United Way of Deschutes County

Funding Proposal
Agency Partners Schedule 2016-2017

Date	Day	Activity
March 15	Tuesday	Proposal Forms mailed to partner agencies
April 14	**Thursday 5:00pm**	**Allocation Proposal Forms Submitted (3 copies) and 1 copy of all eligibility verification documents**
May 6	Friday	Technical Review Completed
May 19	Thursday	Proposal Review by Committee
May 19 Thru June 1		Agency Site Visits …*if required*
June 7	Tuesday	Committee Recommendations
July 11	Monday	UW Board Approval
July 15	Friday	1st checks for '16 -'17 disbursed

United Way of Deschutes County
PO Box 5969 Bend, Oregon 97708
1130 NW Harriman Ave Suite A, Bend, Oregon 97701
Phone: 389-6507 Fax 385-1742
Email: Info@deschutesunitedway.org Web: www.deschutesunitedway.org

United Way
United Way of Deschutes County

UNITED WAY OF DESCHUTES COUNTY
ALLOCATION PROPOSAL 2016

AGENCY:_____

Executive Director: _____

Street Address:_____

Mailing Address:_____

City, State, Zip:_____

Telephone: ( )_____ FAX: ( )_____

Email: _____ Web Site: _____

Facebook: _____ Twitter: _____

Primary Contact Person for this proposal:_____

Title: _____

For the Fiscal Year

July 1, 2016 through June 30, 2017

Type of Funding Requested: (Should match the 2015 request)
Agency Support _____ Program Support _____ Multi-Program Support _____

Amount of Funding Requested $_____

Submitted to United Way of Deschutes County on: _____
(Date)

This proposal was approved for submission at the Board of Directors meeting on _____
(Date)

_____ _____
Chief Professional Officer Board President

Submit completed applications
by posted deadline.

United Way of Deschutes County, PO Box 5969 Bend, OR 97708
1130 NW Harriman Ave Suite A, Bend, Oregon 97701

For more information call the United Way office at (514) 389-6507

Form 2: **Agency: _____**

Section 1: Population Served

3. Number of **unduplicated** individuals served in United Way of Deschutes County area.
*This should reflect how many **different** people were served by your agency (program), not how much help they received.*
Example: John Doe, helped one time only, counts as one unduplicated individual. Jane Doe, helped 10 times, also counts as one unduplicated individual.

	Bend	Sisters	Redmond	Terrebonne	Sunriver	La Pine	**(i) Total**
Circle One FY 2014-2015 or CY 2015							
2 years ago							
3 years ago							

Comments:

Section 2: Fundraising Plan for FY 2016-2017

Fund Raising Activity	Fund Raising Schedule/Time Frame	$ Goal

Form 3: Report on Accomplishments

Agency _____

FY 2014/15 or CY 2015 *(circle one.)*

This report should tie to a previous workplan

Changes to Activities: (if applicable)

Outputs Realized		Outcomes Realized	
Forecast	**Actual**	**Forecast**	**Actual**

Comments:

Form 4: Workplan for ***Enlarge form to 11 x 17*** **Agency** _____

FY 2016-2017 or CY 2016 (circle one.)

Mission Statement:

Inputs *Include resources dedicated to or consumed by the program. IE:* Money, staff, staff time, volunteers, equipment	**1) Activities** *What the program does with inputs to fulfill its mission.* IE: strategies and types of treatment that comprise the programs service methodology.	**Outputs Forecast** *Direct products of program operations usually measured in terms of volume of work accomplished.* IE: # of classes taught, counseling sessions, participants served.	**Outcome Indicators & How Measured** *Specific items of data that are tracked to measure how well a program is achieving an outcome. .* IE: healthier lifestyle because of not smoking, as measured by post survey.	**Outcomes Forecast** Benefits or changes for clients after participating in program. May relate to knowledge, attitude, skills, or behavior. *IE; not smoking leads to fewer health problems.*

Comments

Form 5 **Agency: _____**

Co-branding Efforts

Our agency actively identifies and promotes our partnership with United Way by identifying ourselves as a Funded Partner agency through the appropriate use of the United Way Logo, tagline or signage. Please mark all that apply.

- ❑ Prominently displayed In the agency/program office(s) or building(s)
- ❑ On the agency website (with a cross link to the UWDC website)
- ❑ On the agency's general purpose brochure(s)

In addition to the minimum co-branding opportunities listed above we also promote our partnership by including the United Way logo, tagline or signage in the following manner

- ❑ Newsletters
- ❑ Annual report
- ❑ Specialty brochures/flyers
- ❑ Letterhead
- ❑ Stationary
- ❑ Acknowledgement at special events
- ❑ Presentations
- ❑ Videos/DVD's
- ❑ Advertising __ Television __ Radio __Print
- ❑ News releases
- ❑ Public service announcements
- ❑ Speak at United Way events
- ❑ Acknowledgement on social media pages

Other: Describe any additional ways you conduct co-branding efforts

United Way
of Deschutes County

ANTI-TERRORISM COMPLIANCE MEASURES

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

"I hereby certify on behalf of _____
[name of agency]
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."

Print Name: _____ Title:_____

Signature: _____ Date:_____

Compliance Declaration
2015-2016
Oregon Employees Charitable Fund Drive
Criteria for Agency Participation

In order to be eligible to participate in the Oregon Employees Charitable Fund Drive, an agency must meet the following criteria:

Registered as a 501{c}(3) organization under the Internal Revenue Code

Registered as a charitable organization in the State of Oregon

Demonstrate a direct and substantial local presence in Oregon or one or more of its communities as evidenced by the provision of charitable services benefiting Oregonians throughout the previous calendar year

Meet public accountability standards by annually preparing and making available to United Way of Deschutes County, a report that includes a full description of activities, including types of solicitation for contributions, the names of its chief administrative personnel, and full disclosure of the source of and use of all contributions, as well as fund raising and administrative costs
Note: all United Way of Deschutes County Member Agencies fulfill this obligation through the annual allocation proposal process

Attest that the organization does not discriminate regarding race, color, religion, national origin, disability, age, gender, and sexual orientation

I certify that _____ meets all the criteria listed above
Agency Name

_____ _____
Signature *Title* *Date*

United Way of Deschutes County

Checklist for Funding Proposals

- ☐ **Proposals are Due by 5:00 p.m. THURSDAY, April 14, 2016**
  - ☐ **3 Copies**—please use paper clips only

- ☐ **Cover Page**
  - ☐ Approval date from your Board/Executive Committee
  - ☐ Signature of lead staff person
  - ☐ Type of current funding

- ☐ **Form 2**—Section 1: Population Served Section 2: Fundraising Plan
- ☐ **Form 3**—Report on Accomplishments—*time period reported on should correspond to a previous workplan*
- ☐ **Form 4**—Workplan for coming (or current) year
- ☐ **Form 5**—Co-branding Efforts

- ☐ **Financials**
  - ☐ Copy of Current Budget to Actuals
  - ☐ Copy of Current Balance Sheet

Also include *ONE* copy of each of the following:

- ☐ Most recent Board Roster with addresses
- ☐ Board meeting place, dates and times
- ☐ Most recent IRS 990, standard form (those eligible to file 990 EZ must also provide *pages one and ten* of the standard form)
- ☐ Most recent audit, financial review, or compilation (refer to Funded Partner – Fiscal Reporting Policy)
- ☐ Signed copy of certification of Anti-Terrorism Compliance Measures
- ☐ Signed copy of Compliance Declaration –Oregon Employees Charitable Fund Drive
- ☐ Examples of materials, products or activities that demonstrate your agency's promotion of its partnership with United Way of Deschutes County (co-branding)
- ☐ A brief success story or client testimonial