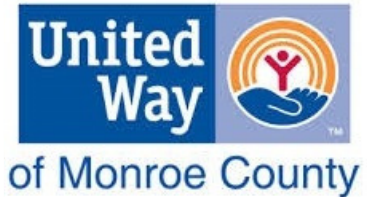


Submission Instructions:

- **Two (2) unstapled copies with original signatures** - Hand Deliver to 695 New Highway 68, Sweetwater, TN 37874 Suite D (Red Door) **or** Mail to P.O. Box 722, Sweetwater, TN 37874
- **ALSO, Email completed application** to caylen.matoy@unitedway.org. This is to send to our board of directors.
- Please use form provided. Any additional narratives should be clearly labeled and attached at the end of the application.
- Funding does not extend to:
 - Expense of maintaining a building, rental expenses, utilities, building insurance or property tax.
 - Programs run exclusively for or by the public or private school systems.
 - Programs serving animals.
 - Individuals, fundraisers, capital campaigns, endowments, sponsorships, marketing opportunities or sporting events.

Questions? Call 423-337-7690 or email caylen.matoy@unitedway.org



Partner Agency Application: Requesting Funds for 2022-2023

Application Deadline: Third Thursday in April Each Year
(Application filed late will not be considered) **Date of Application:** _____

(Legal Name of Organization) _____ is applying for \$_____ in the upcoming campaign in accordance with the Partner Agency Eligibility Requirements of the United Way of Monroe County.
Previous Year Allocation: \$_____

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

Mailing Address (If different from above)

Main Number: _____
Alternate Contact Number (United Way Office Use Only): _____
Executive Director: _____
Hours Of Operation: _____
Email Address: _____
Agency Website Address: _____
Year agency was established in Monroe County as a 501(c)3: _____
Number of Clients Served Last Year: _____
Geographic Area Served: _____

Focus Area (choose one): ____ Education ____ Health ____ Income ____ Basic Needs

Fund Allocation Submission Form:

- Attach Agency Mission Statement.

Name of Program:

One application must be completed for each program the agency is requesting funding. *Use a separate page if you need more than the amount provided to submit your answers. Just make sure that the question is restated with your provided answer.*

- Program Summary- Provide summary of the program for which funds are being requested. Who will be eligible? How many will be and/or have been served?_____

- What vital needs of the community does your organization meet? What data exists to support this need? Data can be statistics from outside sources or information you've collected.

- What are you doing as an organization to assist the client to "Break the Cycle" and not need your assistance in the future?

Measuring Program Impact- Quantitative: What quantitative (numerical) criteria will be used by your organization to determine that the program has been successful? Use as separate attachment if needed.

Measuring Program Impact- Qualitative: What qualitative (descriptive) criteria will be used to measure the program’s impact? Use as separate attachment if needed. Provide attachment of statistics or any other information showing the impact your organization and the services it provides has had on the community.

Please list the organizations you collaborate with. Explain the role each collaborating partner plays. Use a separate attachment if needed.

If you can provide an answer for the following question, it will be very helpful: How does this program decrease disparity or advance equitable outcomes for the marginalized racial, cultural or socioeconomic group (or another defined demographic group)?

How will you recruit participants for the program?

Please provide 1- 2 goals for this program. You will not be asked to report specifically on these goals since they are hard to measure in one year. This information will help us to understand your goals for long-term impact.

Please provide 2-3 intended outcomes to reach your goal. Outcomes should be specific, measurable, attainable, realistic and time-bound. EX: By the end of the year,

75% of workforce training participants will receive a certification and gain employment.

If you can provide an answer for the following question, it will be very helpful What is your Diversity, Equity and Inclusion Goals (DEI)? How do they intersect with your intended outcomes?

How would you describe this program? (Not the organization but the program you are requesting funding)

- New (Less than two years old)
- Existing (More than two years old)

Program Budget: Provide an attachment with itemized program budget which includes the following information:

- Anticipated expenses and income for the entire program for one year.
- Budget Narrative- Explain the program budget and specifically how United Way funds will be used. Include other sources of funding and amounts.
- What other investments will be made toward this program (additional grants, donations, etc.)?
- Plans to promote United Way as a funder: Organizations that receive United Way grant money are required to promote and raise public awareness of United Way of Monroe County on all marketing material. (*Examples include press releases, handouts at events, and signs that indicate that funding was provided by United Way of Monroe County.*) What are your plans to do so?

Program Narrative: Provide an attachment with the following information:

- Client Success Story: Reflect on clients served within the program over the past twelve months. Share a success story.
- What success has this program seen in the past? This includes big picture outcomes, awards etc. This does NOT include individual client success stories.
- Two photographs demonstrating the programs success as a whole and/or with individuals. Only share individuals photographs that have approved their photograph being shared.

Financial Reporting Requirements

Please Provide the Following:

- Copy of IRS Determination Letter 501(c)3
- EIN: _____ State of TN Registration # _____
- Admin/Fundraising% _____

How to compute your agency's overhead: Using your IRS 990, page 10, line 25, Column C (Management and General) divided by Page 10, Line 25, Column A (Total Expenses). If percentage exceeds 25%, please include a written plan to reduce the overhead to 25% or less.

- Organizational Total Budget: _____ for fiscal year ending _____
- Executive Director Annual Salary: _____
- Most recent year-end financial report. Requirements are as follows:
 - ➔ United Way of Monroe County (UWMC) requires at a minimum, an annual Profit & Loss statement and Balance Sheet from the previous year for the organization. If your organization does an annual audit, UWMC will also request a copy of that audit, but an audit is not required by UWMC. Also, two officers (from the partner agency) that do not handle the money must certify that all the information being submitted to UWMC is true and correct with a penalty for perjury. Attached in this application is a form that the two officers will sign and turn in with the financials requested.
 - ➔ An audit is required for agencies with funding that exceeds two hundred thousand dollars (\$200,000) in a calendar year.
- Most recent IRS 990 (Older than eighteen months will not be accepted)
- Itemized list of exactly how United Way funds were spent the previous year (existing Partners)
- Current Year Operating Budget
- Does your agency have funds in reserve? \$ _____
- List of Current Board of Directors and Meeting Schedule
- Date & Time of all 2022-2023 Fundraisers
- Include a three-sentence description describing your UW funded program. This will be used on our website if the program is awarded funding.

Partner Agency Penalty for Perjury Agreement:

Two officers (from the partner agency) that **do not** handle the money must certify that all the information being submitted to UWMC is true and correct with a penalty for perjury

We have examined the information in the financial documents submitted and we have a reasonable belief that the information is true and correct:

I declare under penalty of perjury that the foregoing is true and correct.
Executed on _____ (MM / DD / YYYY)

Signature of President/Chairman of the Board

Printed name

Signature of Second Representative from the Board of Directors

Printed name

Position or relationship to organization

Partner Agency Eligibility Requirements:

Read each requirement.

- The organization is an incorporated nonprofit organization under the laws of the State of Tennessee and has tax-exempt status under section 501(c)3 of the Internal Revenue Service code. Year agency became a 501(c)3 _____
- The organization must have been in operation and established as a 501(c)3 for at least two years to demonstrate it has a reasonable degree of continuity and permanence. Year established in Monroe County _____
- The organization has a Board of Directors that is an active, representative voluntary governing body, with regular meetings and is responsible for developing its mission, determining its strategic direction and providing oversight. The Board of Directors has inspected and approved annual audit or review, as well as the IRS Form 990.
- The organization has bylaws which state the organization's purpose, makes provisions for the size of the Board of Directors and provides rules for selection, tenure, number of officers and committees, financial and legal procedures, conflicts of interest and quorum requirements.
- The Board of Directors is responsible for ensuring that sufficient funds are available for the organization to meet its objectives and approve the yearly budget.
- The organization maintains current registration as a charitable organization with the Tennessee Secretary of State or has a current registration exemption from the Tennessee Secretary of State. State of TN Registration # _____
- The organization must provide services in Monroe County and its services are provided without discrimination in regards to race, color, religion, sex, national origin, age, disability, or veteran status.
- The organization will adhere to the funding agreement and will provide all documentation and reports needed to complete this request for funding.
- The organization will have *available upon request* reports detailing revenue sources, expenses and number of clients served.

- ➔ The agency demonstrates reasonable efficiency in program management and adequacy of resources, both in materials and personnel (voluntary and paid) to sustain a quality level of service.
- ➔ Organization certifies that all funds and donations will be used in compliance with all applicable anti-terrorist financing and asset control laws, statutes, and executive orders. _____ (Initial Here)
- ➔ Eligibility for funding does not extend to the following: individuals, school fundraisers, capital campaigns or endowments, sponsorships, marketing opportunities, event fundraisers, or sports events.

I understand that the organization must meet all of the above-mentioned criteria to receive funding from United Way of Monroe County.

Name of Agency

Signatures of authorized parties:

Agency Director Signature

Board Chairperson Signature

Date

Date

Policy on Supplemental Fundraising

The Policy on Supplemental Fundraising establishes guidelines for direct community fundraising by organizations that have entered into a Partnership Agreement with United Way of Monroe County. The purpose of this policy is to permit the greatest amount of flexibility to Partner Agencies in conducting their own fundraising, at the same time ensuring the best possible climate and results for the United Way campaign.

United Way of Monroe County was created to raise funds in a community-wide effort on behalf of local agencies so donors are not solicited multiple times. It is also expected that Partner Agencies actively participate and promote the United Way campaign. In order to balance the relationship between donors, United Way and Partner Agencies, the following guidelines have been adopted:

The following activity is prohibited year-round:

- Organized solicitation of employees at the workplace for contributions to a Partner Agency.

The following activities are prohibited during the period of September 1st through September 30th:

- Solicitation of corporate/business donations or sponsorships
- Mail, electronic, or telephone solicitations of the general public

The following types of activities are acceptable year-round:

- Client fees for services provided
- Grants (private and government)
- Service-related memberships
- Investment income, bequests, memorial funds and unsolicited donations
- Revenue from program activities and use of facilities
- Special events whereby tickets may be sold to the public. Purchaser receives a benefit, i.e. admission, right to participate, etc. **(Corporate funds/sponsorships may not be solicited for these events from Sept. 1-Sept. 30)**
- Product sales
- In-kind contributions

Sanctions: All Partner Agencies are expected to adhere to these policies. Willful disregard of these policies will be considered by the Board of Directors and may result in a reduction of the United Way allocation in the following funding year, or the agency not being funded.

United Way of Monroe County encourages Partner Agencies to notify the United Way office of the dates and nature of their special events so United Way can help promote the event.

Additional Information

Please include any additional information which you feel would be useful in helping us to evaluate this request. Remember that detailed plans regarding goal, proposed timetables, and overall strategy should be enclosed along with your guideline responses.

Name of Agency

Signatures of authorized parties:

Agency Director Signature

Board Chairperson Signature

Date

Date

Application Checklist:

- ___ Completed Application with attachments clearly labeled and signed
- ___ Emailed Completed Application w/ attachments clearly labeled
- ___ 501(c)3 documentation
- ___ Agency Mission Statement
- ___ Completed Fund Allocation Submission Form and Attachments
- ___ Attached Program Budget and Attachments
- ___ Itemized list of how United Way funds were used in previous year
- ___ Current Organizational Budget
- ___ Completed Financial Reporting Requirements Form and Attachments
- ___ Partner Agency Eligibility Requirements filled out and signed
- ___ Most Recent Year-End Financial Report (Page 6 in Bold)
- ___ Most recent IRS 990 (within 18 months)
- ___ List of Current Board Members and Meeting Schedule
- ___ Proof of Directors & Officers Insurance
- ___ Program Materials (brochures, handouts, letterhead etc.)
- ___ One (1) recent success story from funded program
 Include in your email application submission.
- ___ Two (2) program pictures from funded program
 Include in your email application submission.

Are you a member of the Alliance of Better Nonprofits? YES NO
<https://www.betternonprofits.org/>

Do you utilize the Volunteer East Tennessee platform? YES NO
<https://www.volunteeretn.org/>