

Instructions for Completing United Ways of Alabama Common Application Form

Introduction

Thank you for your interest in United Ways of Alabama. This form is designed to reduce the administrative burden placed on health and human service providers across the state, by eliminating duplication of effort. *This form may be submitted to multiple United Ways, but please bear in mind that the attachments required by each office may vary by location.* If your organization is submitting this application to multiple United Way locations, please check with each local office to ensure that you include all required documentation so your application can be processed as efficiently as possible.

The instructions on the following pages are designed to be your guide in completing and submitting your United Way application. The application is housed in an MS Excel, 2003 workbook. The workbook is divided into 5 sections or “tabs”, labeled “A” through “E.” You can find each of these tabs along the bottom of your computer screen. Each page is notated by both section and page number (A1, A2, B1, C1, C2, etc.) Thus, as you read through these instructions, please refer to the corresponding location in the application.

Please note that the each United Way across the state covers different geographic areas and utilizes a variety of fiscal years for reporting purposes. To identify which counties and fiscal start and end dates to use in preparing your application, please contact the local office of each United Way to which you plan to submit. In addition, some United Ways require program profiles (Section E of this application) for all agency programs, not only those that utilize United Way funds. Again, please check with your local United Way office prior to submission.

Section A – Administrative Information

1. Please list the legal name of your organization. *Note: the legal name of an organization should be listed on its IRS determination letter and should be the same as supplied on IRS Form 990.*
2. Please list the EIN (Employer Identification Number) listed on your organization’s IRS determination letter.
3. Please list the year your organization was founded.
4. Please list your total operating budget for the current year.
5. Please list your organization’s website address (if applicable.)
6. Please list the contact information requested for your organization’s Chief Professional Officer. *Note: this is usually the top staff person in the organization. It is different from the Chief Volunteer Officer, who is the leader of your board of directors.*
7. Please list the contact information for the person with whom you would like United Way to communicate (if different from the Chief Professional Officer.)
8. If your organization is being or has been supported by other United Ways, please list them here.
9. Is your organization a member of the Nonprofit Resource Center of Alabama? Please indicate yes or no.
10. The signature and date of the Chief Volunteer Officer is required for your application to be processed.
11. Please indicate the month and year when your Chief Volunteer Officer’s term of office will end.
12. The signature and date of the Chief Professional Officer is required for your application to be processed.
13. Please provide some background information about your agency and your core mission. List any programmatic information pertinent to explaining your organizational purpose.
14. Please indicate the demographic make up of your board of directors and staff.
15. Please list the total unduplicated number of clients served. *NOTE: Clients should be counted only once, regardless of how many units of service were provided to each. Thus, a single client may be enrolled in multiple programs, but must be only counted once.*

NOTE: If your agency can not document unduplicated clients served, you can NOT count them.

-EXAMPLE-

Bobby is served through an after-school recreation and socialization program that meets five days per week. In addition, Bobby receives mentoring services from the same nonprofit organization two times per month. Therefore, in a given month, Bobby can receive up to *22 units of service*:

After school program involvement 5 times per week for 4 weeks	=	20 units of service
Mentoring services 2 times per month	=	<u>2 units of service</u>
TOTAL Units of Service	=	22 units of service

However, even though Bobby has been served multiple times, he is still only one person and thus must be counted only once in the total client count for this organization. *Please list the unduplicated totals for the most-recently completed actual year (2009), the number you project to serve during the current year (2010) and the number you propose to serve next year (2011.)*

16. Level of service is defined by time and intensity of service provided. This reflects quality and quantity of participation and provides insight as to how program results can be used to measure community impact. Please estimate what percentage of services provided by your organization would fall into each of the following categories:

Direct Comprehensive: face-to-face interaction (one on one), daily contact, long term involvement. Examples would be daycare, after-school programs, counseling.

Time Limited Comprehensive: face-to-face interaction (one on one) frequent contact, not as long term as Direct Comprehensive. Examples would be recreational programs, camping experiences, scouting programs, outreach programs that involve more than one session.

Indirect Extensive and Indirect Categories have been removed from this year's grant.

17. Please list the percent of clients served who are Hispanic/Latino for the actual (2009), projected (2010) and proposed (2011) years. **Please make sure to include this information this year to the best of your ability.**

Section B – Demographic Information

18. This question is designed to detail the clients served information in *Section A, Question 15*. Make sure that totals across and totals down are equal. The number of Hispanics/Latinos served should be listed under Culture. The number of Hispanics/Latinos should be included in race as black, white or other and then listed as a separate number under "Culture." Thus, a Hispanic/Latino individual may be counted as "White, Black or Other" and also counted under the column titled "Culture Hispanic." The grand total of all clients served for all counties should be the same as *Actual Clients Served (2009) in Section A, Question 15*.

Again, please make sure to include the Hispanic numbers this year.

Section C – Financial Information

19. The Overall Budget Summary provides information on the total program and supporting services budgets. All information provided relates to the operating budget only. List separately on an attached sheet any major account line items that have not been listed and enter the total in Miscellaneous (line 6900 or 9400 as appropriate). *All figures should be rounded to the nearest dollar. In line 4200 (Special Events) please list the **gross** amount raised through special fundraising events. Expenses associated with putting on an event or events should be listed in the appropriate line item in the expense section.*

Last Year Actual: If possible, this column should reflect audited information. If the audited information is not available or the agency's audit does not match the calendar year, use information based on actual cash receipts and disbursements.

This Year Budgeted: Provide information based on the budget currently in place and approved by the board. This may not necessarily be the identical budget submitted to the United Way as part of last year's allocation request.

Next Year Proposed: Represents the budget projection for the upcoming year. **The number in the "Next Year Proposed" column in the *United Way Allocation* row is the allocation request.**

Line 4002/Unrestricted Contributions: Federal Combined Campaign, State Combined Campaign

Line 4003/Foundation Grants: Formal processing of requesting funds

Line 4700/Other United Way Allocations: NOT Capital Grants from UWWA but from other United Ways in Alabama i.e. United Way of Central Alabama, United Way of Etowah County.

20. Please give detailed grant support from government, corporate and private resources. Report the source of each grant, award and/or contract and its purpose. This information should correspond to the appropriate line items in the revenue section of the 3-year financial summary of your overall budget (Question 19.)

Do NOT include the allocations from United Way of West Alabama.

Section D – Three Year Comparative Financial Summary

21. Please list all program expenditures, United Way Allocation allotted to each program, management and general and fundraising expenses for each year. **The totals should agree with the total expenses for each year on the *Overall Budget Summary (Section C)*.**

Section E – Program Profile

Important: A separate form (Program/Services Profile) should be completed for each program. This helps to give an overall picture of agency activities.

22. Please list the name of your agency.
23. List the amount of your request for this program for the coming year.
24. List the amount your agency received from United Way for this program last year (if applicable.)
25. List the total units of service and the total unduplicated number of clients served through this program for the projected year, the current year, last year, and 2 years ago.
- *You will need to determine what is considered a "unit" for your agency. One "unit" is equivalent to one "hour."***
26. List the name of the program.
27. Please give a brief description of the specific population served by this program.
28. Please list the city (or cities) and/or county (or counties) served by this program.
29. Please describe a typical unit of service for this program. For instance, one unit of service might be a single counseling appointment or a single bag of groceries, etc.
30. Please briefly explain the community need for the program.
31. Please list your anticipated outcomes for this program during the coming year. Please use measurable terms such as increase, decrease, changed, etc.
32. If this program took place last year, please list those results in measurable terms.
33. Please describe how your organization collaborates with other entities to make this program possible. (If possible, please use examples.)

34. Service methodology refers to the activities performed by your staff and volunteers to provide services to your clients. Please provide a brief description of the steps taken by staff to meet client needs.
35. Please list your plan for recording and reporting program results for the coming year. Bear in mind that this plan may be used in future years to evaluate program effectiveness.
36. Please estimate the percent of services rendered through this program that could be classified in each of the four categories listed. For definitions of the levels of service, *please refer to the instructions for Section A, Question 16.*
37. Please list the percentage of clients served through *this* program, specifically, that are Hispanic or Latino. Estimate if necessary.
- *These numbers should match the numbers given for Section D, Question 21 for Expenses. The Revenue amounts should match the total Revenue in Section C, Question 19. If you have more than one program then Section E, Question 38 for *each* program should have a combined total to match Section D, Question 21 and Section C, Question 19.*
38. Please fill in the blanks for the years requested. Please specify how much of the United Way allocation is applied to meet cost of running this program, how much is raised from other sources, etc.

Remember to include any attachments required by your local United Way.

Thank you for applying!



**United Way
Of West Alabama**

For any additional questions or information please contact:

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