



## Agency Admission Application Form

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Application Instructions:

1. Submit 2 (two) copies with original signatures and 3 (three) additional copies for a total of 5(five) applications submitted. Agency Director and Board Chair must sign application.
2. Applications must be completed and received in the UW Monroe County office by April 15<sup>th</sup> at Noon.
3. NO LATE APPLICATIONS WILL BE ACCEPTED.
4. DO NOT staple pages together.
5. Please use form provided- any additional narratives should be clearly labeled and attached to end of application.
6. Include application and appropriate forms in the order indicated.

### Part 1- Agency Information

Date of application: \_\_\_\_\_

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

Agency Physical Street Address (If agency has multiple locations within Monroe County, please attach list of each location contact information and address. For front sheet use main office location address):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mailing address is different from above:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Agency Phone Number: \_\_\_\_\_

Alternate Contact Number (for United Way Monroe County office use only):

\_\_\_\_\_

Executive Director: \_\_\_\_\_

Contact (If other than Executive Director- Must be local Contact):

\_\_\_\_\_

Contact Email Address: \_\_\_\_\_

Agency's Website Address where available:

\_\_\_\_\_



Year agency was established in Monroe County area: \_\_\_\_\_

Year agency became a 501(C) 3: \_\_\_\_\_

Agency Mission Statement:

How many individuals are employed by your agency?

\_\_\_\_ Full Time    \_\_\_\_ Part Time    \_\_\_\_ Total

\_\_\_\_ Management    \_\_\_\_ Program    \_\_\_\_ Support Personnel    \_\_\_\_ Total

Salary reporting:

Executive Director Annual Salary \_\_\_\_\_

Management Annual Salary (if more than one management individual, use range from lowest paid salary to highest) \_\_\_\_\_

Number of management personnel current working in or for Monroe County for your agency: \_\_\_\_\_

Program Support Salary Range- Circle one:

hourly/weekly/biweekly/monthly/annual \_\_\_\_\_

What is agency administrative percentage: \_\_\_\_\_ *Together with fundraising expenses, management and general cost, expenses should be 25% or less of total revenue as stated on the agency's IRS Form 990.*

If administrative percentage is offset by other factors please include narrative to explain and include actual percentage before offset. *For example; salary paid by outside agency, loaned executive, VISTA, etc.*

List all agency programs and approximate number of participants/clients in each.

Program	Number of Clients	Number of dedicated Staff



What percentage of the Board of Directors has contributed financially in support of the agency? \_\_\_\_\_

Does agency have policy of giving by Board of Directors to agency? \_\_\_\_\_

If yes, is there a set dollar amount and how much? \_\_\_\_\_

**Part II- Program Information**

One application must be completed for each program for which the agency is requesting funding.

1. Program Name \_\_\_\_\_

Amount Requested \_\_\_\_\_

2. What is the Program Goal/Purpose and Community Problem addressed:

3. Program Background (Year Started; any relevant history of the program):

4. Target Population (Description of Clients to be served):

5. Current annual budget for This Program: \_\_\_\_\_

6. List other funding sources, and amounts, for This Program:

Source: \_\_\_\_\_ Amount \$ \_\_\_\_\_

Source: \_\_\_\_\_ Amount \$ \_\_\_\_\_

Source: \_\_\_\_\_ Amount \$ \_\_\_\_\_

Source: \_\_\_\_\_ Amount \$ \_\_\_\_\_

Source: \_\_\_\_\_ Amount \$ \_\_\_\_\_

Source: \_\_\_\_\_ Amount \$ \_\_\_\_\_





12. Explain all educational programs that this agency program offers to clients that help them become more independent, prepared, or stable. United Way's focus is to give clients the tools to succeed so we are helping clients become independent and better prepared in the future. (A hand up and not a hand out).
  
  
  
  
  
  
  
  
  
  
13. # Of Unduplicated clients for this program in last fiscal year. \_\_\_\_\_
  
14. Approximate # of people not served in this program last year because of limited resources: \_\_\_\_\_
  
15. Units of service for this program: (Define what a unit of service is for this program: \_\_\_\_\_
  
  
  
  
  
  
  
  
  
  
16. How many volunteers will be utilized annually for this program and approximately how many hours will they serve?
  
  
  
  
  
  
  
  
  
  
17. Does your agency have a volunteer training program in place? Please Explain.



18. What other local United Way Partner Agencies or Private Organizations, do you consult or cooperate with or refer client to in carrying out this program?

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19. Does your agency receive any financial compensation in direct response to any of the above listed referrals? (I.e. kick-back, discounted service, referral fees, etc.) Is yes, explain. \_\_\_\_\_

20. Are clients charged for this program:  
\_\_\_ Never \_\_\_ For some services (if yes, explain) \_\_\_ Always

21. Fee Scale: \_\_\_\_\_ Donations only \_\_\_\_\_ Income based (if yes, please include income guideline) \_\_\_\_\_ Fixed Price

22. What arrangements are made for clients who cannot pay?

23. What percentage of clients served by this program receive financial or other aid such as TANF, WIC, SSI, Free or reduced lunch, other government benefits or support? \_\_\_\_\_

24. If you do not receive the FULL amount requested from United Way what, and how much, specifically could be cut, and much would it affect this program?

25. Please list comparable Regional agencies that have similar programs.

26. Is there any additional information you would like United Way to know about this program? Ex. Statistics to support your request.

27. Please mark each of the following boxes to verify the inclusion of each document with this application:

- Completed outcome measurement form
- Cover letter
- Agency Bylaws
- Roster of Board of Directors
- Agency Current Fiscal Year Budget
- Program Current Fiscal Year Budget
- Program Projected Fiscal Year Budget
- Most Recent Annual Audit (Annual Income over \$250,000)
- Financial Review (Annual Income under \$250,000)
- Agency Annual Report
- IRS Form 990
- Verification release form
- Current year 501(C) 3 determination letter
- Agency Non-discrimination Policy
- Agency Co-Marketing Agreement
- Fundraising Agreement
- Viability Agreement
- Designated/ Restricted Funds agreement
- Designated/ Restricted Funds tracking forms (blank)
- Agency Proof of Insurance
- Counterterrorism Compliance agreement
- Examples of literature, brochures, newsletters, etc.



- All applications that are not complete WILL NOT be accepted.
- Do not leave any question blank.
- Submit two original copies and 3 additional copies for a total of 5 applications.
- Do not staple copies.
- Applications not received by Noon of April 15<sup>th</sup> will not be accepted.