



## LIVE UNITED<sup>™</sup>

To: Agencies Requesting United Way Funding  
From: United Way Board of Directors  
Date: September 15, 2009  
RE: Budget Requests

It is time to submit the United Way Request for funding and other required Documentation. The Board will begin reviewing requests as they are submitted. **Application deadline for 2010 funding is October 31, 2009 postmarked or delivered by noon.**

The Allocation Committee may be contacting you to make a presentation or answer questions concerning your proposal. **You are required to submit an original signed document and 5 copies.**

**Agencies must meet the following criteria.**

- Be a 501(c) 3 with an IRS non-profit status**
- Offer Human Services**
- File an IRS 990 report**
- Have a Board of Directors that meets regularly**
- Have an approved Budget by the Board of Directors**
- Not be on the Counter Terrorism List**

All Agencies Applying for funds in 2010 are required to provide:

1. The completed Application for Funding and Supply a current Budget.
2. A copy of your letter of determination of tax exemption non-profit status from the IRS.
3. A copy of your last certified audit. (If you are not required to have an audit, please include a copy of your last annual financial review statement and IRS report 990.)
4. A list of the board of directors of your agency.
5. A copy of your by-laws.
6. Review and sign the Agency Agreement and return signature page only with application.
7. A completed and signed "Standards of Operation Certification" form and Counterterrorism Compliance Form.
8. A list of your agency board meetings between November 2009 and February 2010. A UW board representative will be attending a meeting prior to the awarding of funding in 2010.

Please mail the five paper copies of your application to:  
United Way of Knox County  
PO Box 198  
Vincennes, In 47591



# LIVE UNITED™

## UNITED WAY OF KNOX COUNTY AGENCY RELATIONS AGREEMENT

The purpose of this manual is to define the mutual responsibilities of the United Way and its member agencies. The manual outlines in general terms, policies and procedures concerning agency and program involvement, allocations, and fundraising.

### I. UNITED WAY RESPONSIBILITIES

The United Way of Knox County is a locally autonomous corporation which, in partnership with human service agencies and other community organizations, provides leadership in bringing about a cooperative volunteer effort to help meet the needs of people in this community. In achieving this purpose, the United Way will:

1. **Conduct** a campaign which raises funds for human services needs, and allocates them according to community needs;
2. **Assure** fiscal responsibility and public accountability of funds;
3. **Ensure** an orderly and timely annual allocation process, including financial requests, agency review, and distribution of funds;
4. **Look** for cost-saving opportunities for agencies in the areas of benefits, services, purchasing, and equipment;
5. **Play** a leading role in conducting community-wide needs assessments and in working with the community to develop priorities and work-plans to address community needs;
6. **Take** a leading role in encouraging cooperation and coordination of community planning efforts for human services;
7. **Promote** community awareness and understanding of human services;
8. **Inform** agencies of campaign dates and related activities in a timely fashion.

The United Way of Knox County in providing assistance to organizations, in no way accepts any liability for that agency, its programs or activities.

### II. AGENCY RESPONSIBILITIES

1. **Maintain** a fiscally responsible agency that provides services in accordance with a mission that is reflective of and responsive to community needs;
2. **Act in Partnership** with the United Way during the United Way campaign and throughout the year;
3. **Provide** program and operational information to United Way as needed;
4. **Inform** United Way of all fundraising activities;
5. **Attend** and support United Way functions annually, when requested by the Board, i.e. Kick-Off;
6. **Be part of the Pacesetter Group** run UW campaign so that results can be reported at Kick-Off

7. **Improve** and heighten community awareness of United Way and its member agencies by using the United Way of Knox County logo and identifying the agency as a member of United Way.
8. **Display UW Logo** in publications and media. State that you receive United Way Funds at function and other public events.
9. **Board** must have a governing body that meets regularly, sets policy and reviews fiscal management.

The United Way reserves the right to institute probationary status, suspension, or withdrawal of funds if the recipient agency is found to be in violation of policies & procedures, requirements and mission.

Agree to abide by the current Agency Relations Manual. The Agency Relations Manual-Policies and Procedures will be revised and updated as deemed necessary by the Board of Directors of the United Way of Knox County, revised copies of the manual will be made available to the member agencies as needed.

Appeals will be considered by the United Way Board of Directors.

### III. **FUNDRAISING**

Each member agency will be responsible for organizing its own annual fundraising activity outside the United Way Campaign period. United Way of Knox County's Campaign period is generally set for the months of August, September, October and/or November. Specific calendar dates are to be communicated to our member agencies by letter each year. Agencies are to observe a fund raising blackout period during the campaign dates.

The following are other important reminders on the subject of fundraising:

**Special Projects:** Agencies are encouraged to obtain government and other grants for program expansion provided the expansion is consistent with the agency's goals and objectives. Agencies are required to disclose all funding plans in their applications for United Way allocations.

**Endowments:** Agencies may set up endowment funds to receive gifts, requests and memorials and may actively solicit such funds. Endowment income should be included and clearly identified in the agency's operating budget.

Commercially promoted fundraising is discouraged; any benefit conducted by an agency or a commercial promoter on behalf of an agency must have prior approval of the United Way of Knox County.

**Help promote United Way of Knox County:** We request that member agencies, play an active role during the annual campaign, attend quarterly agency meetings as well as identify as a United Way Agency throughout the year.

**Adopted July 2009**



LIVE UNITED™

Signature Page  
United Way of Knox County  
Agency Agreement

I have reviewed the Agency Agreement and \_\_\_\_\_ Board has  
approved the document. agency name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

AGENCY NAME:

Contact person:

Address:

PO Box:

City/ST/Zip:

Additional Contact:

Additional Address:

Additional City/St

Additional Zip:

Agency Phone:

Agency Fax:

Email:

additional email:

Website

Allocation Check should be mailed to:

Allocation Address:

Allocation City/St/Zip:

**New Agency Only**

Are you willing to be a designation Agency?  Yes  No  
(Designated Agency is one that is a United Way Partner but only receives funds that are directly given in that agency's name by donor.)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature



Proposed United Way Funding Project Name:

Description of proposed United Way Funding Project - attached additional sheets as necessary: (who, what, where, when and why) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is this a new project or an ongoing project?                      **New**                      **Ongoing**

On what basis was it determined this project was needed in Knox County? (Provide brief description and any additional documentation.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Projected number of persons to be served by this project during the grant period: *(If this proposal is to serve family units, each family unit would count as one. (1))*

What are the expected project outcomes to the community? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are there other projects in KC that address similar needs as described in this proposal?                      **Yes**                      **No**

If yes, who are they, how is your organization coordinating efforts with them and why should your project be considered over their existing project? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Your Mission Statement \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Three to five words describing your UW project: \_\_\_\_\_  
\_\_\_\_\_

What supplementary fund-raising activities does your agency conduct?

	<u>Activity</u>	<u>Net \$ Results</u>	<u>Area Covered</u>	<u>Month Conducted</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____

*(Add additional sheets if necessary)*

**Reminder: (Each agency agrees to not have a fund raising activity during the United Way Campaign! - Failure to adhere to this will jeopardize United Way Funding for your project.)**

What percentage of United Way of Knox County dollars are spent in Knox County?

What will it be spent on?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How will this project proceed if United Way Funding is not awarded? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Attach a list of Board of Directors and contact information and how often the board meets:**

	<b>Name</b>	<b>Address</b>	<b>Phone Number/E-mail</b>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____
11.	_____	_____	_____
12.	_____	_____	_____
13.	_____	_____	_____
14.	_____	_____	_____
15.	_____	_____	_____
16.	_____	_____	_____
17.	_____	_____	_____
18.	_____	_____	_____
19.	_____	_____	_____
20.	_____	_____	_____
21.	_____	_____	_____
22.	_____	_____	_____
23.	_____	_____	_____
24.	_____	_____	_____
25.	_____	_____	_____
26.	_____	_____	_____
27.	_____	_____	_____
28.	_____	_____	_____
29.	_____	_____	_____
30.	_____	_____	_____
31.	_____	_____	_____
32.	_____	_____	_____
33.	_____	_____	_____
34.	_____	_____	_____
35.	_____	_____	_____
36.	_____	_____	_____

# Anti - TERRORISM Compliance Measures

In compliance with the USA Patriot Act and other counter terrorism laws, the United Way of Knox County Indiana. 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

United Way of Knox County  
Agency Annual Report  
January \_\_\_\_\_ to December \_\_\_\_\_

Agency Name:

Person completing & Phone #:

Number of Different client served in Knox County \_\_\_\_\_

Number of units of service in Knox County \_\_\_\_\_

Amount Received from United Way \$ \_\_\_\_\_

**How Much Used For:**

Salaries \$ \_\_\_\_\_ Benefits \$ \_\_\_\_\_

Equipment \$ \_\_\_\_\_ (attach list of equipment)

Telephone \$ \_\_\_\_\_ Postage \$ \_\_\_\_\_

Direct Services to Individuals (attach list of services) \$ \_\_\_\_\_

Travel for Direct Services to participants \$ \_\_\_\_\_

Travel for Staff (include workshop fees, transportation, food and other related costs) \$ \_\_\_\_\_

Rent \$ \_\_\_\_\_ Professional Fees \$ \_\_\_\_\_

Miscellaneous \$ \_\_\_\_\_

Total should equal amount received from United Way this period.

What program(s) were supported by United Way \$: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Who (target population) and how many have been served with UW \$: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What is the impact of this project on the community? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please provide any testimonials from clients of the services received because of  
United Way Funding: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature-Title

\_\_\_\_\_

Date

United Way of Knox County  
Agency Semi-Annual Report  
January \_\_\_\_\_ to June \_\_\_\_\_

Agency Name:

Person completing & Phone #:

Number of Different client served in Knox County \_\_\_\_\_

Number of units of service in Knox County \_\_\_\_\_

Amount Received from United Way \$ \_\_\_\_\_

**How Much Used For:**

Salaries \$ \_\_\_\_\_ Benefits \$ \_\_\_\_\_

Equipment \$ \_\_\_\_\_ (attach list of equipment)

Telephone \$ \_\_\_\_\_ Postage \$ \_\_\_\_\_

Direct Services to Individuals (attach list of services) \$ \_\_\_\_\_

Travel for Direct Services to participants \$ \_\_\_\_\_

Travel for Staff (include workshop fees, transportation,  
food and other related costs) \$ \_\_\_\_\_

Rent \$ \_\_\_\_\_ Professional Fees \$ \_\_\_\_\_

Miscellaneous \$ \_\_\_\_\_

Total should equal amount received from United Way this period.

What program(s) were supported by United Way \$: \_\_\_\_\_

---

---

---

Who (target population) and how many have been served with UW \$:

---

---

---

---

What is the impact of this project on the community? \_\_\_\_\_

---

---

---

---

---

Please provide any testimonials from clients of the services received because of United Way Funding: \_\_\_\_\_

---

---

---

---

\_\_\_\_\_  
Signature-Title

\_\_\_\_\_  
Date

DATE: \_\_\_\_\_

STANDARDS OF OPERATION CERTIFICATION  
AGENCY:

Please review and answer the following questions and return this signed form with your funding application

**Standard I**

**YES NO**

- Is your organization recognized as exempt from taxation under 501 (c) 3 of the Internal Revenue Code?  YES  NO
- Does your organization file IRS 990 in a timely manner?  YES  NO

**Standard II**

- Does your organization have an active, responsible and voluntary governing body which ensures effective governance over the policies and financial resources of the organization?  YES  NO
- Does your Board approve the annual budget?  YES  NO
- Does the Board include someone with a financial background?  YES  NO
- Does the Board (or finance committee) review the financial statements regularly...how often? \_\_\_\_\_  YES  NO
- Does your organization operate within the guidelines of your bylaws and constitution?  YES  NO
- Are programs or initiatives of your organization based on your mission statement?  YES  NO

**Standard III**

- Does your organization adhere to a locally developed and adopted code of ethics for volunteers and staff?  YES  NO
- Does all staff annually verify in writing they have reviewed the code of ethics?  YES  NO
- Is there a mechanism for resolving conflicts of interest should they occur?  YES  NO
- Are there guidelines restricting the use of your organization's assets on business not related to your organization?  YES  NO
- Are volunteers and staff required to disclose any potential conflict's of interest with the operation of your organization? If so how? In writing or verbally? \_\_\_\_\_  YES  NO
- Does your organization have an annual audit conducted by an independent certified public account? Or.  YES  NO
- Does your organization have its financial statements reviewed by an independent public account?  YES  NO
- Is the audit presented to your full board for review and approval?  YES  NO

Comments or explanations of specific points: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_