**Habersham County United Way (HCUW)**

**2022 Allocation Request and Agency Review**

(Submit electronically or deliver to United Way Office **no later than 12:00 noon** on Friday, January 7, 2022.)

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| Agency: |

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| Agency Telephone: |

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| CEO: |

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| --- |
| Contact Phone: |

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| --- |
| President: |

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| --- |
| Contact Phone: |

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| --- |
| E-mail: |

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| --- |
| Website: |

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| --- | --- | --- |
| Agency Address: | | |
| City: | State: | Zip: |

Counties Served:

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Agency Mission/Purpose:

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Agency Goals:

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In the past year, what goals did you achieve:

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| **2022 Allocation Request** | | | |
| List specific program(s), service(s) and/or position(s) you seek to fund, and the amounts requested for each: | **2021 HCUW Allocation** | **2021 Actual Expenditures** | **2022 HCUW Requested** |
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| **Total** |  |  |  |

We respectfully submit this document to be used for review and as official application for funds.

Signed:

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| --- | --- |
| Executive Director: | Date: |

Signed:

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| --- | --- |
| President: | Date: |

**SECTION I: AGENCY SUMMARY**

Please provide the following information to help United Way understand the programs and services you provide and the trends reflecting utilization of these services. Answer each question. (Bullet points are appropriate)

1. Describe highlights of the agency since January 1, 2021:

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2. Describe changes which have occurred in the agency’s revenue stream: (grants, gifts, donations, or fundraising).

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3. Describe how the above factors affected the agency’s expenditures and program delivery:

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4. Indicate specific areas of future challenges, new opportunities, concerns or needs; (financial, staffing, or program expansion):

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**SECTION II: COMMUNITY IMPACT**

**(Complete for each program or service funded by United Way)**

Program or Service Name:

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Description:

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Target Population:

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Resources dedicated or consumed by program: (Money, staff, volunteers, facility, equipment)

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Volume of work accomplished: (# classes, counseling sessions, material distributed, participants served).

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Benefits or changes for individuals or population during or after participating in program activities:

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United Way envisions a community where all individuals and families achieve their human potential through education, financial stability, and healthy lives. How does your agency help individuals in our community to achieve their full potential through education, financial stability, and healthy lives?

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How do you measure program success?

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How do you promote your organization in the community?

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| **Twelve months statistics** | | |
| Number of Unduplicated Clients: | Number from Habersham County: | Number from Other: |

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| --- | --- | --- | --- |
| **SECTION III: AGENCY GOVERNANCE** | | | |
| Maximum number of Board members (according to Bylaws) | | | |
| Minimum number of Board members (according to Bylaws) | | | |
| Current number of Board members: (Please include list of Board member names in allocation request) | | | |
| How often does the Board of Directors meet? (put an X in the appropriate box below) | | | |
| Monthly | Quarterly | Bi-Monthly | Other |
| What is the average % of member attendance at Board meetings? | | | |
| How often does the full Board review financial statements? (put an X in the appropriate box below) | | | |
| Monthly | Quarterly | Bi-Monthly | Other |
| How often does the Finance Committee review financial statements? (put an X in the appropriate box below) | | | |
| Monthly | Quarterly | Bi-Monthly | Other |
| When did the Board review last year’s recommendations (if any) from the HCUW? | | | |
| What progress has been made in addressing these recommendations? | | | |
| How did your Agency and its Board support United Way sponsored events this year? | | | |
| Helped with events to raise awareness and funds (yes or no) | | | |
| Which events? | | | |
| Other (please describe) | | | |

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| **SECTION IV: AGENCY BUDGET FINANCIAL REVIEW** | | | |
| Agency’s Fiscal Year is | From: | | To: |
| **Most Recently Completed Prior Fiscal Year Information** | | | |
| Fiscal year ending: | Total Revenue: | | |
| HCUW 2020–2021 Allocation: | | % of total revenues: | |
| Current fiscal year ending: | | Current fiscal year total projected revenue: | |
| Amount requested from HCUW for 2022 | | | |
| HCUW allocation request is |  | % of total projected revenue | |
| **Specify fund raising activities scheduled for 2022:** | | | |
| **Event** | | **Anticipated Date** | **Projected Revenue** |
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| **CASH IN BANK OR OTHER SAVING INSTITUTIONS** | | | |
| CHECKING: | | $ | |
| SAVINGS FOR GENERAL OPERATING USE | | $ | |
| SAVINGS FOR DESIGNATED OR RESTRICTED USE | | $ | |
| TOTAL CASH/INVESTMENTS | | $ | |

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| **SUPPORT AND REVENUE** | | | |
| **PUBLIC SUPPORT & REVENUE** | **Fiscal Year**  **2020**  **Last Year** | **Fiscal Year**  **2021**  **This year** | **Fiscal Year**  **2022**  **Proposed** |
| HCUW Allocation |  |  |  |
| Contributions (Individual and Corporate) |  |  |  |
| Special Events/Fundraisers |  |  |  |
| Unrestricted Legacies/Bequests |  |  |  |
| Contributions from Associated Organizations |  |  |  |
| Allocated by other United Ways |  |  |  |
| Federal Fees/Grants |  |  |  |
| State Fees/Grants |  |  |  |
| Membership Dues |  |  |  |
| Program Service Fees |  |  |  |
| Sales of Materials |  |  |  |
| Investment Income |  |  |  |
| Miscellaneous Revenue |  |  |  |
| **Total Support and Revenue** |  |  |  |
| What are your monthly operating expenses? |  | | |
| How many months of operating expenses do you have in reserve? | |  | |

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| **EXPENSES** | **Fiscal Year**  **2020**  **Last Year** | **Fiscal Year**  **2021**  **This Year** | **Fiscal Year**  **2022**  **Proposed** |
| Salaries |  |  |  |
| Employee Benefits |  |  |  |
| Payroll Taxes |  |  |  |
| Professional Fees |  |  |  |
| Supplies |  |  |  |
| Telephone |  |  |  |
| Postage/Shipping |  |  |  |
| Occupancy |  |  |  |
| Equipment Rental/Maintenance |  |  |  |
| Printing |  |  |  |
| Travel |  |  |  |
| Conferences |  |  |  |
| Assistance to Individuals |  |  |  |
| Membership Dues |  |  |  |
| Awards & Grants |  |  |  |
| Miscellaneous |  |  |  |
| **Total Expenses** |  |  |  |
| Payment to Affiliated Organizations |  |  |  |
| Board Restricted for Future Activities |  |  |  |
| **Total Expenses for All Activities** |  |  |  |
| **Excess(Deficit)Total Support and Revenue Over Expenses** |  |  |  |

**STAFF POSITIONS/SALARIES**

1. Salary information should be rounded to nearest dollar.
2. Do not include payroll taxes or benefits on this schedule
3. Use position title only; no names
4. Full time staff should be noted as 1:00; halftime as 0.5, etc.

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| **POSITION TITLE** | **LAST YEAR**  **ACTUAL** | **FULL TIME**  **EQUIVALENT** | **THIS YEAR**  **BUDGETED** | **FULL TIME**  **EQUIVALENT** | **NEXT YEAR**  **PROPOSED** |
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**If you have any questions about completing this form, please contact the United Way office at**

**706-778-0620 or** [**habuw@hemc.net**](mailto:habuw@hemc.net)**.**