



724 W. Railroad Ave ▪ Shelton, WA 98584 ▪ P: 360.426.4999 ▪ www.unitedwaymasonco.org

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You are invited to submit an application to United Way of Mason County for **2016-2018 Community Investment** funding. The following is information on how to prepare and submit your application, as well as forms for you to complete.

With the increased need for services by all agencies, we continue to look closely at our opportunities for community investment and the impact they have on our community and its residents. In the application, we are asking you to provide as much detail as you can on what the **Outcome and Impact** of the program for which you are seeking funding will be. We must measure **results** of the invested dollars and provide optimum value of service delivery to our community. In general, we are asking for less information about your agency, but more about the specific project/program for which you are seeking funding.

Process and Timeline:

- This application and all required documentation are due in our office by **4:00 p.m., Thursday, March 31, 2016**. See the following instructions for more detail.
- The applications will be reviewed and you will be contacted to schedule a mandatory presentation in front of our Citizens' Review Panel. These 20 minute presentations and Q & A sessions may take place anytime between **April 25 and May 31, 2016**.
- The Citizens' Review Panel reviews the requests for funding, hears the presentations, seeks additional information, and makes recommendations to the United Way Board of Directors.
- The Board of Directors will meet in early June to consider the recommendations of the Panel and to make funding decisions.
- Agencies will be notified of the allocation decisions during the week of **June 27, 2016**.
- The first allocation payments will be made on **August 1, 2016**.

Please note that neither past support from United Way of Mason County, nor this invitation to apply, is a guarantee that you will receive a Community Investment Allocation this year.

If you have questions, please feel free to contact me. Thank you again for your interest in being a United Way partner agency and for all you do to make our community a better place.

Carrie Lemmon
Executive Director
United Way of Mason County

2016 APPLICATION INSTRUCTIONS & FAQ

Thank you for your interest in applying for funding from the United Way of Mason County. Please follow the instructions carefully. Our Community Investment Committee needs clear, concise and complete information to effectively review your request. United Way of Mason County staff is available to answer technical questions about the application. For more information call: 360-426-4999 or email: clemmon@unitedwaymasonco.org.

1. Applications **must be received** in the United Way of Mason County office by **4:00 p.m., Thursday, March 31, 2016**.
2. Mail to: **724 W Railroad Ave, Shelton WA 98584**, or feel free to drop them off during business hours. (Monday – Friday 9:00 a.m. – 4:00 p.m.)
3. Submit one original and 12 copies - 3 hole punched, of the Application (Form 3) and Program Budget (Form 4). Submit only one copy of the remaining items listed on the *Documentation Checklist*.
4. You may also include supplemental information such as agency and/or program brochures. Please keep this to a minimum, and include only one set.
5. Please type proposals.
6. Answer all questions in the order given. Use the numbers and headings provided in each question.
7. Total Application Form should be no more than 6 typed pages (excluding Program Budget).
8. Be clear, concise, and complete.

FREQUENTLY ASKED QUESTIONS

1. What is a “health or human service agency?”

Those whose principal objective is to improve conditions necessary to achieve *fundamental* physical, social and/or psychological well being. We will consider funding health and human service *programs* of agencies with other principal objectives, as long as the health or human service impact is clear.

2. What is the Program Budget?

We fund specific programs or services for which the impact can be clearly identified, rather than providing general agency funding. Some very small agencies may have just one program. In that case, your Program Budget may be your entire agency budget. For multi-county agencies, the budget should reflect only services to be provided for the benefit of Mason County. Agencies applying for funding for more than one program need to fill out the Application (Form 3); Sections B – E2 and Program Budget (Form 4) for each program.

3. What period should I use for the Budget Years?

Either calendar or fiscal, whatever makes most sense for your agency.

4. Why is some of the information requested in more than one place?

The redundancy is intentional. It makes it easier for the volunteers to quickly review a number of applications. Thank you for understanding.

5. What geographic area does United Way of Mason County fund?

We only support services provided for the benefit of Mason County. For multi-county agencies, the proposed outputs and outcomes, as well as the budget should reflect only those services provided for the benefit of Mason County.

6. What are the mission statement and funding priorities of United Way of Mason County?

Our mission statement and funding priorities and related outcomes are included in this packet. We will consider applications for programs that meet any of the following. Please note: Funding is provided for specific programs, not overall operations.

7. How much will United Way of Mason County fund?

During 2014-2016 allocations ranged from \$2,000-\$12,000 and we anticipate similar allocations for 2016-2018. We are unlikely to fund the full cost of any program and expect agencies to have other funding sources.

8. How will our application be evaluated?

EVALUATION CRITERIA – The Community Investment Committee will use the following criteria for reviewing proposals.

- **COMMUNITY NEED** Does the program address a recognized health and human service need in our community? Is the need consistent with United Way of Mason County’s Mission Statement and Funding Priorities? How serious is the problem?
- **IMPACT** How well does the program demonstrate a meaningful linkage between community needs, program activities and outcomes? Will the program provide a meaningful volume of services and/or people served? Will United Way of Mason County’s funding make a meaningful impact to the program?
- **ABILITY AND EVALUATION** Does the agency have a history of reliability? Are there adequate staff and resources to conduct this program? Does the program plan seem sound? Are clear goals and objectives written? Are measurable outcomes evident? How well does the agency/program demonstrate the ability to deliver and measure proposed outcomes?
- **FINANCIAL MANAGEMENT** Is the financial information presented clearly and accurately? Does the agency have a balanced budget? Does the agency have adequate reserves? Is there diversified funding? Is other funding available? Will requested funds from United Way of Mason County support direct client services? Are overhead expenses a reasonable % of total?
- **FINANCIAL IMPACT ON AGENCY** Will United Way of Mason County funding make a difference?
- **TRACK RECORD** (For 2014 Partner Agencies only) There is year round commitment to working in partnership with United Way of Mason County. Did the agency accomplish its goals and objectives last year? Did the agency make a difference with last year’s United Way of Mason County’s funds?

UNITED WAY OF MASON COUNTY OF MASON COUNTY
Community Investment Allocation 2016
Application Form 3

Please complete the following questions as completely as possible, limiting your application to 6 pages, not including budget page. You will have the opportunity to elaborate on your request during your presentation with the Community Investment Panel. Applications are due by **4:00 p.m. Thursday, March 31, 2016.**

APPLICATION COVER SHEET

Section A. Organization Information

Date of Application: _____ **Agency Name:** _____

Executive Director: _____

Contact Person if other than Executive Director: _____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Fax:** _____

Email: _____

Website: _____

1. **Your agency's mission:**

2. **Total agency operating budget last calendar/fiscal year** \$ _____

 Total agency operating budget current calendar/fiscal year \$ _____

3. **Dollar Amount of United Way of Mason County Funding Request** \$ _____

I am authorized to submit the 2016-2018 United Way of Mason County Funding Application:

Signature

Name (please print/type)

Title (please print/type)

Date Signed

Between this information and the presentation, we want to get a complete picture of your program, especially its quantifiable and measurable outcomes and its impact on priority community needs appropriate for United Way of Mason County funding. If you are requesting funds for more than one program, please complete Sections B – E2 and a Program Budget Form 4 for each program.

Section B. Funding Request

1. **Funding Request for 2016-2018 (per year) to United Way of Mason County of Mason County:** \$

2. **Name of Program/Project for which you are seeking funding:** _____

3. **Brief Summary of Program and its Intended Outcomes: (this should be a “soundbite” - a brief excerpt that is meant to capture the interest and attention of an audience, no longer than a sentence or two).**

Section C: Community Impact & Collaboration

Primary United Way of Mason County Funding Priority area your program meets: (Choose one only)

- **Education**
- **Income**
- **Health**

Reference ‘Funding Priorities & Eligibility’ in your packet for more detail.

Need

Explain how your program is consistent with the priority area chosen above. Why do you think this program is needed in our community? **EXAMPLES:** cite existing agency data, waiting lists, census, or other dependable research, etc.

Agency Collaboration & Community Involvement

1. Explain how this program might overlap, duplicate, or intersect with other programs offered for the benefit of Mason County:

2. Is this program distinctive from what other Agencies are offering in Mason County? If yes, how?

3. If not, please explain why your program is necessary:

4. What ‘**NEW**’ collaborative partnerships with one or more other human service agencies in Mason County are you working with specifically to address the Impact Area which this program addresses? List agency and contact person who will support this. Describe the collaboration. How will it work? What role will each agency assume? Will one agency be the ‘lead’ agency? If so who?

Section D: Program Impact

This is NOT A REPORT on prior activity; this is a Proposal of **THE IMPACT YOU HOPE TO MAKE with the funds you are requesting.**

Please note: All information should be limited to program activities for the benefit of Mason County. You may use additional space, provided the entire application is no longer than 6 pages.

INPUTS

Describe the resources which will be dedicated to the program. Please specifically describe your use, recruitment and retention of volunteers in this program.

EXAMPLES: money, staff, staff-time, volunteers, facilities, equipment, etc.

ACTIVITIES & SERVICES

What strategies, techniques, and types of treatment will you use to deliver the proposed services?

EXAMPLES: sheltering & feeding, training, counseling, etc.

OUTPUTS

What volume of work do you propose to accomplish? Please list number of unduplicated clients to be reached by county, as well as any relevant service data.

EXAMPLES: number of clients served, classes taught, counseling sessions conducted, educational materials distributed, etc.

PROGRAM OUTCOMES

What benefits or changes for individuals or populations will occur during or after participating in program activities?

EXAMPLES: Short-term objectives should reflect new knowledge, attitudes or skills. e.g. “70% of the participants will have improved their ability to speak English by 15%, as measured by pre and post tests by the end of the program.” Long-term objectives should produce meaningful changes in lives. We don’t expect you to measure this during the grant period, but please state what the long-term outcome is expected to be.

INDICATORS

What specific data will you use to track and measure progress in achieving your outcomes? Each Partner Agency should develop its own, appropriate methods of measuring its program outcomes and collecting data.

EXAMPLES: Data on improvement in housing stability, nutritional status, school performance, job retention, physical or mental health, behavior, etc. Pre and post-tests, third-party (families, teachers, counselors) surveys or interviews, etc.

Section E. Budget and Financial Information

Please complete the Program Budget form. If any line items need explanation, please add a short narrative.

1. **What other sources of funding (e.g. grants, client fees, endowment earnings, etc.) do you have to support this program? Please include type of activity, net \$ result.**
2. **Does Program Budget balance? _____ yes _____ no If no, explain.**
3. **What is your agency's fiscal year? _____ to _____**

4. **What is your agency's overhead rate for the most recent fiscal year? _____ %**

If you file the IRS 990

Management and General (Part IX, Line 25, Col C)	_____
+ Fundraising (Part IX, Line 25, Col D)	_____
=	_____
Divide by Total Revenue (Part VIII, Line 1h, Col A)	_____
= OVERHEAD RATE	_____ %

If you file the IRS 990EZ

Total Expenses (Part I, Line 17)	_____
- Program Expenses (Part III, Line 32)	_____
=	_____
Divide by Total Revenue (Part I, Line 9)	_____
= OVERHEAD RATE	_____ %

If you don't file the IRS 990 you still **MUST** submit your overhead percentage calculation and a clear explanation of how you came to this percentage. Please use a local calculation, not your national organization's number.

Please note, United Way of Mason County wishes to encourage financial stability in our partner agencies. We encourage you to develop operating reserves and endowment funds, as they indicate diversified and stable funding. You are not penalized for healthy balances in these funds.

5. **Does your agency have an operating reserve? _____ yes _____ no**
 If yes, balance at end of most recently completed fiscal year \$ _____
 How many months does the reserve cover? _____ Months
6. **Does your agency have an endowment fund? _____ yes _____ no**

If yes, balance at the end of most recently completed fiscal year \$ _____

Do you reinvest the interest earned or use the interest? (Explain)

Section F. Coordinating and Partnering with United Way

1. For previously funded agencies: Please describe how your agency assisted United Way of Mason County in the most recently completed campaign:

___ Used United Way logo on printed materials, etc. (Please provide samples)

___ Assisted staff with workplace presentations (indicate number of instances)

___ Attended Community Service Group meetings

___ Conducted internal United Way campaign, encouraged agency staff and board members to give

___ Displayed United Way signage in office

___ Participated with United Way of Mason County online “Volunteer Center” program

___ Participated in United Way of Mason County fundraisers (*indicate number of volunteer-hours*)

___ Other (explain)

TOTAL PROGRAM BUDGET WORKSHEET *Form 4*

COMPLETE FORM FOR EACH PROGRAM YOU ARE SEEKING FUNDING

Line Items	2014	2015	Grant Seeking Year 2016
INCOME:			
United Way of Mason County			
Other United Ways			
Individuals/Corporations			
Special Events			
Grants			
Membership Dues			
Program Income			
Investment Income			
Other Miscellaneous Income*			
TOTAL INCOME			
EXPENSES: (As an Example)			
Salaries, Benefits, Payroll Taxes, etc.			
Professional Fees/Membership Dues			
Insurances (D & O/Liability/Occupancy)			
Rent/Maintenance/Utilities/Telephones, Supplies/Postage/Equip Rental			
Specific Assistance to Individuals			
Special Events			
Travel & Transportation			
Promotional/ Printing			
Conference/Continuing Education/Meetings			
Other Miscellaneous Expenses*			
TOTAL EXPENSES			

*Please explain these line items on a separate sheet of paper

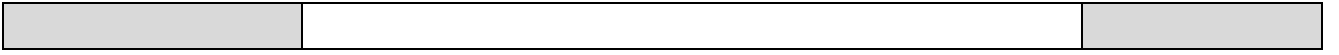


**United Way of Mason County
AGENCY DOCUMENTATION CHECKLIST - 2016**

AGENCY NAME _____

(Except where noted, please provide only one copy of each of the following – Incomplete applications will not be accepted!)

Agency – check off each item when you have attached it to the application	Documentation and Attachments Required	United Way of Mason County Use Only
	United Way of Mason County Application <i>Form 3</i> for each program for which funding is requested- Original and 12 copies - 3 hole punched	
	Program Budget Sheet <i>Form 4</i> for each program for which funding is requested - Original and 12 copies – 3 hole punched	
	Current Roster of Board Members and Officers	
	Copy of IRS 501(c)3 Determination Letter	
	Proof of Charitable Registration Status from State of Washington Secretary of State	
	Most recent Annual Report, if available	
	Articles of Incorporation	
	By-laws	
	Most recent IRS 990, or IRS 990EZ	
	Provide a copy of most recent audit/financial statements for organizations with annual income greater than \$250,000	
To be completed later	Signed Anti-terrorism Compliance Form	
To be completed later	Signed Memorandum of Understanding (MOU)	
To be completed later	Performance Report for July 1, 2016 – December 31, 2016, due January 31, 2017	
To be completed later	Performance Report for January 1, 2017 – June 30, 2017, due July 31, 2017	
To be completed later	Performance Report for July 1, 2017 – December 31, 2017, due January 31, 2018	
To be completed later	Performance Report for January 1, 2018 – June 30, 2018, due July 31, 2018	
To be completed later	Updated organizational documents due July 1, 2017	





United Way of Mason County of Mason County
COMMUNITY INVESTMENT REVIEW PANEL
PRESENTATION GUIDELINES

Purpose - The presentation should highlight and complement the written proposal. Don't reiterate the information in your application, but enhance or explain it. Some areas on which you *may* elaborate include:

1. Briefly review your agency's mission and overall programs and services and, specifically, the program for which you are seeking funding.
2. How does your agency address the Priority Funding Areas? Cite sources and statistics to justify the need for your programs and services. If the program is a new one, how did you determine the need for it?
3. Are the programs and services you provide unduplicated by any other existing program or service for the benefit of Mason County?
4. What impact would your agency and the community experience if United Way of Mason County is unable to fund your entire request?
5. If your agency is part of a larger organization encompassing more than Mason County, how will United Way of Mason County funds result in direct services in this community?
6. How do you measure your program outcomes and evaluate the successes or weaknesses of your program?
7. Describe your unit/s of service. What is the average cost per unit of each service for a client? Describe unduplicated numbers of clients to be served.
8. Please be prepared to answer financial questions.

Time Allowed

20 minutes for each agency. Plan on a 10 minute presentation and a 10 minute Q & A time frame. Agencies applying for more than one program will be given more time.

Presenters

It is recommended that the Executive Director and one board member be present. One of these presenters should be very familiar with the financials so they can answer any questions.

Visual Aids

Charts, handouts and brochures are welcome, as well as electronic media (PowerPoints, DVDs, etc.).