

MEMO

United Way
Of Fort Smith Area



320 South 18th Fort Smith, AR 72901
P. O. Box 2300 Fort Smith, AR 72902

To **Non-Profit organizations interested in United Way funding**
from **Tom Minton**
phone 479-782-1311
email tomminton@mynewroads.com

MISSION
To improve lives by connecting people and resources in our six-county area

VISION
To be a community problem solver for our six-county area

Thank you for your interest in receiving a United Way Community Partner packet. Funding from United Way is available through various grant processes. These opportunities include:

- **Community Impact Grants:** available for specific programs that align with the United Way Impact Areas. Programs receiving funding must be measured by the recipient. Grant RFP time lines, available funding and Impact areas receiving funds vary from year to year. Please check with the United Way Executive Director regarding this process
- **Response Fund Grants:** available for emerging or emergency needs. These grants are given on a one-time basis and available throughout the year as needed.
- **Year-Round Community Partner:** formally known as a United Way Participating Agency. Year-round partners receive an annual allocation from United Way and automatically submit funding requests each year to United Way. Request for funds are due by January 15, 2010. If approved, funding will begin during the same calendar year.

United Way’s mission is to increase the organized capacity of people in our six county area to care for one another. The United Way service area includes: Crawford, Franklin, Logan and Sebastian counties in Arkansas and LeFlore and Sequoyah counties in Oklahoma.

Attached is additional information and the United Way funding request forms. An electronic version is also available for your convenience.

If you have questions, please feel free to contact United Way at 479-782-1311. Thank you for your continued support of the United.

Learn more by visiting: www.unitedwayfortsmith.org

Serving Western Arkansas and Eastern Oklahoma
Crawford · Franklin · Logan · Sebastian · LeFlore · Sequoyah Counties

**Year Round Community Partner
Application Forms**

Please include forms below and the excel spreadsheet forms

Seven copies of each packet needed

Simply staple in top-left hand corner

When applying, please request a copy of the current
United Way Participating Agency Contract
and the current United Way *Policies and Procedures*



United Way of Fort Smith Area

PO Box 2300
Fort Smith, AR 72902
(479)782-1311

Year-Round Partner Forms – Due January 15, 2010

Agency Name: _____

Mailing Address: _____ Location Address: _____

City, State, Zip: _____

Telephone: () _____ Fax: () _____

e-mail: _____ web address: _____

Requested Allocation from United Way

\$ _____

Presented to United Way of Fort Smith Area, Inc. on (date) _____

This budget was approved for submission by the agency Board of Director's on the following date: _____

Agency Board Chairman or President

Agency Executive Director
or Authorized Official

AGENCY: _____ **DATE:** _____

OVERVIEW: *attachments welcome if more room is needed*

What is the Agency's mission?

How is your agency meeting a community need? (the evidence of both met and unmet need as presented by the agency through items such as community statistics, waiting lists, and other related measurements.

What do you consider your Agency successes last year?

What are the greatest needs of the agency, besides funding?

What are the greatest needs of your agency's service sector that your agency is challenged to meet?

What gaps in services do you see in our community?

How many individuals did your agency serve in 2009? _____

(the number above should equal the total amount for each section below – each total amount should be the same)

Please list the number served that reside in the following cities:

City	Individuals served	City	Individuals served
Alma		Muldrow	
Altus		Ozark	
Arkoma		Paris	
Booneville		Poteau	
Charleston		Roland	
Fort Smith		Sallisaw	
Greenwood		Scranton	
Heavener		Van Buren	
Lavaca		Waldron	
Magazine		Other	
Mansfield		Total	

How many residents of the following counties did your agency serve in 2009?

County	Number served	County	Number served
Crawford		Sebastian	
Franklin		Sequoyah	
LeFlore		Scott	
Logan		Other	
		Total	

In 2009, how many individuals did your agency serve that live in the following states?

State	Number served	State	Number served
Arkansas		Other	
Oklahoma		Total	

Percentage of all service to minority populations: Caucasians _____% Native American _____%

African-American _____% Asian _____% Hispanic _____% Other _____%

Is your agency involved in a major capital campaign or planning a major capital campaign? Yes _____ No _____
Does your agency plan to provide new or different program/services in 2010? Yes _____ No _____
If yes, please list programs and provide a detailed explanation of the need and impact of the program.

How will these new or different programs/services/facilities be financed and maintained?

Will your agency eliminate any programs in 2009? Please explain

Is your agency currently involved in outcome measurements? Yes _____ No _____

If yes, please attach your outcome measurement plan and logic model for each program that is measured and uses United Way funding.
(Sample Outcome measurement and logic model guides attached if needed. Please note, these are **only samples** of how best to
organize your outcome measurements/logic models)

FUNDING

Financial Highlights <i>(use same dates and data from Budget form #1)</i>	Date: _____ Last year actual	Date: _____ This year Budgeted	October 31, 2007 YTD Actual	Date: _____ Next Year Proposed
Total Revenue				
Total Expenses				
Excess (Deficit)				
Allocation from this United Way				
Allocation from Other United Ways				

The agency's most recent audit report was: _____ Unqualified _____ Qualified, explain

How does the agency exhibit fiscal responsibility? (reporting process, staff /board responsibility, financial policies in place, etc.)

Why is United Way funding important to your agency?

(Consider such issues as cost effectiveness, the ability to leverage and or strengthen community dollars, matching grant funds, unrestricted vs. restricted funding, etc.)

How will your United Way allocation be used?

Will any of your United Way allocation be restricted for program use? List and explain amount restricted and program.

ADDITIONAL INFORMATION

Does your agency have a strategic or long-range plan? _____ Yes _____ No
If yes, please attach copy.

What is your agency's Marketing plan? (attach copy if needed)

Other than funding, how can United Way better serve your agency?

Please provide any additional comments not covered through this funding application.

Dollar impact of your programs

In our continuing efforts to show beneficiary information to our donors, please complete the following statements.

When you give to the United Way ...

- \$2 per week (or \$104 per year) will provide _____

- \$5 per week (or \$260 per year) will provide _____

- \$10 per week (\$520 per year) will provide _____

- \$20 per week (or \$1,040 per year) will provide: _____

Agency wish list – Please list any items you would like donated.

1.	2.
3.	4.
5.	6.
7.	8.
9.	10.
11.	12.
13.	14.
15.	16.
17.	18.
19.	20.

Please provide a list of your 2009 fund development activity and an overview of your anticipated 2010 fund development activities.

Fund development activities include special fund raisers, state funding, grant submissions, etc.

2009 Activities			2010 Activities		
Date	Event	Net Revenue	Event	Anticipated Net Revenue	
On-Going Activities					
January					
February					
March					
April					
May					
June					
July					
August					
September					
October					
November					
December					

Please attach a copy of the following:

_____ Board of Directors list including address, phone, work and officer status

_____ Board meeting dates for 2010

_____ Any informational brochures you would like to share with the allocation volunteers

_____ Budget Forms 1 – 4

_____ October 31, 2009 Balance Sheet

_____ October 31, 2009 Income and Expense Report

_____ Latest audit

_____ Copy of 501c3 letter

_____ US Patriot Act Compliance Form

_____ A statement signed by the agency Executive Director and the Board President stating the agency has reviewed and understands the United Way *Policies and Procedures* and the participating Agency contract. Please request a copy of each to review.

US Patriot Act Compliance Form

US Patriot Act Compliance

Organization Name: _____

In compliance with the spirit and intent of the USA Patriot Act and other counter terrorism laws, the United Way of Fort Smith Area, Inc. requests that each funded agency (organization) certify that it is in compliance with the United Way of Fort Smith Area and the United Way of America’s compliance program.

Check the appropriate box to indicate your compliance with each of the following:.	Comply	Do not Comply
This organization is not on any federal terrorism “watch lists” including the list in Executive Order 13224, the master list of specially designated nationals and blocked persons maintained by the Treasury Department, and the list of Foreign Terrorist Organizations maintained by the State Department. <i>Executive Order 13244</i> http://www.ustreas.gov/offices/enforcement/ofac/sanctions/terrorism.shtml <i>Designated Nationals and Blocked Persons</i> http://www.treas.gov/offices/enforcement/ofac/sdn/index.html <i>Foreign Terrorist Organization List</i> http://www.state.gov/s/ct/rls/fs/2004/32678.htm	<input type="checkbox"/>	<input type="checkbox"/>
This Organization does not, will not and has not knowingly provided financial, technical, in-kind or other material support or resources to any individual or entity that is a terrorist or terrorist organization, or that support or funds terrorism.	<input type="checkbox"/>	<input type="checkbox"/>
This organization does not, will not and has not knowingly provided or collected funds or provided material support or resources with the intention that such funds or material support or resources be used to carry out acts of terrorism.	<input type="checkbox"/>	<input type="checkbox"/>
This organization does not re-grant to organizations, individuals, programs and/or projects outside of the United States of America with out compliance with IRS guidelines.	<input type="checkbox"/>	<input type="checkbox"/>
This organization takes reasonable, affirmative steps to ensure that any funds or resources distributed or processed do not fund terrorism or terrorist organizations.	<input type="checkbox"/>	<input type="checkbox"/>
This organization takes reasonable steps to certify against fraud with respect to the provision of financial, technical, in-kind or other material support or resources to terrorists and terrorist organizations.	<input type="checkbox"/>	<input type="checkbox"/>

In this form, “material support and resources” means currency or monetary instruments or financial securities, financial services, lodging, training, expert advice or assistance, safe houses, false documentation or identification communications equipment, facilities, weapons, lethal substances, explosives, personnel, transportation, and other physical assets, except medicine or religious materials. I certify on behalf of the Organization listed above that the foregoing is true.

Print Name: _____ Date: _____

Title: _____

Signature: _____