, religion, sex, national origin or disability in membership on the agency's governing body.

I certify that the practices of the organization conform to the policy of non-discrimination stated above.

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President

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Date

## Top 30 Companies

2014	2013	2012
Melton Machine	Melton Machine	Ameren Missouri
Ameren Missouri	Ameren Missouri	Melton Machine
Bank of Washington	Bank of Washington	Bank of Washington
Parker Hannifin - Sporlan Division	Mercy	Sporlan - Parker Hannifin
Mercy	Sporlan - Parker Hannifin	St. John's Mercy Hospital
CG Power Systems USA Inc.	Pauwels/CG Power	Pauwels/CG Power
Henniges Automotive	Clemco Industries	Clemco Industries
Missourian Publishing Co.	Missourian Publishing Co.	Missourian Publishing Co.
Clemco Industries	Bank of Franklin County	NuStar Energy LP
Bank of Franklin County	NuStar Energy LP	Bank of Franklin County
NuStar Energy LP	Union RXI School District	Washington Public Schools
St. Clair R-XIII School District	Henniges Automotive	East Central College
Union R-XI School District	City of Washington	Meramec Valley R-III School District
Meramec Valley R-III School District	Meramec Valley R-III School District	City of Washington
Washington Public Schools	East Central College	Homeyer Tool & Die
City of Washington	US Bank	Peoples Savings Bank
East Central College	Homeyer Precision Mfg.	US Bank
RTI Advanced Forming	Washington Public Schools	St. Clair School District
United Bank of Union	St. Clair School District	United Bank of Union
Homeyer Precision Manufacturing	Schnucks	Schnucks
Schnucks	Heritage Community Bank	Citizens Bank
Citizens Bank	Peoples Savings Bank	Warco, Inc.
Modern Auto Company	United Bank of Union	Esselte Business Corporation
Warco, Inc.	Citizens Bank	Farmers & Merchants Bank
Bank of Sullivan	RTI Tradco	Sullivan School District
USBank	Warco, Inc.	RTI Tradco
Hodges Badge Company	Esselte Business Corporation	Washington Rotary Club
Washington Rotary Club	Washington Rotary Club	Modern Auto Company
Farmers & Merchants Bank	Modern Auto Company	Union RXI School District
Graphic Packaging International	Farmers & Merchants Bank	Bank of Sullivan