



United Way of Junction City/Geary County
2019 Funding Application
Deadline: 4 p.m. March 5th, 2018

Agency Name: _____

Agency Address: _____

Agency Email: _____

Agency Phone: _____

Agency Tax ID #: _____

Program Name: _____

Date: _____

United Way of Junction City – Geary County is focused on making the greatest impact in the lives of the people in our community/county and the annual allocation process is essential to that impact. **This application for 2019 funding is due by Monday, March 5th, 2018 at 4 p.m. This annual process will include agency site visits.**

Each application will be reviewed by the Executive Director and will then be forwarded to the Allocations / Community Investment Committee. The Community Investment Committee for 2019 consists of community members who are experienced in providing services and/or funding to the Junction City – Geary County area along with members of the United Way Board of Directors. The Allocations / Community Investment Committee will be divided into five (5) panels. Each Panel will consist of board members and members from the community and will conduct site visits and interviews as part of the application process. Each Panel will review 2 to 4 agencies.

The Panels will review their assigned applications. Community Investment Grants for 2019 will be determined by the combined Allocation Committee and United Way Board of Directors and will be announced in June 2018.

Funding is for fiscal year 2019. **All submitted information is kept confidential within the Allocation Committee and Board of Directors.**

Agency Board Information

- 1. How many board members are required by your bylaws?

- 2. List current Board of Directors and their titles and terms of service.

- 3. Date of last agency bylaws review by the board of directors. _____
- 4. Number of times the board met during the past 12 month period. _____
- 5. A quorum has been present at _____% of board meetings in the past 12 months.
- 6. The board sets policy, guides direction and development and provides leadership. Yes No
- 7. Members of the board serve without compensation Yes No

FINANCIAL OVERSIGHT

- 8. A written treasurer's report, budget comparison or financial statement is presented at each board meeting. Yes No
- If "no", how often does the board receive this information? _____

9. A written, detailed annual budget of support/revenue and expenses is discussed and officially adopted annually by the board. Yes No

10. Who develops the agency's proposed budget? _____

11. At least two signatures are required for all checks over an amount established by the board. Yes No

12. The agency has a cash reserve. (If "yes", please indicate its amount and purpose. If "no", please explain.) Yes No

13. What is the percentage of agency budget obtained from the United Way of Junction City-Geary County?

- Current year _____%
- Proposed year _____%

PERSONNEL

14. The board selects, terminates and fixes compensation for the director who is held accountable for the agency's performance. Yes No

15. How frequently is the executive director evaluated? _____

16. Who conducts the evaluation? _____

Agency Funding Application Information: (list only those programs for which you are seeking funding):

Program Title	Impact Area	Funding Request
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
TOTAL	\$	_____

1. **General Description of Agency Services:** (be brief)

2. **General description of specific program (s) to be funded in Geary County:**

3. **Please categorize which primary area(s) of service your program fulfills:**
Education – Improve academic performance, raise the graduation rate
Income Stability – Reduce number of financially unstable families
Health – Improve the health of youth and/or adults

4. **List measurable results of this program:** (Based on the three primary areas of service, how does your program help participants make progress in your chosen service area, i.e., improved academic performance, increased physical activity reducing obesity, improved economic self-sufficiency, etc.?)

5. **Does your service area for this program extend beyond Geary County / Fort Riley? (Explain if Yes.)**

10. Does the program(s) for which you seek funding have a waiting list? If so, please explain.

11. Is there a charge for services provided by the agency? If so, explain how that cost is determined and if there is a sliding fee scale.

12. Describe how the agency collaborates with other local non-profits to avoid duplication of programs and services.

13. Explain how United Way funding will be used in administering the program(s) of the agency. Please indicate which budget line items will be affected (such as supplies, scholarships, operating expenses, etc.)

14. If the agency is requesting an increase in funding from United Way, please explain how the additional funding will be spent and why the increase is needed.

15. Does the agency plan to add or eliminate any activities? If adding, describe the activity (ies) and explain the plan for long-term financing. If eliminating, explain why and what the agency plans to do with resources that would have been used for those activities (if any).

16. How many **UNDUPLICATED individuals did your agency serve?**

_____ 2017

_____ 2016

_____ 2015

17. Of the number of **UNDUPLICATED individuals served in 2017, how many are:**

_____ In the City of Junction City

_____ On Fort Riley

_____ In Geary County outside of Junction City

_____ Military and family members

_____ Other

_____ First served by this agency in 2017

_____ Also served by this agency in years prior to 2017

18. If appropriate, how many are:

_____ Adults

_____ Children under age 18

19. How many of those served are:

- _____ At or below the official poverty level
- _____ Within \$1,000 of the official poverty level
- _____ Unknown

20. Provide examples of how you advertise the agency as a United Way Member Agency.

Agency Budget

You may attach a copy of your budget instead of using this form.

REVENUE	2017 Actual	2018 Budgeted	2019 Proposed
United Way of Junction City	\$		
Contributions	\$		
Fundraisers	\$		
Endowments	\$		
Other United Ways	\$		
Fees & Grants			
City of Junction City	\$		
Geary County	\$		
Other Government Agencies	\$		
Membership Dues	\$		
Program Service Fees	\$		
Investment Income	\$		
Misc. (Please Attach List)	\$		
Total	\$	\$	\$
EXPENDITURES			
Salaries	\$		\$
Employee Benefits	\$		\$
Payroll Taxes, etc	\$		\$
Professional Fees	\$		\$
Office Supplies	\$		\$
Occupancy	\$		\$
Specific Assistance to Individuals	\$		\$
Program Expenses	\$		\$
Other	\$	\$	\$
Total	\$	\$	\$
Total Restricted Funds	\$	\$	\$
Total Unrestricted Funds	\$	\$	\$
Excess (Deficit) of Total Support and Revenue over Expenses	\$	\$	\$

Signature Sheet

Authorization: (Executive Director and Board President signatures are both required, authorized by the Agency's Board of Directors)

The undersigned certify that authority to submit this application was properly provided by the Agency's Board of Directors.

Executive Director

President

Date

Date

Thank you for your application to United Way of Junction City and Geary County.

Any assistance you can give us in having a 20189Campaign successful enough to fund all the requests we receive will be greatly appreciated.

THE UNITED WAY OF JUNCTION CITY AND GEARY COUNTY