

**UNITED WAY OF ENID & NORTHWEST OKLAHOMA  
AGENCY APPLICATION**

**GENERAL**

1. **Please read the instructions** and review the application carefully. This application is available by calling 580-237-0821 if you need additional copies.
2. The Application Checklist with attachments and the completed and signed application (**6 copies and 1 digital copy** emailed to [dan@unitedwayenid.org](mailto:dan@unitedwayenid.org)) are due in the United Way office by **NOON, November 15, 2019**. **Late submissions will not be accepted.** Applications should be stapled or paper-clipped only. **Do not include binders, folders, or other unrequested materials.**
3. Only **one copy** of the Application Checklist and **one copy** of the attachments are required. Your most current audit and Form 990, and a copy of your Annual Report for the most recently completed fiscal year is required. At a minimum, this Annual Report must include: Board of Directors, the name of your Executive Director and a summation of your programs.

**Complete one copy of Budget Form 1-A** (Position & Salary Breakdown) and return it **attached to the Application Checklist**. The totals of this form should agree with line 14, "Salaries" on *Budget Form 1* of the application packet.

4. Applicants who are currently not partner agencies, must submit all requested attachments **and should contact the United Way office a minimum of two weeks prior to submitting an application to determine if additional documents may be appropriate.** Additional documents may be requested by the agency or allocation committee before funding decisions are made.
5. The **Oklahoma State** and the **Combined Federal Campaign** applications are separate from this process. Specific information for each will be given out under separate cover. Partner agencies are encouraged, but not required to participate in the State and Federal Combined Campaigns.
6. For any questions about the application and/or process, contact Dan Schiedel, Chief Executive Officer, at 580-237-0821 or [dan@unitedwayenid.org](mailto:dan@unitedwayenid.org) Agencies may request a meeting to discuss the application or process prior to the submission date.

## PROGRAM PAGES

1. **These may have been changed, so read and answer carefully.**
2. Only list legitimate programs, **do not list** administrative functions (example: staff training). List the approximate cost of the program to your agency (estimate if necessary), the amount of United Way funds that will be allocated to this program (which can include administrative costs/overhead) and how long it has been in existence.
3. **Do not lump dissimilar programs together;** Group programs together based on Goals and Target Populations. (See example).
4. **Be very specific** on the Process and Outcome Measurements that each activity had in the past year and **how this success was determined**. Serving 150 clients is the **PROCESS MEASUREMENT**. How were **they really helped/what changed is the OUTCOME MEASUREMENT**. Some programs, such as a one-time event, may not have much overall impact, but still can be an important service. If percentages are used as a gauge of success, the actual number related to that percentage is also required.
5. **Priority Needs have changed to Community Impact Areas.** Document whether this program falls under a Community Impact Area of Health, Education, or Income. You can use supporting documents about Community Impact Areas, or use your professional judgment as to what area is most impacted.
6. Add additional pages for each program and label C-2, C-3, Etc..
7. Complete as many pages as you have programs/goals to which United Way funding will be allocated.

## Community Impact Areas

1. Document ALL activities that were not listed in the “Program Pages” that you have been involved in over the past year for **any of the Community Impact Areas**. These could be one-time community seminars (Bridges out of Poverty), coalition activities (Girl Power), pamphlets created, additional grants, anything and everything. Give ANY outcome you have for that activity (number of pamphlets distributed, number of attendees, ordinance passage, etc.). This is your “Brag sheet” used to enhance campaign materials.

## ADDITIONAL QUESTIONS

1. Be sure to list **all local coalitions and task forces** your agency participates with, including those in surrounding counties.
2. Share with us your need/use of **volunteers** so we can help recruit and promote those efforts throughout the community.
3. Policy and systemic advocacy is allowed for non-profit agencies. Share all policy advocacy efforts so United Way can assist through its various networks.

## PARTNERSHIPS

1. List if/how you partner or work together with any of the other United Way Member agencies. Member agencies are **strongly encouraged** to partner in meeting local needs where possible.

## FINANCIAL INFORMATION

1. This page has not changed.

## **AGENCY FUND-RAISING ACTIVITIES**

1. Member agencies should not conduct any local fund-raising activities during the blackout period August 15 through October 31 as noted in the Relationship Agreement. Document any fundraisers, the dates the funds will be solicited, if the funds raised are being allocated to budget line item 2 (Contributions) or 3 (Special Events/Fundraising), and whether this is a new fundraiser.

## **BUDGET FORM 1**

1. Several lines in both income and expense are blank so you can itemize as specific to your agency.
2. **Note change in line 13, it now includes United Way allocation in the total.**
3. **Line 14, Salaries, should agree with the totals from Budget Form 1-A (attached to Application Checklist).**
4. Depreciation expense should be shown **only** on line 36.
5. Major purchases of equipment or property should be shown **only** on line 37.

**NOTE: Subject to pre-approval of United Way, an agency may utilize its existing revenue/expense schedule rather than this Form.**

## **BUDGET FORM 2**

1. Complete only if your agency has donor restricted funds. If your Agency has none, put "Non-applicable" in item #1 on page 10. If you have more than 2 funds, copy page 10, and number each succeeding page 10b, 10c, etc.

**APPLICATION CHECKLIST**  
**UNITED WAY OF ENID & NORTHWEST OKLAHOMA**  
**APPLICATION YEAR 2018 for 2018 Allocations**

**AGENCY:** \_\_\_\_\_

**One copy of each of the following needs to be submitted with this Application Checklist!**

<b>1</b>	<b>Budget Form 1A *</b>	
<b>2</b>	<b>Oklahoma Charity Registration</b>	
<b>3</b>	<b>Audit (see agency agreement)</b>	
<b>3a</b>	<b>Audit Management Letter (if applicable)</b>	
<b>4</b>	<b>IRS Form 990</b>	
<b>5</b>	<b>IRS Form 501 (c)3 certification letter</b>	
<b>6</b>	<b>Agency Brochure(s)</b>	
<b>7</b>	<b>Strategic Plan</b>	
<b>8</b>	<b>Annual Report</b>	
<b>9</b>	<b>Disaster Recovery Plan (if available)</b>	
<b>10</b>	<b>Corporate Compliance Agreement (attached)</b>	
<b>11</b>	<b>Relationship Agreement (attached)</b>	

\* **NOTE: Budget Form 1A, attached to this checklist, must be completed and returned with this checklist. This information will be kept confidential and will not be distributed to the Budget Sub-committees.**

**Submit the original and 6 copies of the Allocation Request Package. Email 1 digital copy (in word format) to [dan@unitedwayenid.org](mailto:dan@unitedwayenid.org)**

# **United Way of Enid & Northwest Oklahoma**

## ***Member Agency Corporate Compliance Agreement***

In an effort to ensure appropriate use of donor money, maintain a positive community image and provide informed decision making, member agencies will immediately notify the United Way of Enid and Northwest Oklahoma of any of the following occurrences:

- Any major contract or grant violations including but not limited to:
  - Suspensions or revocations of any contracts/grants
  - Suspensions or revocations of any licensure or certification
  - Failure to comply with the primary functions of any contract/grant
- Any allegations or findings of negligent behavior, abuse, fraud, theft, discrimination, or other inappropriate behaviors by the agency or its employees/volunteers.
- Any lawsuits, pending lawsuits, legal investigations, or legal action taken against the parent organization, agency, or any of its employees/volunteers in their capacity as agents of that organization.
- Any other issues arising that might negatively impact the organization's public perception, image, or ability to operate in the community.

Member agencies failing to report, delaying reporting, or providing inaccurate reports may face disciplinary actions including loss of funding and/or United Way Partner Agency status. Corrective action plans or other actions may be requested by the United Way and its Board of Directors in certain situations.

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**President/Chair of Agency's Board**

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**CEO of Agency**

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**Signature**

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**Signature**

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**Date**

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**Date**

**YEAR 2020**  
**RELATIONSHIP AGREEMENT BETWEEN**

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**and**  
**UNITED WAY OF ENID & NORTHWEST OKLAHOMA**

**I. Forward**

In a funding relationship, it is essential that both parties know and agree upon expectations and responsibilities.. This agreement is intended to clarify the mutual obligations between the United Way of Enid & Northwest Oklahoma (United Way) and its partner agency together with the accountability each has to the other, to contributors, to clients and to our community.

This agreement shall commence January 1<sup>st</sup>, and will be in force until the next one is signed (approximately December 31<sup>st</sup>) unless terminated by either the agency or the United Way, either of which may terminate this agreement by giving 60 days' notice thereof to the other party. The party to whom such notice is given shall have the right to a hearing before the governing board of the other organization to request consideration of such action. All remaining distributions of the current year's allocation shall cease upon the effective date of termination.

The United Way Board of Directors shall be empowered to take whatever action is deemed necessary to enforce the provisions of this Relationship Agreement.

**II. United Way Mission Statement:**

“To impact our community by identifying, prioritizing, and facilitating the meeting of human service needs.”

**III. The United Way Agrees:**

1. To recognize and respect the agency's autonomy in determining policies for administering and managing its program(s).
2. To be a responsible steward of funds contributed to the United Way. To submit all records for an annual audit by a qualified and independent Certified Public Accountant. To compile an Annual Report that is available to the public and partner agencies.
3. To allocate funds through a community-wide budget allocation process that assures maximum benefit to the community.
4. To assist the agency in developing reasonable and measurable program outcomes and other measures of program success.
5. To encourage high standards of service and promote greater efficiency in all agencies, individually and collectively, and provide technical assistance including Board Training, Bylaws, and Personnel Policies.
6. To have an ongoing process in evaluating and prioritizing the community's human service needs.
7. To distribute allocation payments on a timely basis. Annual allocations of \$10,000 or more will be distributed monthly and lesser allocation amounts will be distributed quarterly

#### IV. The United Way and Agency Both Agree:

1. To maintain responsible and representative governing bodies that serve without pay and *that* meet at least four times a year.
2. To keep the community informed of local/area human service needs and the efforts that are being made to alleviate those needs.
3. To keep one another fully informed on all matters of common concern.

#### V. The Agency Agrees:

##### A. General & Administrative

1. To join with United Way to achieve a successful campaign. Further, the officers, directors and staff of the agency agree to support the United Way to the fullest extent possible in terms of advocacy, financial contributions and volunteer service, including providing speakers and conducting tours.

In addition, the agency agrees to provide a payroll deduction option and to give all employees the opportunity to contribute.

2. To cooperate with other community organizations to minimize duplication of effort and promote efficiency and economy of service.
3. To have an adequate system of accounting and to keep complete and regular books of account open to inspection at all reasonable times by a representative designated by this United Way.
4. To inform the United Way through its Executive Director when undertaking new programs.
5. To maintain tax-exempt status under Section 501(c)(3) of the Internal Revenue Code.
6. To have the agency's Form 1023 (**if available**) and most recent Form 990 available for public inspection.
7. To have a non-discrimination policy in which race, color, sex, prior military status, religion, disability, age or national origin shall have no bearing upon the selection, assignment, or promotion of employees and/or volunteers nor upon the utilization of agency services.
8. To comply with local, Federal and State Civil Rights, Employment, and Americans With Disabilities Regulations.
9. To meet all criteria and to submit any documentation to participate in the Combined Federal and State Employee Campaigns.
10. To submit in writing to the United Way Executive Director any agreement-related appeals. Appeals will be addressed at the next scheduled Board of Directors Meeting or at a specially called meeting of the Executive Committee.
11. As practical, to identify itself as a partner agency of the United Way of Enid and Northwest Oklahoma. This includes:
  - Display on all envelopes, letterhead and literature the United Way logo and phrase, "United Way Partner Agency,"

- Post a “United Way Partner Agency” sign in a prominent place at each agency facility/location.

## **B. Documents to be submitted to the United Way:**

1. To provide the agency's up-to-date (and board approved) budget at the beginning of each fiscal year and any revised budgets that are approved throughout the fiscal year.
2. To submit financial statements on a quarterly basis and to supply other information and assistance as requested.
3. To submit an Annual Report of its work for the past year. At a minimum this report must include a summary of the programs and services provided, the names of its Board of Directors and the names of chief administrative personnel.
4. To provide Form 990 and an independent audit prepared by a Certified Public Accountant within 6 months after fiscal year-end.
  - a. The audit requirement for an agency which receives an annual allocation of \$10,000 or less or has total revenues less than \$100,000, may be satisfied (subject to United Way Board approval) by submission of compiled financial statements prepared by a Certified Public Accountant.
  - b. Any other exceptions to the provision of an Annual Audit must be approved by the Board on a case by case basis.
5. Failure to submit any of the above documents could result in a penalty to the agency's funding.

## **C. Fundraising**

Partner agency agrees:

1. To conduct NO fundraisers during the “Closed Campaign Period” between August 15 and November 1<sup>st</sup> unless an exception is granted to the agency by the United Way Board of Directors . Exceptions will only be granted in the sole discretion of the United Way Board of Directors when extenuating circumstances are shown to exist.
  - a. Not to solicit any business in United Way of Enid & NW OK 17 county service areas for cash contributions (exceptions can be made for Capital Campaigns once the written request has been approved per item c. below)
  - b. To obtain United Way approval for any event, table or golf sponsorship that could be construed as business contributions.
  - c. To submit a written request for approval by the United Way Executive Committee or the Board of Directors, of any Capital Campaign during its planning stage and prior to any solicitation of funds. All Capital Campaigns must enter a “quiet” public phase during the closed campaign period from Aug 15 to Nov 1<sup>st</sup>.
2. To submit, in writing, requests for all fundraisers/special events and individual solicitations not listed on the United Way application, at least 60 days prior to scheduled activity for United Way approval. Note: requests are not necessary for car washes, garage sales, concession sales, or legitimate product sales if conducted outside the “Closed Campaign Period.”
3. In the case of a natural disaster or extreme emergency (example: agency facility



burns down), an agency fundraising request can be submitted and will be acted upon as soon as possible by the United Way Executive Committee.

**D. Donor Designations**

The intent of a contribution to the United Way is that the gift will benefit the entire package of human service agencies, therefore, specific agency designations are discouraged. All donors shall have the right to designate the partner agency/ies to which their donations shall go. Designated pledges, shall be charged against the allocation of the designated agency out of the general fund of the United Way. A partner agency shall not receive more than its allocation by reason of designation unless its designation **total** exceeds the budgeted allocation of the agency.

**E. Signatures**

This agreement was approved at the meeting of the governing body of this Agency on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
**(Name of Agency)**

By: \_\_\_\_\_  
Executive Director

\_\_\_\_\_  
Board President

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

.....  
**United Way of Enid & Northwest Oklahoma**

By: \_\_\_\_\_  
Executive Director

\_\_\_\_\_  
Board President

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**Position and Salary Breakout**

**Budget Form 1-A**

	Position Title " NO INDIVIDUAL NAMES "	Full-Time Equiva- lent**	20__ Last Year Actual	20__ This Year Budgeted	20__ Next Year Proposed
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
	TOTAL*				

\*\* Denotes position vacant.

\*\* Full-time staff will be noted as 1.00: Halftime as 0.50: Quarter time as 0.25, and so on.

All financial information should be rounded to nearest dollar.



**2020 Allocation Request  
UNITED WAY OF ENID & NORTHWEST OKLAHOMA**

Date Submitted: \_\_\_\_\_

Agency Name: \_\_\_\_\_

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

Mailing Address (if different): \_\_\_\_\_

Contact Person for this Proposal: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Contact Email Address: \_\_\_\_\_

*The Board of Directors has reviewed the information contained in this allocation request package. We certify that it is an accurate portrayal of the financial position of the agency. We agree with and approve this request for funding. Our application was approved at a meeting of the  Board or  Executive Committee (check one) held on: \_\_\_\_\_*

(date)

\_\_\_\_\_

President/Chair of the Board

\_\_\_\_\_

CEO of Agency

\_\_\_\_\_

Signature

\_\_\_\_\_

Signature

\_\_\_\_\_

Agency Fax Number

\_\_\_\_\_

Agency Email Address

\_\_\_\_\_

Agency Phone Number

\_\_\_\_\_

Agency Website Address

## Section 1: Organization Overview

### 1. Mission Statement:

Year last updated: \_\_\_\_\_

Click here to enter text.

### 2. Brief History of Agency:

Year established  
in community: \_\_\_\_\_

Click here to enter text.

### 3. Agency Service Area (check all that apply):

Garfield    Grant    Major    Kingfisher    Alfalfa    Blaine    Kay

Noble    Logan    Others: \_\_\_\_\_

### 4. Individuals employed by your agency:

Part A: \_\_\_\_\_ + \_\_\_\_\_ = \_\_\_\_\_  
Full Time                      Part-time                      Total

Part B: \_\_\_\_\_ + \_\_\_\_\_ = \_\_\_\_\_  
Management                      Program                      Total

10. Agency's Fiscal Year: \_\_\_\_\_

### 11. Characteristics of your Board of Directors:

Men	_____	Native American	_____
		Hispanic	_____
		Caucasian	_____
Women	_____	African American	_____
		Other	_____

### 5. Does the agency have written Personnel Policies & Procedures:

YES                       NO

Last updated: \_\_\_\_\_

### 6. Does the agency have a code of ethics for:

Board Members:  YES                       No

Staff:  YES                       No

### 7. Date of last Strategic Plan:

\_\_\_\_\_

### 8. Size of Board per By-laws: \_\_\_\_\_

Actual Current Number: \_\_\_\_\_

### 9. Board meetings held last year: \_\_\_\_\_

Average Attendance: \_\_\_\_\_

## **Board of Directors Information**

**Provide a roster of Board Members** identifying officers, term of partnership, business address, phone numbers and place of employment.

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[Click here to enter text.](#)

## Section 2: Program Information

### Characteristics of Persons Served

Report these statistics on **either** a calendar or fiscal year. Figures should include **total number of unduplicated individuals** served by the entire local agency. **DO NOT LEAVE ANY INFORMATION BLANK.**

Please check one:     Calendar     Fiscal

**TOTAL UNDUPLICATED COUNT:**  
Best estimate of number of persons served by your agency

<i>Past Year - Actual</i>	<i>Current Year-Projected</i>
Direct <span style="float: right;">[ ]</span>	Direct <span style="float: right;">[ ]</span>
Indirect/Referral <span style="float: right;">[ ]</span>	Indirect/Referral <span style="float: right;">[ ]</span>
Total <span style="float: right;">[ ]</span>	Total <span style="float: right;">[ ]</span>

### CLIENT CHARACTERISTICS

<p><i>Approximate percentage of your clients that are:</i></p> <p>a. Children &amp; youth (under 21 years) <span style="float: right;">[ ]%</span></p> <p>b. Adult (21 – 59 years) <span style="float: right;">[ ]%</span></p> <p>c. Seniors (60 years plus) <span style="float: right;">[ ]%</span></p>	<p>Percentage of developmentally disabled clients: <span style="float: right;">[ ]%</span></p> <p>Percentage of low income clients: <span style="float: right;">[ ]%</span></p>
<p>Are these numbers <input type="checkbox"/> Actual Numbers or <input type="checkbox"/> Estimated Numbers</p>	
<p>If estimated explain how you determined that estimate: <span style="background-color: yellow;">Click here to enter text.</span></p>	

**GEOGRAPHIC AREAS SERVED:** Of clients served this past year, what is the approximate percentage served by county (total should equal 100%)

Garfield <span style="float: right;">[ ]%</span>	Grant <span style="float: right;">[ ]%</span>	Kingfisher <span style="float: right;">[ ]%</span>
Major <span style="float: right;">[ ]%</span>	Alfalfa <span style="float: right;">[ ]%</span>	All others <span style="float: right;">[ ]%</span>

<b>C-1</b>	<b>Program Name:</b> Click here to enter text.	<b>Community Impact Category:</b> <input type="checkbox"/> Education <input type="checkbox"/> Health/Safety <input type="checkbox"/> Income
	<b>Program Goal &amp; Target Population:</b> Click here to enter text.	
<b>Total Program Cost: \$</b> _____		<b>United Way Funds Requested for this Program: \$</b> _____

**Section 3: Outcomes**

<b>Desired Outcome</b> Results you intend to achieve as a direct result of this program. These may relate to knowledge, skills, attitudes, values, behaviors, condition, or status.	<b>Indicator</b> Specific items of information that track a program's success on outcomes.	<b>Target</b> Outcome goals for FY 2016 program	<b>Data Source</b> What you are using to measure your data, i.e. survey, staff observation
<i>Example: Students will improve their academic achievement</i>	<i># &amp; % of students that show improvement in test scores</i>	<i>Of the 100 students, 80/80% will show improvement in their test scores</i>	<i>Test scores Youth survey</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

*(Use additional sheets labeled C-2, etc.. for each program)*  
Additional Program Sheets can be downloaded at: [www.unitedwayenid.org/](http://www.unitedwayenid.org/)

<b>C-<u>  </u></b>	<b>Program Name:</b> Click here to enter text.	<b>Community Impact Category:</b> <input type="checkbox"/> Education <input type="checkbox"/> Health/Safety <input type="checkbox"/> Income
	<b>Program Goal &amp; Target Population:</b> Click here to enter text.	

<b>Total Program Cost: \$</b> <u>          </u>	<b>United Way Funds Requested for this Program: \$</b> <u>          </u>
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**Section 3: Outcomes**

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<i>Example: Students will improve their academic achievement</i>	<i># &amp; % of students that show improvement in test scores</i>	<i>Of the 100 students, 80% will show improvement in their test scores</i>	<i>Test scores Youth survey</i>
<u>          </u>	<u>          </u>	<u>          </u>	<u>          </u>
<u>          </u>	<u>          </u>	<u>          </u>	<u>          </u>
<u>          </u>	<u>          </u>	<u>          </u>	<u>          </u>

**(Use additional sheets labeled C-2, etc.. for each program)**  
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<b>C-<u>  </u></b>	<b>Program Name:</b> Click here to enter text.	<b>Community Impact Category:</b> <input type="checkbox"/> Education <input type="checkbox"/> Health/Safety <input type="checkbox"/> Income
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<b>Program Goal &amp; Target Population:</b> Click here to enter text.
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<b>Total Program Cost: \$</b> <span style="background-color: yellow; border: 1px solid black; display: inline-block; width: 50px; height: 15px;"></span>	<b>United Way Funds Requested for this Program: \$</b> <span style="background-color: yellow; border: 1px solid black; display: inline-block; width: 50px; height: 15px;"></span>
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<b>Section 3: Outcomes</b>
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<b>Desired Outcome</b> <small>Results you intend to achieve as a direct result of this program. These may relate to knowledge, skills, attitudes, values, behaviors, condition, or status.</small>	<b>Indicator</b> <small>Specific items of information that track a program's success on outcomes.</small>	<b>Target</b> <small>Outcome goals for FY 2016 program</small>	<b>Data Source</b> <small>What you are using to measure your data, i.e. survey, staff observation</small>
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*(Use additional sheets labeled C-2, etc.. for each program)*  
*Additional Program Sheets can be downloaded at: [www.unitedwayenid.org/](http://www.unitedwayenid.org/)*

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	<b>Program Goal &amp; Target Population:</b> Click here to enter text.	
<b>Total Program Cost: \$</b> _____		<b>United Way Funds Requested for this Program: \$</b> _____

**Section 3: Outcomes**

<b>Desired Outcome</b> Results you intend to achieve as a direct result of this program. These may relate to knowledge, skills, attitudes, values, behaviors, condition, or status.	<b>Indicator</b> Specific items of information that track a program's success on outcomes.	<b>Target</b> Outcome goals for FY 2016 program	<b>Data Source</b> What you are using to measure your data, i.e. survey, staff observation
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**(Use additional sheets labeled C-2, etc.. for each program)**  
**Additional Program Sheets can be downloaded at: [www.unitedwayenid.org/](http://www.unitedwayenid.org/)**

C- Program Name: <a href="#">Click here to enter text.</a>	Community Impact Category:
	<input type="checkbox"/> Education <input type="checkbox"/> Health/Safety <input type="checkbox"/> Income

**Program Goal & Target Population:**  
[Click here to enter text.](#)

Total Program Cost: \$ <input type="text"/>	United Way Funds Requested for this Program: \$ <input type="text"/>
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**Section 3: Outcomes**

Desired Outcome Results you intend to achieve as a direct result of this program. These may relate to knowledge, skills, attitudes, values, behaviors, condition, or status.	Indicator Specific items of information that track a program's success on outcomes.	Target Outcome goals for FY 2016 program	Data Source What you are using to measure your data, i.e. survey, staff observation
<i>Example: Students will improve their academic achievement</i>	<i># &amp; % of students that show improvement in test scores</i>	<i>Of the 100 students, 80/80% will show improvement in their test scores</i>	<i>Test scores Youth survey</i>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**(Use additional sheets labeled C-2, etc.. for each program)**  
**Additional Program Sheets can be downloaded at: [www.unitedwayenid.org/](http://www.unitedwayenid.org/)**

# **COMMUNITY IMPACT AREAS**

*Document all other accomplishments and efforts made last year in the identified impact areas:*

**2. Income & Financial Stability:**  
**Family Sustaining Employment**  
**Affordable Housing**  
**Income Supports**  
**Manageable Expenses**  
**Savings and Assets**

**1. Education:**  
**Engage Students**  
**Support Families**  
**Connect Students w/Resources**  
**Build Support Systems**

**3. Health & Safety:**  
**Safe Homes & Community**  
**Healthy Beginnings**  
**Healthy Eating & Physical Activity**  
**Supporting Healthy Choices**  
**Access to Health Care**

## **COMMUNITY IMPACT**

*Document all other accomplishments and efforts not listed in the program pages made last year in the identified impact areas:*

<i><b>Impact Area</b></i> <i><b>Check All That Apply</b></i>	<i><b>Service, Event, or Accomplishment</b></i>	<i><b>Measured Outcome (number served, policy change, community impact)</b></i>
<input type="checkbox"/> Income <input type="checkbox"/> Education <input type="checkbox"/> Health	Click here to enter text.	Click here to enter text.
<input type="checkbox"/> Income <input type="checkbox"/> Education <input type="checkbox"/> Health	Click here to enter text.	Click here to enter text.
<input type="checkbox"/> Income <input type="checkbox"/> Education <input type="checkbox"/> Health	Click here to enter text.	Click here to enter text.
<input type="checkbox"/> Income <input type="checkbox"/> Education <input type="checkbox"/> Health	Click here to enter text.	Click here to enter text.
<input type="checkbox"/> Income <input type="checkbox"/> Education <input type="checkbox"/> Health	Click here to enter text.	Click here to enter text.
<input type="checkbox"/> Income <input type="checkbox"/> Education <input type="checkbox"/> Health	Click here to enter text.	Click here to enter text.

*(use additional sheets as necessary)*

## VOLUNTEERS

The United Way of Enid & NW Oklahoma encourages all non-profits to engage volunteers to strengthen program impact and promote community involvement/ownership. List all volunteer opportunities throughout your agency's various programs. (This information will be added to our website at [www.unitedwayenid.org/volunteer](http://www.unitedwayenid.org/volunteer) and the 2-1-1 system)

Program	Duties of Volunteers <i>(brief description)</i>	Volunteer Requirements <i>(age, ability, etc.)</i>	Contact Person	Contact Number & Email
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.

## POLICY ADVOCACY

Is your agency involved in any policy advocacy (local, state, federal) efforts aimed at impacting the population you serve (this might include advocating changes to Medicaid/Medicare procedures, community ordinances or practices, state or federal laws or rules):  Yes  No

If yes please list all efforts:

Brief Description	Population Impacted	Scope of Effect (local, state, national)
Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.

## Additional Questions

1. List and explain any program(s) that has/have been **dropped or added** in the last year and indicate the major funding source. (attach additional pages if necessary):

[Click here to enter text.](#)

2. Briefly list other major accomplishments and highlights that have occurred this past year. (Focus on **successful program impact** and performance.)

[Click here to enter text.](#)

3. List all **local** coalitions, task forces, or collaborations your agency is involved with:

[Click here to enter text.](#)

4. How do your programs vary from similar programs offered by other agencies or private organizations in the community? **Be specific!**

[Click here to enter text.](#)

## **PARTNERSHIPS**

*Describe how you are involved/collaborate with each of the following partner  
United Way of Enid & Northwest Oklahoma agencies:*

<b>Agency</b>	<b>Partnership</b>
<i>Booker T. Washington Center</i>	Click here to enter text.
<i>Red Cross</i>	Click here to enter text.
<i>Boy Scouts</i>	Click here to enter text.
<i>CDSA</i>	Click here to enter text.
<i>Consumer Credit Counseling</i>	Click here to enter text.
<i>YMCA</i>	Click here to enter text.
<i>Catholic Charities</i>	Click here to enter text.
<i>Human Services Alliance of Greater Enid</i>	Click here to enter text.
<i>Garfield Co. Child Advocacy Center</i>	Click here to enter text.
<i>Hedges Speech &amp; Hearing</i>	Click here to enter text.
<i>Girl Scouts</i>	Click here to enter text.
<i>RSVP</i>	Click here to enter text.
<i>Salvation Army</i>	Click here to enter text.
<i>YWCA</i>	Click here to enter text.
<i>Youth &amp; Family</i>	Click here to enter text.
<i>United Way of Enid &amp; NW OK</i>	Click here to enter text.

### Section 3: Financial Information

1. What was the fiscal year-end date of your most recently completed audit? \_\_\_\_\_

This audit was prepared by: \_\_\_\_\_

Auditor's report was  Qualified  Unqualified

Did the auditor issue a Management Letter?  No  Yes

*(If yes, include a copy with the audit as well as any of management's written response)*

2. What was the percentage of last year's Administrative/Fundraising costs as calculated from your Form 990? \_\_\_\_\_

3. **ACTUAL CASH RESERVES (CASH IN BANK)** - at end of last fiscal year:

a. RESTRICTED \_\_\_\_\_

b. UNRESTRICTED \_\_\_\_\_

4. Does the Community Foundation have any funds designated to your agency  Yes  No.

a. If yes, what was market value on 12/31/2018? \$ \_\_\_\_\_

b. What is the value of any agency funds (owned by your agency) in the Foundation? \$ \_\_\_\_\_

5. Does your agency have any other endowment fund(s)? \_\_\_\_\_  
If yes, what was its value at 12/31/2018? \_\_\_\_\_

6. Is your agency planning a capital campaign within the next 2 years  Yes  No.  
*(If yes, attach detailed information on dates, goal, purpose, etc.. as attachment \_\_\_\_\_)*

7. Does your agency have a national, regional or state affiliate to which it pays partnership dues? \_\_\_\_\_  
(If yes, how much was paid last year? \_\_\_\_\_). What is the formula for determining this amount, and what compliance requirements are placed on your agency in order to retain your current standing?

[Click here to enter text.](#)

8. What benefits are derived to **our** community from your national, regional, or state affiliation:

[Click here to enter text.](#)



# AGENCY FUND-RAISING ACTIVITIES



Agency Name

**Proposed for 2018**

<i>Dates of Solicitation (Blackout Period is Aug 15-Oct. 31)</i>	<i>Description of Fund-raising Activities</i>	<i>Projected amount to be raised</i>	<i>Funds Allocated To Budget Line: (2 or 3)</i>	<i>New?  Yes Or No</i>
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	
<b>Miscellaneous Donations/Fund Raising</b>		Click here to enter text.		
<b>TOTAL</b>		Click here to enter text.		

# Budget Form: 1

<b>Support Revenue &amp; Expenses</b>		Calendar ____ Last Year Actual B	Calendar ____ This Year Budgeted C	Calendar ____ Next Year Proposed D
1	Allocation From United Way of Enid			
<b>OTHER SUPPORT &amp; REVENUE - All sources</b>				
2	Contributions			
3	Special Events & Fundraising Sales			
4	Partnership Dues			
5	Allocated by Other United Ways			
6	Fees & Grants from Gov. Agencies			
7	Program Service Fees & Net Incidental Revenue			
8	Sales of Materials			
9	Investment Income			
10	Miscellaneous Revenue			
11				
12				
13	<b>TOTAL (add lines 1 thru 12)</b>			

<b>EXPENSES</b>				
14	Salaries (from Budget Form 1-A)			
15	Payroll Taxes, etc.			
16	Employee Benefits			
17	Professional Fees			
18	Supplies			
19	Telephone			
20	Postage & Shipping			
21	Occupancy (rent, utilities)			
22	Insurance			
23	Rental & Maintenance of Equipment			
24	Printing & Publications			
25	Travel			
26	Conferences, Conventions & Meetings			
27	Specific Assistance to Individuals			
28	Partnership Dues			
29	Miscellaneous			
30				
31				
32				
33	Payment to Affiliated Organizations			
34	<b>TOTAL EXPENSES FOR BUDGET PERIOD (add lines 14 thru 33)</b>			
35	<b>EXCESS (DEFICIT) OF TOTAL SUPPORT &amp; REVENUE OVER EXPENSES (line 13 minus line 34)</b>			
36	Depreciation of Buildings & Equipment			
37	Major Property & Equipment acquisition			

All Financial Information Rounded to Nearest Dollar

**(NOTE: Duplicate this form if you have additional funds)**

AGENCY: \_\_\_\_\_

SURVEY OF BOARD DESIGNATED RESERVE, RESTRICTED FUND, AND FOUNDATION FUNDS IN THE NAME OF THE AGENCY

I. NAME OF BOARD DESIGNATED, RESTRICTED FUND, AGENCY NAME FOUNDATION

\_\_\_\_\_

A. RESTRICTED BY \_\_\_\_\_

B. SOURCES OF THE FUND \_\_\_\_\_

C. PURPOSE OF THE FUND \_\_\_\_\_

D. ARE INVESTMENT EARNING AVAILABLE FOR CURRENT OPERATING EXPENSES?

Yes  No

E. WHAT WAS THE FUNDS PRINCIPAL AS OF DEC. 31 THIS LAST YEAR? \$ \_\_\_\_\_

F. WHAT WERE THE EARNINGS OF THIS FUND THIS LAST YEAR? \$ \_\_\_\_\_

G. WAS ANY PORTION OF THESE EARNINGS USED FOR AGENCY OPERATIONS?

Yes  No

II. NAME OF BOARD DESIGNATED, RESTRICTED FUND, AGENCY NAME FOUNDATION

\_\_\_\_\_

A. RESTRICTED BY? \_\_\_\_\_

B. SOURCES OF THE FUND \_\_\_\_\_

C. PURPOSE OF THE FUND \_\_\_\_\_

D. ARE INVESTMENT EARNINGS AVAILABLE FOR CURRENT OPERATING EXPENSES?

Yes  No

E. WHAT WAS THE FUNDS PRINCIPAL AS OF DEC. 31 THIS LAST YEAR? \$ \_\_\_\_\_

F. WHAT WERE THE EARNINGS OF THIS FUND THIS LAST YEAR? \$ \_\_\_\_\_

G. WAS ANY PORTION OF THESE EARNINGS USED FOR AGENCY OPERATIONS?

Yes  No