

United Way of Benton and Franklin Counties  
COMMUNITY SOLUTIONS INVESTMENT/FUNDING APPLICATION – BLANK FORM  
Program Period: 7/1/2012-6/30/2014

12/21/11

*Complete only one set of Sections I and II covering general organizational information, regardless of the number of programs for which funding is being requested. Complete a separate set of pages with Sections III, IV and V for each program for which funding is requested (maximum of 3 programs). Responses on this form should be typewritten in the space indicated.*

**SECTION I – ORGANIZATIONAL INFORMATION**

**APPLICANT ORGANIZATION:**

501(c)(3), Not-for-Profit Federal ID#: \_\_\_\_\_ WA State Charitable Org.: Yes \_\_\_\_\_ No \_\_\_\_\_

Authorized Representative: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**ORGANIZATIONAL GOVERNANCE**

A. Board of Directors: Total # of meetings per year: \_\_\_\_\_ Total # of directors: \_\_\_\_\_

List officers' names & titles:

Are minutes maintained for all governing board meetings? Yes: \_\_\_\_\_ No: \_\_\_\_\_

B. Describe how the board is actively engaged in the organization's strategic planning and governance of operations:

C. Organization purpose/mission:

D. Organization has a non-discrimination policy: Yes: \_\_\_\_\_ No: \_\_\_\_\_

E. Organization annually certifies compliance with U.S. Patriot Act: Yes: \_\_\_\_\_ No: \_\_\_\_\_

F. Are the board members and staff required to disclose in writing, on an annual basis, any potential conflicts of interest with the operations of your organization? Yes: \_\_\_\_\_ No: \_\_\_\_\_ If "No", please explain:

**SECTION II – FINANCIAL ACCOUNTABILITY – 20 Points**

A. Financial Audit or Financial Review has been completed within the last year.

Yes: \_\_\_\_\_ List Date: \_\_\_\_\_ No: \_\_\_\_\_ If "No", please explain:

*Financial Audit: If the organization has \$250,000 or more in gross revenues, it must be audited annually by an external independent auditor who is a certified public accountant, licensed with Washington State and in good standing. Please provide a copy of the most recent Financial Audit and SAS 112 letter (formerly referred to as a management letter.)*

*Financial Review: If the organization has under \$250,000 in gross revenues, and has not been audited, it must be reviewed annually by an external independent auditor who is a certified public accountant, licensed with Washington State and in good standing. Please provide a copy of the most recent Financial Review.*

B. From the most recent external Financial Audit or Financial Review, please complete the following computations:

1. Current Assets \$ \_\_\_\_\_ Current Liabilities \$ \_\_\_\_\_ Current Ratio: \_\_\_\_\_  
 (Current Assets divided by Current Liabilities equals Current Ratio) If current ratio is lower than 1.5:1, please explain:

2. Total Liabilities \$ \_\_\_\_\_ Total Assets \$ \_\_\_\_\_ Debt Ratio: \_\_\_\_\_  
 (Total Liabilities divided by Total Assets equals Debt Ratio) If debt ratio is higher than 0.5:1, please explain:

C. Is the audit or financial review presented to the full board by the independent certified public accountant or audit committee chair? Yes: \_\_\_\_\_ No: \_\_\_\_\_ If "No", please explain:

D. Does the board, executive committee or audit committee review the management letter and take appropriate actions to minimize any risks identified? Yes: \_\_\_\_\_ No: \_\_\_\_\_ If "No", please explain:

E. An Internal Revenue Services Form 990 or a Form 990-N Electronic Notice has been completed within nine months of fiscal year end. Yes: \_\_\_\_\_ No: \_\_\_\_\_ If "No", please explain:

*Form 990: If the organization has gross receipts in excess of \$25,000, it must file this report with the IRS.*

*Form 990-N Electronic Notice (e-postcard): If the organization has gross receipts at or below \$25,000, it must file this report with the IRS (unless a 990 or 990-EZ was completed).*

1. IRS Form 990 Information (2008 with fiscal yr. ending after 12/31/08)	2008	2009	2010
a. Total revenue (line 12, page 1, IRS 990 Form)	\$ _____	\$ _____	\$ _____
b. Total management, fundraising and payments to affiliates (line 25, columns C & D, page 10, IRS 990 Form)	\$ _____	\$ _____	\$ _____
c. Percentage of overhead to total revenue (B.2.b divided by B.2.a. from this form)	_____ %	_____ %	_____ %
d. Total expenses (line 18, page 1, IRS 990 Form)	\$ _____	\$ _____	\$ _____
e. Excess or (deficit) (line 19, page 1, IRS 990 Form)	\$ _____	\$ _____	\$ _____
f. If there was deficit spending, please explain:			

2. Was a copy of the IRS Form 990 provided to the organization's governing body before it was submitted?

Yes: \_\_\_\_\_ No: \_\_\_\_\_ If "No", please explain:

F. Does your agency have a relationship with any wholly owned subsidiary? Yes: \_\_\_\_\_ No: \_\_\_\_\_ If "Yes", please describe:

If "Yes", please submit a copy of your most recent IRS 990 Schedule K.

Please note that additional information regarding wholly owned subsidiaries may be requested.

G. List the dates of the organization's fiscal year: From: \_\_\_\_\_ To: \_\_\_\_\_

H. Does the board include at least two members with financial experience? Yes: \_\_\_\_\_ No: \_\_\_\_\_

I. Does the board approve the annual budget? Yes: \_\_\_\_\_ No: \_\_\_\_\_

J. Are there guidelines that ensure that funds will be used for purpose in which they are intended? Yes: \_\_\_\_\_ No: \_\_\_\_\_

K. State how often the organization produces financial statements for its board of directors to review: \_\_\_\_\_  
Please attach a copy of the most recent balance sheet and income/expense statement reviewed by the board.

L. Does the organization have cash or short-term investments available for emergency/contingency funding of operations?  
Yes: \_\_\_\_\_ Number of Months: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ No: \_\_\_\_\_ If "No", please explain:

M. Is your agency planning any organizational changes in the next 2 years? Yes: \_\_\_\_\_ No: \_\_\_\_\_ If "Yes", please describe:

N. If the organization is currently involved in litigation, please explain:

O. In the last 12 months, have there been any government agency led investigations of your organization for violations of local, state, or federal laws? Yes: \_\_\_\_\_ No: \_\_\_\_\_ If "Yes", attach a written explanation.

P. Does your organization comply with provisions of Sarbanes-Oxley applicable to nonprofit corporations, including whistleblower protection and implementation of document retention and destruction policies? Yes: \_\_\_\_\_ No: \_\_\_\_\_ If "No", describe what your organization is doing to become compliant:

Complete a separate set of pages with Sections III, IV and V for each program for which funding is requested (3 programs maximum).

### SECTION III – PROGRAM DESIGN AND RESPONSIVENESS – 35 Points

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

Location if different from organization's address on page 1: \_\_\_\_\_

A. Check the one outcome area from the "Community Solutions Investment Guidelines and Funding Application Process" document that will be primarily affected by the proposed program:

\_\_\_\_\_ Education \_\_\_\_\_ Health \_\_\_\_\_ Safety \_\_\_\_\_ Self-Sufficiency

B. Check the one long-term outcome that will be primarily affected by the proposed program.

#### EDUCATION

\_\_\_\_\_ Increase number and percentage of children ready for kindergarten.

\_\_\_\_\_ Increase number and percentage of people who graduate from high school.

\_\_\_\_\_ Increase the skills and competencies of adults.

#### HEALTH

\_\_\_\_\_ Increase the number and percentage of people who practice preventative healthcare.

\_\_\_\_\_ Decrease the number and percentage of people treated for preventable diseases.

\_\_\_\_\_ Increase the number and percentage of people who have access to quality, affordable and timely healthcare.

#### SAFETY

\_\_\_\_\_ Decrease the number and percentage of neglect and abuse incidents.

\_\_\_\_\_ Decrease the number and percentage of violent crimes against people.

\_\_\_\_\_ Increase neighborhood safety.

#### SELF-SUFFICIENCY

\_\_\_\_\_ Increase the number and percentage of people who reside in stable and affordable housing.

\_\_\_\_\_ Increase the number and percentage of people who are financially self-sufficient.

\_\_\_\_\_ Increase the number and percentage of people who consume adequate and nutritious food.

C. Program Goals Worksheets

*Complete the Program Goals Worksheet "A" for the program period 7/1/2012-6/30/2013 and Program Goals Worksheet "B" for the program period 7/1/2012-6/30/2013 using the examples for reference.*



3. Describe how proposed services will address the ongoing symptoms and the underlying causes of the problem.

4. Describe how the accomplishment of the measurable program goals will lead to the selected Community Solutions Plan's "Long-term Outcome" being achieved, as outlined on the Program Goals Worksheets.

5. Describe how persons served (include numbers and percentages) will be followed to track and measure advancement towards achievement of the long-term outcome identified.

6. Describe how “best practices” and innovation will be utilized in providing services and achieving measurable program goals and outcomes.



9. Describe how the community at-large will be informed and educated about the needs and issues to be addressed, as well as the services to be provided and the goals and outcomes to be achieved.

**SECTION IV – PROGRAM COST EFFECTIVENESS – 25 Points**

	7/1/12-6/30/13	7/1/13-6/30/14
A. United Way Community Solutions funding request:	\$ _____	\$ _____
B. Total annual program cost:	\$ _____	\$ _____
C. Portion of total program cost that is UW request:	_____ %	_____ %
D. Total number of people to be served (unduplicated count):	_____	_____
E. Average United Way cost per person (Item "A" divided by Item "D"):	\$ _____	\$ _____
F. Average program cost per person (Item "B" divided by Item "D"):	\$ _____	\$ _____
G. 1. Average United Way cost per person planned to achieve "Level 3 Goal" #1 on Program Goals Worksheet (Item "A" above is divided by number of people planned to achieve Level 3 Goal)	\$ _____	\$ _____
2. Average United Way cost per person planned to achieve "Level 3 Goal" #2 on Program Goals Worksheet (Item "A" above is divided by number of people planned to achieve Level 3 Goal)	\$ _____	\$ _____
H. 1. Average program cost per person planned to achieve "Level 3 Goal" #1 on Program Goals Worksheet (Item "B" above is divided by number of people planned to achieve Level 3 Goal)	\$ _____	\$ _____
2. Average program cost per person planned to achieve "Level 3 Goal" #2 on Program Goals Worksheet (Item "B" above is divided by number of people planned to achieve Level 3 Goal)	\$ _____	\$ _____
I. Describe other funding sources and amounts and how they will be leveraged to support this program:		



Program Goals Worksheet "A" – EXAMPLE #1

Program Period: 7/1/2012 to 6/30/2013

Please provide a separate worksheet for each program year. The "Outcome Area" and the "Long-term Outcome" listed below should be the same as listed on the application in "Section III-Program Design and Responsiveness".

Organization: Bright Future

Outcome Area: Education

Program Names: Homework Guidance and Mentor Program

Long-Term Outcome: Increase the number and percentage of people who graduate from high school

Goals = Benefits to participants      Indicators = Specific and measurable data or pieces of information that indicate the goals are being achieved Level 3 Goals and Indicators need to directly align with Long-Term Outcome listed above								
Inputs (Resources dedicated to or consumed by the program)	Activities (The types of services the program provides)	Outputs (The direct products of the program activities and/or the # of people served)	Level 1 Goals (List goals individually)	Level 1 Indicators for Level 1 Goals (List individually, include # and %)	Level 2 Goals (List goals individually)	Level 2 Indicators for Level 2 Goals (List individually, include # and %)	Level 3 Goals (List goals individually)	Level 3 Indicators for Level 3 Goals (List individually, include # and %)
6 paid PT staff, 2 at each of the 3 middle school locations  3 volunteers, 1 at each location  Computers  Internet access  Educational materials  Supplies	Provide after-school homework/mentoring activities at middle schools during the school year: tutoring, homework assistance, personal growth activities, social skills development exercises, mentoring support	Provide programming 3 hours a day, 4 days a week during the school year at 3 middle schools  600 middle school students targeted to be served	Students attend and participate in after-school program activities  Students indicate that the activities are helpful	By 12/31/2012: 480 (80%) students served  Students indicate that the day's activity was helpful 80% of the time  By 6/30/2013: 600 (100%) students served  Students indicate that the day's activity was helpful 80% of the time	Students will report that they like school better	By 12/31/2012: Of 480 students who attended program, 312 (65%) will report that they like school better  By 6/30/2013: Of 600 students who attended program, 450 (75%) will report that they like school better	Students will increase their GPA  Students will improve their attendance	By 12/31/2012: Of 480 students served, 144 (30%) will increase their GPA from last semester  Of 480 students served, 192 (40%) will improve attendance from last semester  By 6/30/2013: Of 600 students served, 300 (50%) will increase their GPA from a year ago  Of 600 students served, 50% will improve attendance from a year ago

Program Goals Worksheet "A" – EXAMPLE #2

Program Period: 7/1/2012 to 6/30/2013

Please provide a separate worksheet for each program year. The "Outcome Area" and the "Long-term Outcome" listed below should be the same as listed on the application in "Section III-Program Design and Responsiveness."

Organization: To Your Health

Outcome Area: Health

Program Names: Smoking Cessation

Long-Term Outcome: Increase the number and percentage of people who practice preventative healthcare

Goals = Benefits to participants Indicators = Specific and measurable data or pieces of information that indicate the goals are being achieved  
 Level 3 Goals and Indicators need to directly align with Long-Term Outcome listed above

Inputs (Resources dedicated to or consumed by the program)	Activities (The types of services the program provides)	Outputs (The direct products of the program activities and/or the # of people served)	Level 1 Goals (List goals individually)	Level 1 Indicators for Level 1 Goals (List individually)	Level 2 Goals (List goals individually)	Level 2 Indicators for Level 2 Goals (List individually)	Level 3 Goals (List goals individually)	Level 3 Indicators for Level 3 Goals (List individually, Include # and %)
2 RNs  Educational materials (pamphlets, video, "Ready to Quit" kits)  Trained facilitators  Guest Speakers	Provide workshops that each include 8 weekly smoking cessation sessions involving: video, presentations, discussions, role play, meditation	26 workshops (each includes 8 weekly sessions)  260 participants to be served  208 (80%) participants complete workshop of 8 sessions	Participants gain knowledge about the health hazards of smoking  Participants learn effective smoking cessation techniques	By 12/31/2012: Of 169 participants attending sessions, 135 (80%) identify 3 ways smoking negatively impacts physical health  Of 165 participants attending sessions, 124 (75%) identify 2 effective smoke cessation techniques that might work for them  By 6/30/2013: Of 260 participants attending sessions, 208 (80%) identify 3 ways smoking negatively impacts physical health  Of 260 participants attending sessions, 195 (75%) identify 2 effective smoke cessation techniques that might work for them	Participants change their attitude about smoking	By 12/31/2012: Of 165 participants attending sessions, 107 (65%) report they are likely to quit smoking  By 6/30/2013: Of 260 participants attending sessions, 169 (65%) report they are likely to quit smoking	Participants make plans to quit smoking  Participants quit smoking	By 12/31/2012: Of 165 participants attending sessions, 74 (45%) quit smoking within the next 3 weeks following the 8 <sup>th</sup> session  By 6/30/2013: Of 260 participants attending sessions, 117 (45%) quit smoking within the next 3 weeks following the 8 <sup>th</sup> session



## Partner Information and Signatures

*Provide information and signatures of strategic partners listed on the application in Section III.D.6 – Program Design and Responsiveness. Fill out one form for each applicable program.*

Program Name: \_\_\_\_\_  
Organization: \_\_\_\_\_

### PARTNER ORGANIZATION INFORMATION No.1

Partner Organization: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Executive Director: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Signature of Executive Director: \_\_\_\_\_

### PARTNER ORGANIZATION INFORMATION No.2

Partner Organization: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Executive Director: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Signature of Executive Director: \_\_\_\_\_

### PARTNER ORGANIZATION INFORMATION No.3

Partner Organization: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Executive Director: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Signature of Executive Director: \_\_\_\_\_



C. Describe any performance issues with any previous or current funding sources.

*Complete only one "Authorizing Signatures" page, regardless of the number of programs for which funding is being requested.*

**AUTHORIZING SIGNATURES**

We, the undersigned, certify that this funding application, including all attachments, is true and accurate. We understand that additional information regarding this application may be requested by United Way of Benton and Franklin Counties and cooperation in providing such information will be given.

Signature of authorized representative \_\_\_\_\_ Date \_\_\_\_\_

Printed name of authorized representative \_\_\_\_\_

Signature of chief volunteer officer \_\_\_\_\_ Date \_\_\_\_\_

Printed name of chief volunteer officer \_\_\_\_\_