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PO Box 862
La Grande, OR 97850
541-962-0306
uweo@eonl.com
www.eoni.com/uweo

2010-2011 Packet for Participation and Funds

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Helping to Build a Caring Community



United Way of Eastern Oregon

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Forms Attached

- [1](#) Application Form
- [2](#) Budget Form
- [3](#) Agency Agreement

United Way of Eastern Oregon

I. Introduction

United Way of Eastern Oregon is an autonomous non-profit organization dedicated to helping the residents of Union & Baker Counties. Through community-wide campaigns, volunteers raise funds to support non-profit Union & Baker County agencies that provide human health and welfare services and valuable community programs.

In this packet are the materials needed to apply for Union and Baker County based program funding from United Way of Eastern Oregon. The enclosed information will help guide you through the application process.

If you have any questions, please contact our Executive Director, Dawn Roe, at (541) 962-0306 or uweo@eoni.com. She is available to help you at any point in the funding process.

Please submit the completed application **and the required amount of copies**, each complete with all requested attachments, either postmarked by **March 26, 2010** or delivered to the office by 5:00pm on that same day, **March 26, 2010**. If applications are mailed, use the mailing address: United Way of Eastern Oregon, PO Box 862, La Grande, OR 97850. Applications to be delivered should be brought to: 61988 Cottonwood Road, La Grande, OR 97850.

One copy of the submitted applications must contain the **original signature**. All applications and attachments need to be punched along the left side with a standard **three-hole punch**.

United Way of Eastern Oregon's 2010-2011 budget hearings (agency interviews) are scheduled for **April 15 & 16, 2010, in La Grande, OR**. Please call our office by March 26, 2010, to schedule your appointment. If your application is received without a previously scheduled interview appointment, one will be assigned to you. A list of scheduled appointments will be sent to all applying agencies after March 31, 2010.

II. Eligibility

For the March 26, 2010 application period, an agency must meet the following criteria to be eligible for funding from United Way of Eastern Oregon. The agency must remain in compliance with the criteria at all times.

- ◆ Be incorporated or chartered under Federal and Oregon State statutes.
- ◆ Be recognized by the Internal Revenue Service as tax-exempt under 26 U.S.C. 501(c)(3) and to which contributions are tax deductible pursuant to 26 U.S.C. 170.
- ◆ Agency program(s) and services must be health or human services related and directly serve Union or Baker County residents.
- ◆ Maintain accounts for its funds in accordance with generally accepted accounting principals (GAAP.)
- ◆ Comply with all applicable federal, state, and local laws. All licenses necessary to provide the agency's programs and services are valid and in good standing.
- ◆ Demonstrate adequate understanding of community needs and services currently provided in Union or Baker County.
- ◆ A volunteer Board of Directors governs the agency. The Board is responsible for all areas of the agency's operation and it is the policy-making and resource allocating entity of the organization. The Board serves without compensation and no voting member of the Board is a staff member of the agency. The Board monitors compliance with the agency's mission statement and by-laws.
- ◆ Demonstrates need for United Way funding.

Eligibility for funding will be established by the United Way Eastern Oregon's Budget Committee based on a comprehensive review of financial, program and operating conditions of the applicant agency and the need for the type of program(s) the agency is providing in Union or Baker County. This comprehensive review will take place upon submittal of the organization's application and subsequent interviews. All agency affiliations are subject to final approval by the United Way of Eastern Oregon Board of Directors.

III. Application Instructions

1. Complete the **application** and **narrative** using a typewriter or computer. Copies in Microsoft Word format are available from our office or may be downloaded at www.eoni.com/uweo
2. If United Way of Eastern Oregon currently funds your agency, complete the 2009 **program report** listed in the application.
3. Read and sign the **Agency Agreement**.
4. Provide the required **attachments** listed on the application form. Please number attachments with the corresponding item number.
5. Sign the application.
6. The following number of copies are required so each member of the United Way of Eastern Oregon Budget Committee has the necessary information:
 - For Union County applications: make eleven (11) copies complete with all attachments, **twelve (12) total**. Be sure to include the application and agreement with the original signature.
 - For Baker County applications: make five (5) copies complete with all attachments, **six (6) total**. Be sure to include the application and agreement with the original signature.
 - If applying to both counties: make eleven (11) copies complete with all attachments, **twelve (12) total**. Be sure to include the application and agreement with the original signature.
 - Only one copy need be submitted of agency IRS 501 (c) (3) determination letter, agency IRS 990, and agency audit if required.
7. **Punch all submitted materials along the left side with a standard three-hole punch.**

IV. Financial Information

There is a standardized budget form attached with the application packet. You can use your own format if preferred but confine your financial information to one page that includes the requested fiscal information.

You will need to attach a copy of your financial information to each of your application copies. The information we need applies to your fiscal year; a fiscal year is typically the calendar year or the twelve-month period between July 1 and June 30. Identify and use the fiscal year that applies to your agency.

- ◆ Last Fiscal Year – A line-item budget showing the agency’s actual income and expenses for your last completed fiscal year. Fill in the column heading with the appropriate year. Example: “Year Ending 2009.”
- ◆ This Fiscal Year – A line-item budget showing the budgeted income and expenses for your agency’s current fiscal year. Fill in the column heading with the appropriate year. Example: “Year Ending 2010.”
- ◆ Proposed Next Year – A line-item budget showing the projected agency’s income and expenses covered by this application request. Agencies accepted for funding will be included in this year’s Annual Fall Campaign with funds being disbursed the following February, August, and February of the following year. Example: Fall 2010 Campaign with disbursements in February 2011, August 2011, and February 2012.
- ◆ Planned Use of United Way Funds – A line-item budget of how you plan to use the funds requested in this application.

Depending on your request, you may have to attach one to four budget forms containing the pertinent fiscal information. If your agency covers more than one county, you will need to submit one budget form for your agency’s total income and expenses, and one budget form separating your agency’s income and expenses directly attributable to your Union County services and/or Baker County services. If your request is for a specific program, you will need to submit one budget form for your agency’s total income and expenses, and one budget form for the proposed program.

Example: If your request is for general operating support and your agency only provides services in one county, you will only need to submit **one** budget form.

V. Budget Form Line-Item Explanations

Revenue

Federal - Federal dollars received.

State - State dollars received.

County - County dollars received.

Foundations & Grants - Revenue received specifically from a foundation or other private grant source.

Fundraising & Contributions - Includes amounts received from special events, individual donors, corporations or businesses, trusts, bequests, or membership dues from individuals or organizations. May also include revenue resulting from the sale of an item.

United Way of Eastern Oregon - Financial support requested and/or received.

Other United Way funding - Financial support from United Ways in other counties.

Program Service Fees - Fees paid by clients to participate in a program or to receive a program's services.

Investment Income - Revenue available for operations, derived from bank accounts, CD's, trusts, bequests, bonds and other investments.

Other Revenue - Very little should usually remain to be shown as Other Revenue. Detail significant revenue sources on the lines provided.

Expenses and Cash Disbursements

Direct Program Costs - Specific assistance to individuals – the cost of assistance or services for a particular client such as food, shelter, clothing, camp sponsorships, etc.

Salaries - Salaries and wages for regular employees (full or part-time), temporary employees, including office temporaries, other than consultants and others engaged on an individual basis.

Payroll Taxes - Social Security/Medicare taxes, workers' compensation insurance premiums, or unemployment expenses or other expenses payable by employers under federal, state, or local laws.

Employee Benefits - Health, Dental, Life, Disability and other insurance as well as retirement benefit plans.

Professional Fees - Fees and expenses of professional practitioners and consultants who are not employees of the reporting agency and are engaged as independent contractors for specified services on a fee or other individual contract basis.

Occupancy - The cost of occupying the building such as rent, utilities (includes bills for gas, water, electricity, and telephone), maintenance, and insurance which is not for employee benefits or related to payroll.

Travel/Transportation - Costs of program and administrative travel for staff and volunteers. Also include expenses related to conferences and staff development.

Office Expenses - Represents the costs of running the office, including supplies, copies, printing, data processing, etc. Please include the cost of renting and maintaining equipment such as computers, copiers, etc.

Membership Fees & Dues - Amounts paid for bona fide membership in other organizations that provide benefits such as regular services, publications, materials, etc.

Payments to Affiliates - Dues to statewide or national organization.

Major Property & Equipment Acquisition - Property and/or equipment acquisitions of more than \$1,000.

Other Expenses - Represents all other expenses not detailed above. Detail the significant expenses on the lines provided.

VI. UWEO Diversity Policy Statement

Underlying the role and mission of the United Way of Eastern Oregon is a firm belief in the dignity of all people. We reaffirm this belief in our policies, which guide and direct our employment practices, program funding, volunteer recruitment, and service delivery.

Diversity, as defined by United Way of Eastern Oregon, provides equal opportunity to all people without regard to race, creed, color, religion, marital status, sexual orientation, disability, sex, age, or national origin. United Way promotes the full realization of this policy through the positive recognition of the value of diversity.

Diversity and Employment:

United Way of Eastern Oregon is fully committed to assuring equal opportunity and equal consideration to all qualified applicants and employees in personnel matters including recruitment, hiring, training, promotions, salaries and other compensation, transfer and layoff or termination.

In the implementation of this policy, United Way will aggressively seek personnel for all job levels within the organization without regard to race, creed, color, religion, marital status, sexual orientation, disability, sex, age, or national origin. The intent of this policy is to reflect the positive value of diversity in the community.

Diversity and Program Funding:

United Way of Eastern Oregon is fully committed to the funding of programs that provide equal opportunity and access for all, without regard to race, creed, color, religion, marital status, sexual orientation, disability, sex, age, or national origin. In the implementation of this policy, United Way will continue to provide funding to programs that target underserved populations as identified through continuous community assessment. The intent of this policy is to provide funding to meet the needs of, and support the diversity of our community.

Diversity and Volunteer Recruitment:

United Way of Eastern Oregon is fully committed to the recruitment of volunteers to fill all volunteer positions within the organization without regard to race, creed, color, religion, marital status, sexual orientation, disability, sex, age, or national origin.

In the implementation of this policy, United Way will aggressively seek volunteers from the community who reflect and acknowledge the value of diversity, including, but not limited to minority group members, women, and the disabled.

Diversity and Service Delivery:

United Way of Eastern Oregon is fully committed to the delivery and provision of service to meet the needs of the community as identified through a continuous assessment process. In the implementation of this policy, United Way will grant program funding to those organizations which demonstrate the commitment to provide service without regard to race, creed, color, religion, marital status, sexual orientation, disability, sex, age, or national origin or which have as their legitimate stated purpose or mission the servicing of specific population segments.

Responsibility:

In order to promote and value diversity, the active participation and support of all members of the organization is required.

**UNITED WAY OF EASTERN OREGON
REQUEST FOR PARTICIPATION AND FUNDS
2010-2011**



Please type this request or generate on computer. Download application forms from www.eoni.com/uweo . Handwritten applications will not be accepted.

Agency Name:					Federal Tax I.D.#: (EIN#)		
Mailing Address:							
	City:		State:		Zip:		
Physical Address:							
	City:		State:		Zip:		Phone:
Agency Email:					Web Site:		
Agency Executive:	Name:				Title:		
	Phone:		Ext:		Email:		
Board President:	Name:						
	Phone:		Ext:		Email:		
Local Contact:	Name:				Title:		
	Phone:		Ext:		Email:		
Local Address:							
	City:		State:		Zip:		Phone:
Should correspondence be sent to the local office or headquarters? Address if different from above:							
Should disbursement checks be sent to the local office or headquarters? Address if different from above:							
What email address would you like us to use for United Way correspondence?							
Designate the county this application is directed to:		Union County <input type="checkbox"/>	Baker County <input type="checkbox"/>	Both Counties <input type="checkbox"/>			
If applying to both counties, please state amount requested from each county.		Amount Requested \$	Amount Requested \$	Total Both Counties \$			

Demographics.

Total Geographical Service Area: _____

UNDUPLICATED Number of people served:			
Ages Served in 2009:	Union County	Baker County	Other Service Areas
0-18 years			
19-62 years			
63+ years			
Percentage of low-income individuals served.			
Figures below may contain duplications:			
If known, total number of services provided in 2009:			
0-18 years			
19-62 years			
63+ years			
Percentage of low-income individuals served.			

Personnel			
Number of Paid Staff			
Number of Volunteers			

Based upon your most recently completed IRS form 990, state the **percentage** of total revenue applied to:

Charitable Purpose (programs/services/direct benefits)	%
Cost of Solicitation (fundraising)	%
Administration and General	%

*If affiliated with a national agency, please state **your local agency's percentages**, not the national's.*

Is the organization registered with the attorney general in accordance with relevant provisions of ors 128.610 to 128.995? _____yes _____no _____If in process, attach a copy of the form filed.

APPLICATION NARRATIVE – QUESTIONS TO ANSWER:

Please answer each of the following questions in the order listed, on no more than four pages total.

1. Summarize your request, in other words, make your **case** for funding –why your request for United Way funding is appropriate for the program(s). Have you seen an increase in requests for services? What will you do with the funds requested? Describe the project or service goals and activities, and who will be served.
2. What qualifies your organization to do this project or service? (For example: your mission, history, and the expertise of staff, board or volunteers.)
3. What significant issues has your agency experienced during the past year? (Financial, capital campaigns, staff turnover, etc....)
4. What is your timeline for accomplishing your project or service?
5. What else do you want us to know about your project, service or organization?

2009 PROGRAM REPORT:

Use one page (not to be counted toward your four page narrative) to summarize your current program(s), funded by the United Way of Eastern Oregon. How was the funding used?

Please Number Attachments To Correspond With Application Item Numbers.

If your organization serves more than one county, or if this request is for a specific program your organization offers, please use a separate budget sheet for each. We need your total agency budget, funded program budget, and county budget. Please check the appropriate boxes for all that apply. See attached blank budget format. (Example: If your request is for general operating support and your agency operates solely in Union County, only one budget sheet need be submitted.)

1. Organization's budget for the last fiscal year, current fiscal year, next fiscal year covered by this request, and the proposed use of United Way funding.
2. Program budget, if applicable.
3. County budget, if applicable.
4. A list of names and addresses of each member of the Board if Directors and Officers of the organization.
5. Completed Agency Agreement.
6. Choose one of the program's outcomes to illustrate a success story. State the outcome as you would want it communicated to the general public. (Please include actual data.)
7. Provide samples illustrating the effect of a \$100 donation on your program. List examples, stories, etc.
8. If needed, attach 35 word description for United Way brochure.

Include one copy of: **1.** IRS determination letter for tax exemption under IRS tax code section 501(c)(3). **2.** Most recent IRS Form 990 or 990EZ or certificate of exemption. **3.** If your organization's annual revenue is over \$100,000.00, a copy of the organization's most recently completed independent audit. If required by another funding source to have an audit performed, agency should submit this same audit to United Way, regardless of revenue level.

Please provide a statement of 35 words or less that describes real services, benefits or program activities your organization provides. This statement will be used in our United Way Brochure. (See agency information at www.eoni.com/uweo)

Please indicate: _____ No change necessary. _____ New statement attached.

The signing of this application by representatives of the organization named in this application consents to and certifies the following:

We consent to our organization being included in any fund raising applications, campaigns, or campaign materials by United Way of Eastern Oregon. We also commit our organization to being included and actively participating in any fund raising activities, campaigns, or campaign materials initiated by and for United Way of Eastern Oregon.

We certify that the organization named in this application conducts publicity and promotional activities based upon its actual program and operations, and that these activities are truthful and non-deceptive, include all material facts, and make no exaggerated or misleading claims. We certify that the organization named in this application effectively uses the funds contributed for its announced purposes. We certify that an active and responsible governing body, whose members have no material conflict of interest and a majority of whom serves without compensation, directs the organization named in this application.

Anti-Terrorism Compliance Measures

In compliance with the USA PATRIOT Act and other counterterrorism laws, the United Way of Eastern Oregon requires that each agency certify the following:

- o The signing of this application by representatives of the organization named in this application certifies 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.
- o The signing of this application by representatives of the organization named in this application certifies that the organization named in this application is in compliance with all statutes, executive orders, and regulations restricting or prohibiting U.S. persons from engaging in transactions and dealings with countries, entities, or individuals subject to economic sanctions administered by the U.S. Department of the Treasury's Office of Foreign Assets Control. The organization named in this application is aware that a list of countries subject to such sanctions, a list of Specially Designated Nationals and Blocked Persons subject to such sanctions, and overviews and guidelines for each such sanctions program can be found at <http://www.treas.gov/ofac>. Should any change in circumstances pertaining to this certification occur at any time, the organization will notify United Way of Eastern Oregon immediately.

CERTIFYING OFFICIAL

I, _____, am the duly appointed representative
(Print Name)

of _____ authorized to certify and affirm all statements
(Print Organization Name)

enclosed in this application and affirm their accuracy.

(Signature)

(Typed or Printed Name)

(Title)

Date Completed _____

Attachment Number: Program Total Agency Total Union Co. Total Baker Co. Total

Agency Name: _____

Agency's Fiscal Year Runs From _____ to _____

Item	Actual Last Fiscal Year Ending 20__	Budget This Year Ending 20__	Proposed Next Year Ending 20__	Planned Use of United Way 2009-10 Funds
Revenue				
Federal				
State				
County				
Foundations, Grants				
Fundraising, Contributions				
United Way of Eastern Oregon				
United Way, Other				
Program Service Fees				
Investment Income				
Other Revenue				
Total Revenue				
Expenses				
Direct Program Costs				
Salaries				
Payroll Taxes				
Employee Benefits				
Professional Fees				
Occupancy				
Travel/Transportation				
Office Expenses				
Membership Fees & Dues				
Payments to Affiliates				
Property & Equipment				
Other Expenses				
Total Expenses				

Agreement

United Way of Eastern Oregon

*(To be referred to as **United Way**)*



and

*(To be referred to as **Participating Agency**)*

United Way of Eastern Oregon and the Participating Agency agree to work cooperatively to increase the public's awareness and understanding of the human service needs of the area and to work together to meet these needs.

CAMPAIGN AND ALLOCATIONS

The United Way agrees to:

- ◆ Conduct an annual community-wide fundraising campaign, to perform all collection duties of the pledges received, and to make payments to the Participating Agency in accordance with the annual payment schedule.
- ◆ Provide opportunities to involve the Participating Agency in supporting roles in the annual campaign (e.g., speakers bureau, kick-off event, etc.)

The Participating Agency agrees to:

- ◆ Promote and actively support the annual United Way campaign. This includes participating in United Way sponsored events, encouraging constituency, Board, and staff members to contribute to United Way, and offering payroll deduction.
- ◆ Refrain from appealing to United Way donors to designate a portion or all of their United Way contribution to the Participating Agency during the period beginning September 1, 2010 and ending November 15, 2010.
- ◆ Acknowledge and promote United Way's support in articles, brochures, reports, papers or other publications produced, distributed and presented

about programs described in the Participating Agency's Request for Participation and Funds application.

Public Disclosure

All materials prepared and submitted by the Participating Agency to United Way, as well as those prepared and submitted by United Way to the Participating Agency are considered a matter of public record.

Either party, without notice to the other, may copy or share said information with anyone it chooses unless the information has been marked as "confidential" by the Participating Agency or United Way.

Protection of Proprietary Information

Both parties agree to ensure that all information that is confidential, privileged, or nonpublic, is not disclosed inappropriately (e.g., donor addresses, mailing lists, etc.)

Accountability

United Way agrees to provide clear and timely feedback to the Participating agency on questions or concerns associated with the program(s) described in the Participating Agency's Request for Participation and Funds application.

The Participating Agency agrees to provide additional information in a clear and timely manor for any changes, or requests to supplement or clarify information, associated with the program(s) described in the Participating Agency's Request for Participation and Funds application. The Participating Agency certifies that it maintains accounts for its funds in accordance with generally accepted accounting principals (GAAP.)

Administration and Management

The United Way agrees to:

- ◆ Respect the Participating Agency's autonomy and right to determine its own policies and programs.
- ◆ Encourage a cooperative atmosphere for community-wide human service planning and development.

The Participating Agency agrees to:

- ◆ Keep accurate records of all expenditures and income in conformance with the Standards of Accounting and Financial Reporting for Voluntary Health and Welfare Organizations.
- ◆ Encourage a cooperative atmosphere for community-wide human service planning and development.
- ◆ To comply with United Way policies and procedures.

Diversity

United Way and the Participating Agency believe that all people deserve to have full and complete access to the services that will help them grow to their greatest potential. Therefore, every United Way funded program will not exclude any person who seeks services from receiving any service based on their race, creed, color, religion, gender, disability, marital status, sexual orientation, veteran status, national origin, age or any other characteristic protected by law.

United Way supports the right of programs to develop and equitably enforce behavioral expectations of all service recipients. High expectations for behavior are a critical component of many successful United Way programs. The United Way does require any behavioral expectations to be equitably enforced; that is, without discrimination. Behavioral rules and consequences must be the same for all service recipients and implemented without discrimination.

United Way will continue to encourage mission-based programs that target specific age, gender, health or disability populations in order to better meet the unique or special needs of the clients and participants.

While United Way recognizes the rights of programs to select their staff, board and volunteers, it strongly encourages diversity in those selections.

For additional information see UWEO “Diversity Policy Statement.”

Participating Agency’s Name

United Way of Eastern Oregon

Signature Chief Professional Officer

Signature Chief Professional Officer

Date

Date