



Together  
we  
make  
the  
difference

### Partner Agency Application

Thank you for your interest in partnering with United Way of Monroe County in the upcoming 2017-2018 Campaign Year. If you have any questions regarding this application please feel free to email me at [unitedwayofmonroecounty@gmail.com](mailto:unitedwayofmonroecounty@gmail.com) or call 423-337-7690.

This year the application is due on April 12, 2018 by noon.

- Hand Deliver to 695 New Highway 68, Sweetwater, TN 37874 Suite D (Red Door)
- OR**
- Mail to P.O. Box 722, Sweetwater, TN 37874





The purpose of this policy is to establish guidelines and criteria by which agencies can apply to become a partner agency with United Way of Monroe County. They can be accepted throughout the year. Those submitted prior to the second Thursday in April, will be reviewed for possible inclusion in the spring allocation process for funding to begin January 1st of the following year. Award notifications are made in late June of the application submission year. Agency admission decisions are made at the sole discretion of the United Way Board of Directors. The Board of Directors receives recommendations for new agency membership from the new agencies and returning Agencies. Agencies are considered partner agencies with United Way immediately upon Board approval in June of the application submission year and are required to sign and adhere to the United Way guidelines and agreement terms.

### **Criteria**

Any organization wanting to become a partner agency with United Way of Monroe County should meet the following minimum criteria:

- Render valid human service programs which meet a genuine community need.
- Be a non-profit tax-exempt corporation as defined under Section 501 (c) (3) of the Internal Revenue Code.
- Be established and functional for a preferred minimum of two years.
- Meet the ongoing criteria for membership in the United Way of Monroe County as set forth in the Policy and Procedures agreement.
- To have an audit performed by a qualified and independent auditor, if total funding for the calendar year exceeds two hundred thousand dollars (\$200,000.00).
- Required to provide the United Way with a copy of their latest IRS Form 990. Must submit IRS Form 990 covering a period ending no more than 18 months prior to year that this application is being submitted.
- Is outcome focused thru tracking and evaluations?

Agency may not apply for funding for:

- The expense of maintaining a building, rental expenses, utilities, building insurance or property tax.
- Programs ran exclusively for or by the public or private school systems.
- Programs that are religious in affiliation or is ran by a religious organization.
- Programs serving animals.
- Administrative cost to run any program not specifically funded by the United Way.  
**Programs may not use more than 5% of total United Way funding to cover any administrative cost.**



## Procedures

1. Any organization wanting to become a partner agency of United Way should first contact the United Way office and speak to the executive director to obtain an agency application.
2. An agency application, Combined Federal Campaign application and financials must include the following:
  - A copy of the IRS Determination Letter certifying the agency as a non-profit corporation, tax-exempt under Section 501 (c) (3) of the Internal Revenue Code. *(If your agency is already partnered with United Way of Monroe County your IRS Determination Letter is already in our files and does not have to be included in this application process)*
  - United Way of Monroe County Application Packet.
  - A current list of the Board of Directors. This list should identify the officers of the board, their address, telephone number and the place of employment.
  - The agency's current fiscal year budget and the proposed fiscal year budget for the specific program for which United Way funds are being sought.
  - A copy of the most recent annual audit by a qualified and independent auditor if agencies total funding exceeds \$200,000. If the auditor issued a Management Letter, please include a copy of the Management Letter along with a copy of the agency's written response to that letter. If agency is under \$200,000 please include a recent Financial Review in place of the audit.
  - A copy of the most recent Annual Report.
  - A copy of the current IRS Form 990.



## United Way of Monroe County Agency Admission Application Form

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Application is available in electronic form; please contact United Way Monroe County office for forms.

1. **Submit 2 (Two) copies** with original signatures. Agency Director and Board Chair must sign application.
2. Applications must be completed and received in the United Way of Monroe County office by the third Thursday in the month of April by 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 at the end of the application.
6. Include application and appropriate forms in the order indicated.

### Part 1- Agency Information

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

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

**EIN:** \_\_\_\_\_

**Tennessee Employee Charitable Campaign # (If Applicable):** \_\_\_\_\_

**Division of Charitable Solicitations and Gaming ID #** \_\_\_\_\_

**Agency Physical Street Address** *(If agency has multiple locations within Monroe County please attach list of each location, contact information and address starting with main location)*

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

**Mailing address if different from above:**

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

**Main Number:** \_\_\_\_\_

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

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

**Additional Contact Information** *(If other than Executive Director- Must be local contact):* \_\_\_\_\_

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

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**Agency's Website Address where available:**

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

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

**Agency Mission Statement:**

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

**Focus Area:** *(Choose only one that pertains to the program requesting UW Funding)*

\_\_\_\_ EDUCATION

\_\_\_\_ HEALTH

\_\_\_\_ INCOME

\_\_\_\_ BASIC NEEDS

**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 currently working in or for Monroe County in your agency:** \_\_\_\_\_

**How many individuals are employed by your agency?** \_\_\_\_\_

**Program Support Salary Range-hourly/weekly/biweekly/monthly/annual:**

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

**What is the 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:**

Program	Number of Clients	Number of dedicated Staff
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

**Does your agency have a policy about giving by the Board of Directors to the agency?** \_\_\_\_\_

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

**Does your agency have funds in reserve?** \_\_\_\_\_

**If so, how much?** \_\_\_\_\_

**Part II- Program Information**

One application must be completed for each program the agency is requesting funding. *(The funding request **MUST** be a specific program not money going towards the general fund and/or operations of the organization)*

**1. Program Name:** \_\_\_\_\_

**Amount Requested:** \_\_\_\_\_

**Last Year's Allocation Amount:** \_\_\_\_\_

**If there is an increase in the request from last year's allocation explain why:**

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

**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 being served):**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**5. Current annual budget for this Monroe County program:**  
\_\_\_\_\_

**6. List other funding sources and amounts for this program:**

Source: _____	Amount \$ _____

**7. Does this program receive funding from other United Way(s)? If so, which one and amount given?**  
\_\_\_\_\_, \_\_\_\_\_,  
\_\_\_\_\_, \_\_\_\_\_,

**8. Does this program receive funding from a National or Regional Chapter? If so what is the amount?**  
\_\_\_\_\_

**9. Is any other funding sources being sought for this program (present or future)? Please explain.**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**10. Explain specifically how United Way funding will be used. Include whether the funding will help add new services or supplement funding to maintain the current level of service.**

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**11. Does your agency have a policy in place to track United Way allocated funds? All United Way funds should be considered restricted and should be tracked accordingly. Please explain policy. Include copies of tracking forms or explain how your agency plans to develop tracking methods. If your agency does not have forms or a policy in place will you need assistance in this area?**

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**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, not a hand out*).**

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**13. Number of unduplicated clients for this program in last fiscal year:**

\_\_\_\_\_

**14. Approximate number 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, cooperate with or refer clients to in carrying out this program?**

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

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

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

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**20. Are clients charged for this program?**

Some services \_\_\_\_\_ (if yes, explain)

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Always \_\_\_\_\_

Never \_\_\_\_\_

**21. Fee Scale:**

Donations only \_\_\_\_\_

Income based *(if yes, please include income guidelines)* \_\_\_\_\_

Fixed Price \_\_\_\_\_

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

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**23. What percentages of clients served by this program receive financial support or other aid such as TANF, WIC, SSI, Free or Reduced Lunch, and/or other government benefits?**

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

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**25. Please list comparable regional agencies that have similar programs. Explain the difference between other similar programs if applicable.**

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

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**27. Please attach one recent success story from the United Way funded program** *(Used for speeches, newsletters etc.).*

**28. Include two pictures from the United Way program** *(Promotion on Facebook, website and newsletters, etc.).*

**29. Please mark each of the following boxes to verify the inclusion of each document with this application and have documents in this order:**

- Cover letter
- Completed Application
- Signed Agency Partnership Agreement
- Signed Anti-Terrorism Compliance Measures
- Signed IRS Verification Authorization Form
- Completed Outcome Measurement Form
- Agency Bylaws
- Roster of Board of Directors
- Agency Current Fiscal Year Budget
- Program Current Fiscal Year Budget
- Program Projected Fiscal Year Budget
- \*Most Recent Audit *(Annual Income **OVER \$200,000**)*
- \*Most Recent Financial Review *(Annual Income **UNDER \$200,000**)*
- Agency Annual Report
- Most Recent IRS Form 990 (Must include complete 990)
- Current year 501(C)3 Determination Letter
- Agency Proof of Insurance
- Examples of literature, brochures, newsletters, etc.
- One recent success story from funded program
- Two agency/program pictures (promotion on Facebook, website and newsletters, etc.) **Email pictures to caylengibson@gmail.com**

\* You must have one or the other:

Most Recent Audit (Annual Income **OVER \$200,000**)

Most Recent Financial Review (Annual Income **UNDER \$200,000**)



## Partnership Agreement United Way of Monroe County

PO Box 722, Sweetwater, TN 37874  
423.337.7690

- ❖ **Agency Viability Agreement:**  
Agency agrees to advise Monroe County United Way of any event that may threaten the viability of your agency or have a significant negative financial impact on your agency operations or service delivery. Examples include incidents of internal fraud or embezzlement, discontinuation of major funding or discontinuation of services.
- ❖ **Non-Discrimination Policy:**  
Agency has in place a written policy adopted by the governing body that stipulates factors such as race, color, religion, sex, disability, national origin or age will not be used in hiring staff, recruitment of volunteers and/or Boards members, or in the delivery of service.
- ❖ **Fundraising Agreement:**  
In order to maximize the overall level of community giving to the voluntary sector, UW and its partner agencies agree to a set of fundraising guidelines. Above all, the guidelines aim to maintain and promote the credibility of our voluntary human care services system.
- ❖ **UW agrees to:**
  - Raise operating funds in a single, annual, community-wide campaign on behalf of its participating agencies;
  - Promote services of its Partner Agencies through campaign, year-round literature and publications, and workplace programs;
  - Promote and support ethical fund-raising efforts among its agencies;
  - Encourage agencies to enhance their revenues for operating and capital purposes, especially through funding resources not readily available to UW; and
  - Initiate, and when appropriate, manage special fundraising efforts for problems identified as a priority for the community.
- ❖ **Co-Marketing Agreement: As a partner agency, we agree to promote United Way of Monroe County partnership by:**
  - **Utilizing United Ways' logo in our literature, on our letterhead, in our media efforts, on our premises, and in all communications with the public (including Partners in Charity advertising;**
  - **Comply with UW's logo guidelines (please contact UW for further information);**
  - **Clearly identify the affiliation with UW in when applying for funding from government of foundation sources.**
- ❖ **Actively participate in UW campaign by:**
  - Participating in public campaign events such as campaign kickoffs. Failure to do so will result in a 50% cut in allocation funding;
  - Conducting an employee campaign among agency staff;
  - Promoting leadership giving to the UW campaign among agency executives, board members, and personnel;
  - Promoting employee campaigning for UW via payroll deduction at the workplaces of each member of the board of directors;

- Assisting UW in its campaign efforts by conducting on-site tours, providing appropriate services and providing senior staff members to speak to employee groups/events;
  - Assisting in recruitment of volunteers for campaign activities such as canvassing of local businesses to develop a targeted constituency that is interested in both the programmatic and the financial aspects of the agency.
- ❖ **Refrain from the following:**
- Creation of a new special event to be held during the blackout period (***September 1st to September 30th***)
- ❖ **Unrestricted Fundraising Activities:**  
The following fundraising activities are never restricted:
- Applications to government agencies or foundations
  - Fees for service or membership
  - Product Sales
  - Receipt of unsolicited funds or items
  - Ongoing weekly or monthly social activities (ex. Bingo)
- ❖ **Restricted Fundraising Activities: Partner agencies are asked not to engage in the following types of fundraising at any time for any reason.**
- Absolutely no payroll deduction campaigns will be tolerated;
  - Financial solicitation of individuals in the workplace of UW contributing organizations.
- ❖ **Restrictions on Public Fundraising during Blackout:**  
**Partner agencies are not to engage in public fundraising during the blackout period of September 1st to September 30th. Partner agencies must follow the blackout restrictions and refrain from any fundraising activities or special events during blackout.**
- ❖ **Affiliates or Members of National Nonprofit Organizations:**  
Occasionally, a national parent organization engages in fundraising initiatives during blackout that may be perceived to conflict with local UW fundraising guidelines. Please notify UW staff as soon as you know about any potential conflicts.
- General Appeals**
- An agency may appeal a UW action involving an allocation, probation, funding suspension or de-funding by submitting a written statement to the UW Chairman of the Board within 30 days of receiving notice from UW. The appeal statement should include the following:
    - Statement of decision being appealed,
    - Rationale and supporting data for the appeal,
    - Evidence that the appeal was discussed and approved by the agency's board of directors, and
    - Signatures of the agency's Chief Chairman of the Board
- The UW Board of Directors will consider the appeal.
- ❖ **Payments and Advances on Allocation**  
Partner Agencies will receive one-fourth of the sum of campaign allocations on or about the 15th of each quarter (January, April, July, and October). Because payments can only be made as pledges are received, payments can go out up to 90 days after the specified date if there is a reasonable anticipation of collecting pledges not yet received. As such, payments may be cut according to pledges received should there be a significant decrease in payments/pledges to the UW office. No advances on allocations will be made to any agency.
- ❖ **Voluntary Termination of Partner Agency Agreement:**  
An agency that no longer requires or desires UW funds should send a letter to the UW of Monroe County office indicating the desire to terminate its partnership. It should include:
- Statement indicating the desire to terminate and the rationale for the decision,

- Date the agency's board of directors discussed and approved that action, and the date in which this will go into effect, and
  - Signature of both the agency's Chairman and Vice Chairman
- Requests will then be approved by the UW Executive Committee and UW Board of Directors

❖ **Self-Promoting Campaigns Agreement:**

Agency will NOT conduct self-promoting campaigns for the purpose of designations. Self promoting campaigns are defined as direct mailing, emails or advertising exclusively and specifically to encourage donors to designate to the agency. Agencies may encourage your constituencies through typical channels such as regular newsletters in the following manner: "We encourage your support of the United Way of Monroe County community campaign; we are a member agency of United Way of Monroe County and are eligible to receive designated gifts. Please contact the United Way of Monroe County for more information."

❖ **Inter-Agency Referrals Agreement:**

Agency agrees to make referrals to other United Way Monroe County Partner Agencies when appropriate. Failure to refer when appropriate could result in loss of funding.

❖ **Designated and Restricted Funds Agreement:**

Agency agrees that effective immediately all allocated funds will be considered designated and restricted and should be tracked accordingly. Program outcomes report will be due for the previous funding year no later than April of this year. Agency agrees to track funds, spending and administrative cost for any and all allocated funds.

❖ **Requirements with Application:**

- Cover Letter from Board President and Executive Director attesting that the information submitted is correct and has been dully authorized and approved by the Board of Directors.
- Mission Statement and Bylaws (Most current)
- IRS Form 990
- Annual Audit or Financial Review
- 501(c)3 Designation Letter

I, \_\_\_\_\_ the executive director of \_\_\_\_\_ have read, understood and agree to all guidelines the United Way of Monroe County has listed in the Partnership Agreement above.

Executive Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Chairman of the Board Signature: \_\_\_\_\_ Date: \_\_\_\_\_



ANTI-TERRORISM COMPLIANCE MEASURES

In compliance with the USA PATRIOT Act and other counterterrorism laws, the United Way of MONROE 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."

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## IRS Verification Authorization Form

The agency, \_\_\_\_\_ authorizes United Way of Monroe County to verify using the IRS and or Guidestar.com websites, that all 990 forms have been filed in a timely manner.

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

Date: \_\_\_\_\_

**Outcome Measurement Example:**

The Outcome Measurement Chart shows how you intend to measure the program’s success in achieving its goals. All of the information should be directed towards showing that the intended outcomes are being produced in the clients served in Monroe County. Make your own Outcome Measurement Chart based on the information layout below.

Outcome Measurement Example Chart

<b>Outcomes</b>	<b>Indicators</b>	<b>Benchmarks</b>	<b>Targets</b>	<b>Data Collection Method</b>
<b>Outcomes</b> are benefits for participants during or after their involvement with a program; these are the changes that a program wants their participants to undergo as a result of being in the program.	<b>Indicators</b> are specific items of information that indicate a program’s performance; measureable items or pieces of information that will show that the outcome is occurring.	<b>Benchmarks</b> are the data a program is comparing its performance against.	<b>Targets</b> are the numerical objectives or goals for a program’s level of achievement on its performance measures.	<b>Data Collection Method</b> is the means the program will use to collect information on the indicators and how regularly it will be collected.

Example Program: Smoking Cessation Services

<b>Outcomes</b>	<b>Indicators</b>	<b>Benchmarks</b>	<b>Targets</b>	<b>Data Collection Method</b>
Participants stopped smoking.	The # and % of participants who report that they have quit smoking by the end of the course.	Nationally, 80% of the participants in this type of program quit smoking  Nationally, 50% of those who quit through counseling have not relapsed 6 months after completion.	85% of participants will stop smoking.  60% of participants contacted have not relapsed six months after completion.	Exit Surveys and Six-month follow up interviews.

**Program Budget Form \*\* Example.\*\*\* If you have already established a budget form feel free to use it.**

**PROGRAM NAME:** \_\_\_\_\_

**AGENCY FISCAL YEAR:** \_\_\_\_\_ to \_\_\_\_\_ (month to month)

\*Round all financial information up to nearest dollar

<b><u>PUBLIC SUPPORT &amp; REVENUE</u></b>	<b>This Year Actual or Projected</b>	<b>Next Year Proposed</b>	<b>\$ Difference</b>	<b>% Difference</b>
Contributions				
Special Events				
Legacies & Bequests				
Contributed by Associated Organizations				
United Way of Monroe County Allocation (Previous Award & Request for Next Year)				
Allocations & Designations from United Ways other than United Way of Monroe County				
Fees from Government Agencies				
Grants from Government Agencies				
Membership Dues				
Program Service Fees				
Sales of Materials				
Sales to Public				
Investment Income				
Miscellaneous Revenue				
<b>TOTAL PROGRAM REVENUE</b>				
<b><u>EXPENSES</u></b>				
Salaries				
Employee Benefits				
Payroll Taxes				
<b>TOTAL SALARY EXPENSES</b>				
Professional Fees				
Supplies				
Telephone				
Postage & Shipping				
Occupancy				
Rental & Maintenance of Equipment				
Printing & Publications				
Travel				
Conferences/Meeting Expense				
Specific Assistance to Individuals				
Membership Dues				
Awards & Grants				
Insurance (non-payroll related)				
Miscellaneous				
Payments to Affiliated Organizations				
<b>TOTAL NON-SALARY EXPENSES</b>				
<b>TOTAL PROGRAM EXPENSES</b>				
<b>SURPLUS/(DEFICIT) OF PUBLIC SUPPORT &amp; REVENUE OVER EXPENSES</b>				

**Composite Agency Budget Form\*\* Example.\*\*\* If you have already established a budget form feel free to use it.**

**PROGRAM NAME:** \_\_\_\_\_

**AGENCY FISCAL YEAR:** \_\_\_\_\_ to \_\_\_\_\_ (month to month)

\*Round all financial information up to nearest dollar

	LAST YEAR	THIS YEAR BUDGET	THIS YEAR ACTUAL or PROJECTED	NEXT YEAR PROPOSED
<b>SUPPORT, REVENUE AND EXPENSES</b>				
<b>REVENUE</b>				
<b>PUBLIC SUPPORT (DIRECT)</b>				
Contributions (including Sustaining Memberships)				
Contributions to Building Fund				
Special Events				
Legacies & Bequests				
<b>PUBLIC SUPPORT (INDIRECT)</b>				
Local Member Units				
Contributed by Associated Organizations				
United Way of Monroe County Allocation (Previous Award & Request for Next Year)				
Allocations & Designations from United Ways other than United Way of Monroe County				
Fees from Government Agencies				
Grants from Government Agencies				
<b>OTHER REVENUE</b>				
Membership Dues				
Assessments & Dues (Local Units)				
Service Fees				
Sales of Supplies & Services (Local Units)				
Sales to Public				
Investment Income				
Miscellaneous Income				
<b>TOTAL PUBLIC SUPPORT &amp; REVENUE</b>				
<b>EXPENSES</b>				
Salaries				
Employee Benefits				
Payroll Taxes				
Professional Fees				
Supplies				
Telephone				
Postage & Shipping				
Occupancy				
Rental & Maintenance of Equipment				
Printing & Publications				
Travel & Transportation				
Conferences, Conventions, Meetings				
Specific Assistance to Individuals				
Membership Dues				
Awards & Grants				
Interest Expense				
Insurance (non-payroll related)				
Miscellaneous				
Payments to Affiliated Organizations				
Major Property & Equipment Acquisition (\$500+)				
<b>TOTAL EXPENSES</b>				
<b>SURPLUS/(DEFICIT) OF PUBLIC SUPPORT &amp; REVENUE OVER EXPENSES</b>				