

**Program Funding Request Application Guidelines  
United Way of Sampson County**



**P.O. Box 1677, Clinton, NC 28329  
email:uwaysampsonco@embarqmail.com**

**Funding Request Due: January 5, 2016**

**INTRODUCTION**

Funds allocated to programs, and their sponsoring agencies, by United Way of Sampson County are contributed dollars. Full and fair disclosure is required in the completion of all budget forms and agency/program information. In public financial reporting, full and fair disclosure principles are well established.

**One (1) original copy of the signed application (unstapled and three-hole-punched) by the stated deadline to the United Way office.**

Funding Requests which are incorrect, incomplete or submitted after due date, will not be accepted.

Funding Requests must be compliant with the guideline instructions, complete, and presented in order. Responses must be brief and concise with clarity and limited to the spaces provided.

Do not use technical terms, agency terminology, acronyms, etc..

If questions arise, please contact Nancy Carr, Executive Director at 592-4263 or uwaysampsonco@embarqmail.com.

**CRITERIA FOR SUBMITTED FUNDING REQUESTS**

1. United Way of Sampson County does not fund:
  - Capital improvement cost
  - Direct influencing of legislation
  - Expenses already incurred
  - Religious programming
  - Support of political activities
  - Lost funding from any source of any type
  - Endowments
  - Capital campaigns
  - Fundraising events
  - Scholarship funds – unless restricted by United Way
2. The program for which funding is requested must only provide services within Sampson County.
3. All financial information must be rounded to the nearest dollar.
4. Loss of program licensure [local, state, or federal] will result in immediate termination of funding.

## INSTRUCTIONS FOR FUNDING REQUEST SUBMISSION

1. All forms must be typed or computer generated whenever possible.
2. Funding request and proposed budgets must be approved by the organization's Board of Directors prior to submission to United Way of Sampson County and properly signed.

## INSTRUCTIONS FOR COMPLETION OF FUNDING REQUEST APPLICATION

### Cover Sheet/Certification

The cover sheet must be signed and dated by both the Executive Director and Board President or authorized board member, as verification that the application is complete and Board approved.

### Specific Use of UWSC Funding

Using only the space provided, explain in paragraph format how the requested funds would be used.

### Organization Governance & Oversight

Reviews organization's volunteer governance and oversight.

### Organization Overview

Provides an overview of agency's operations.

### Program Overview

Completion for *each* program, for which funding is being requested. Responses must be clear and concise and presented by program.

### Program Outcomes Logic Model

Provide a Logic Model for each program for which funding is being requested, identifying *inputs* (resources dedicated to or consumed by the program), *activities* (services provided by the program to fulfill the mission, what the program does with the inputs) and *outputs* (the direct products of the program operation, the quantity of the services provided by the program).

### Program Outcomes Framework – Outcome Measurement Management Process

Provide a Framework for each of the programs for which funding is being requested.

Identify program *outcomes* (goals) which are the benefit(s) that the program has on its participants either during or after participating in the program, or the desired goal the program hopes to achieve with the people served, and *indicators* (objectives) which are used to measure the level of accomplishment achieved in reaching stated outcomes. For each outcome, there will be one or more indicators. Data sources and methods of data collection are also required. Every indicator has one or more data source. A *data source* is the tool from which information is gathered on the indicator (e.g. test, journal, participant, teacher, log book, etc.).

For every data source there is a method to use to retrieve the information being collected. This is the *data collection* method. There will be one or more methods for collecting data for each data source.

Arrange information in the Framework appropriately.

- a.) For each outcome (goal) list the indicator(s)
- b.) For each indicator (measurable objective), list the data source(s).
- c.) For each data source, list the collection method(s).

### Measuring Program Effectiveness – Outcome Measurement Results

Responses must be clear and concise and directly related to the outcomes framework page of the application.

Responses should reflect the results projected for the funding cycle for which funding is requested.

## **Budget & Variance Form**

The following instructions are provided to assist in the completion of the budget form. Full and fair disclosure is required in the completion of all budget forms and requested information.

Financial information must be rounded to the nearest dollar.

Budget information for both the sponsoring agency's overall budget and specific program for which funding is being requested, must be completed. **Please use the supplemental application for the program budget.**

Current year to date (YTD) budget information for January to December and projected financial information for calendar year for which funding is requested.

### **Expenses:**

**Salaries** – Includes all salaries (executive, professional, clerical, technicians, counselors, etc.) to include full-time, part-time and temporary staff.

**Employee Benefits** – Employee health and retirement benefits including premiums for all insurance, policies, medical and dental plans, and retirement plans.

**Payroll Taxes** – F.I.C.A. (employer's share), Medicare, unemployment insurance, workers compensation insurance, disability insurance premiums.

**Advertising** – Any expenses related to the advertisement of provided services.

**Professional Fees & Contracts** – Fees and charges of professional practitioners, technical consultants, or semi-professional technicians who ARE NOT employees of the agency and are engaged as independent contractors for specified services on a fee or other individual contract basis. Examples include audit expense, consultant's, trainers, etc. (Does not include persons engaged for maintenance and repair services.)

**Supplies** – All supplies and materials used for operations and delivery of services. This includes office supplies, housekeeping supplies, cost of food and beverages purchased for use in agency food service programs, and all supplies used to implement programs and services.

**Telephone** – Expenses for telephone and similar communication activities such as cellular phone services.

**Postage & Shipping** – Self-explanatory

**Occupancy (Building & Grounds)** – All costs resulting from an agency's occupancy and use of owned or leased land, building and offices (not including salaries, depreciation and acquisition of equipment). Includes rent, building and building equipment insurance, maintenance services under contract, real estate and personal property taxes, licenses and permits (occupancy related only), and building and grounds maintenance supplies.

**Utilities** – Electricity, gas, water & sewer.

**Insurance** – Directors and officers liability insurance, program liability insurance, and other insurance not specifically covered in another category.

**Property & Equipment** – Purchase of property and equipment.

**Rental & Maintenance of Equipment** – Rental and maintenance of equipment such as computers, copy machines, etc.

**Outside Printing** – Includes printing charges of publications, mass printing, informational materials, purchased publications, subscription to technical journals and books. Can also include photography, film and processing.

**Public/Private Transportation Fees** – Staff and volunteer travel expenses to include mileage reimbursement, hotels, meals, owned vehicles maintenance, repairs, gas, oil, licenses & inspections, tires, etc.

**Other Transportation** – To include volunteer stipends, client transportation and any other miscellaneous travel expenses not covered in above definition.

**Conferences and Conventions** – Expenses of conducting meetings related to an agency's activities including registration or enrollment fees incurred by employees and volunteers while attending outside meetings.

**Specific Assistance to Individuals** – Expenses incurred for specific materials, appliances, services, and other assistance rendered including purchases made for agency/program participants.

**Organization Dues** – support to national "parent" organization

**Special Events/Fundraisers/Sales to Public** – Costs incurred in the implementation of fund-raising activities.

**Miscellaneous** – Expenses not reportable in another classification. Please explain what this line item includes in the comments line or individual or organizational dues in other organizations relevant to the functions of the agency. (Trade association, civic club, etc.).

**Revenue:**

**Other United Ways** – Contributions from other United Ways. Please list the names of the other United Ways in the comments line.

**Combined Federal Campaign** – Contributions received from the local Combined Federal Campaign

**State Revenue/Grants** – Contributions received from the State of North Carolina. If there is a specific department or name for funding received, please list the specific source or title in the variance line.

**Federal Revenue/Grants** – Contributions received from the federal government. If there is a specific department or name for funding received, please list the specific source or title in the comments line.

**County Revenue/Grants** – Contributions received from any county in North Carolina. If there is a specific department or name for funding received, or if funds are from a county other than Sampson please list the specific source or title in the comments line.

**City Revenue/Grants** – Contributions received from any municipality in Sampson County. If there is a specific department or name for funding received. Please list the specific municipality.

**Special Events/Fundraisers/Sales to Public** – Revenue produced by sales and/or events (fundraisers) done by the agency/program or affiliated groups

**Membership Dues** – Dues paid by members to join the organization.

**Client Fees** – Fees received for services provided by the organization.

**Investment Income** – Interest, dividends, rentals and royalties from any type of investment. All investment income, regardless of type and origin should be reported here.

**Endowment Contribution** – Contributions made to the organization for specific endowments.

**Variations/Comments:**

Provide a variance explanation for budget line items in the projected budget which include both a dollar difference of \$1000 or more and a percentage difference of 5% or more over the current approved budget.

**EXAMPLE 1:**

Your salary expenses in line 16 will increase from \$70,000 this year to \$73,000 in the projected budget. You should not include an explanation. Although the dollar difference is \$3,000 this amount represented only a 4.3% increase over this year's expenditures.

**EXAMPLE 2:**

Line 27, Printing & Publishing will increase from \$900 this year to \$1,350 in the projected budget. You should not include an explanation. Although there is a 50% increase, the dollar amount is only \$450.

**EXAMPLE 3:**

Your agency will receive a grant of \$35,000 this year. In the projected budget your agency will only be eligible for \$30,000. This \$5,000 reduction represents a 14% decrease. Please provide explanation.

**Program Participant Demographics**

Provide demographic information on all participants that the organization's program projects for the upcoming year.

**Program Staff Positions**

Complete for each program for which funding is being requested, listing all positions associated with each program.

**Program Funding**

**Request Application**



**United Way of Sampson County**

**Sponsoring Agency:** \_\_\_\_\_  
**Program Name:** \_\_\_\_\_  
**Mailing Address:** \_\_\_\_\_  
**Phone/email** \_\_\_\_\_

**Funding Request for 2016 Program Funding** \$ \_\_\_\_\_

**CERTIFICATION**

The requested amount herein was considered and approved for submission by the

\_\_\_\_\_ Board of Directors at a meeting on \_\_\_\_\_  
(Sponsoring Agency) (date)

Our fiscal year is \_\_\_\_\_ to \_\_\_\_\_  
(date) (date)

Management and the Board of Directors have read and are prepared to discuss this Funding Request.

We acknowledge that funds allocated by United Way are contributed dollars and that fair and full disclosure is required in the completion of this Funding Request Application and all other requested information.

\_\_\_\_\_  
**Executive Director ~ Name**

\_\_\_\_\_  
**Board President or Authorized person Name**

\_\_\_\_\_  
**Volunteer Title**

\_\_\_\_\_  
**Signature - Executive Director**

\_\_\_\_\_  
**Signature ~ Board President or Authorized Person**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Date**

REQUIRED: Specific use of UWSC funding. (Use only space provided)

[Empty rectangular box for providing specific use of UWSC funding]

## Organization's Governance & Oversight

Organizations *not currently* receiving UWSC funding *must* complete the following.

### Board Meetings

1. How many meetings were scheduled during the last fiscal year?
2. How many times did the Board meet during the last fiscal year?
3. At how many of the Board meetings did you have a quorum during the last fiscal year?
4. Are detailed reports of agency activities provided to the board on a regular basis? (Y/N)

### Current Demographics of Board of Directors

Male	_____	Black	_____	_____
Female	_____	White	_____	_____
Hispanic	_____	Other	_____	

### Fiscal Oversight

1. Briefly describe the system used for safeguarding against unauthorized or improper disbursement of funds, (i.e. two signatures required on checks).

### National/State Affiliations

1. Are you nationally and/or state affiliated? (Y / N)? \_\_\_\_\_ YES \_\_\_\_\_ NO
2. Does the organization adhere to national standards? \_\_\_\_\_ YES \_\_\_\_\_ NO

Please briefly describe those national standards.

## ORGANIZATION OVERVIEW

Organizations *not currently* receiving UWSC funding *must* complete the following.

1. Describe the organization's mission.

2. List any organizations or programs with whom your organization has collaborated to provide joint programming, and briefly describe the type(s) of collaboration ( co-sponsorship of events, seminars, community issues, etc.) and the results of those collaborations.

5. Does the organization employ paid staff?

\_\_\_\_\_ YES      \_\_\_\_\_ NO

6. Does the organization have job descriptions for all staff?

\_\_\_\_\_ YES      \_\_\_\_\_ NO



## PROGRAM OVERVIEW

**Program Name:** \_\_\_\_\_

**Program Director's name:** \_\_\_\_\_

1. Provide a *brief* program description and goals.
  
  
  
  
  
  
  
  
  
  
2. What social/human welfare issue(s) does this program address?
  
  
  
  
  
  
  
  
  
  
3. What is the program's targeted population, capacity, and number of people to be served? Is it at capacity?
  
  
  
  
  
  
  
  
  
  
4. Do you have a waiting list for this program? If so, how many are on the waiting list, and what is the expected waiting time before your program will be able to provide services to them?

5. What are the eligibility requirements for participating in this program?

6. What fees are charged for services, and what percent of participants pay fees?

7. What is the long range plan for insuring financial stability for the program?

8. What impact would UWSC funding have on this program's outcomes?

9. To what extent are volunteers utilized in this program?

10. Are reference/background checks complete on all volunteers? \_\_\_\_\_ YES \_\_\_\_\_ NO

11. What type of training do volunteers receive? Are they evaluated on a regular basis?

**MEASURING PROGRAM EFFECTIVENESS  
OUTCOMES LOGIC MODEL**

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

Please submit a logic model for the program for which UWSC funding is being requested. **Do Not** report on program outcomes in this model. Present in narrative format.

<b>INPUTS</b>	<b>ACTIVITIES</b>	<b>OUTPUTS</b>

**MEASURING PROGRAM EFFECTIVENESS  
OUTCOMES FRAMEWORK**

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

Complete an outcome measurement framework for the program for which UWSC funding is being requested.

<b>OUTCOMES</b>	<b>INDICATORS</b>	<b>DATA SOURCE</b>	<b>DATA COLLECTION METHOD</b>

## OUTCOMES MEASUREMENT RESULTS

**Program Name:** \_\_\_\_\_

1. Viewing your outcomes as your program's goals, how many participants do you estimate will achieve the outcome results that you have targeted for the funding cycle requested?
2. How often do you measure this program's outcome results? (Daily, Monthly, Quarterly, Semi-Annually, etc)
3. Who is responsible for implementing, collecting, and reviewing the outcomes/program effectiveness information for this program? (i.e. Committee, individuals with specific responsibilities, etc.)
4. What level of involvement does the Board of Directors have in the process of program outcome measurements and implementation?
5. What changes have been planned or made to the program as a result of the outcome measurements?