



**United Way
of Lowndes & Noxubee**

**2021 United Way of Lowndes & Noxubee
Application & Allocation Packet**

List of Forms:

Administrative Forms:

Form A: United Way Agreement Form

Form B: Counter-terrorism Compliance

Form C: List of Board Directors/Meetings

Form D: Most Recent AUDIT

Attach the agency's most recent independent audit.

Form E: Copy of 501(c) (3)

Form F: 2021 NONDISCRIMINATION Certification

Make sure the United Way has a copy of the
agency's IRS 501 (c) (3) on file.

Budget/Program Forms

Form 1: Budget Signature Form

Form 2: Budget Worksheet Form

Form 3: Program Beneficiary Form

Form 4: Program Information/Description Form

Form 5: Agency Narrative Form

Form 6: Supplemental Fund-Raising Activities

▶ **Please submit 1 full copy of the Forms Package**

(Forms A-C, F and Forms 1-6)

▶ **Please submit to the United Way Office via email or paper mail by Sept 30, 2020**

FORM-A

AGREEMENT
Between
The United Way of Lowndes & Noxubee
(to be referred to as the United Way)
and

(to be referred to as the participating agency)

Primary Focus Area: Education Health Financial Stability

This agreement is based on the mutual beliefs of both the United Way and the participating agency that:

- a. the goal of meeting the human needs of the people of Lowndes and or Noxubee County demands the united efforts of all segments of the community;
- b. human service planning, community-wide fundraising, and the allocation of funds based upon citizens' review of services are the most effective and efficient means of meeting the human needs of the community; and
- c. clear understanding and mutual acceptance of the respective roles of the United Way and the participating agency are essential to their joint effort to meet the human needs of the Lowndes & Noxubee area.

With these mutual beliefs in mind, the United Way and the participating agency agree to work cooperatively to increase the public's awareness and understanding of the human service needs of the area, and to work together to meet these needs.

1. CAMPAIGN AND ALLOCATIONS

The United Way agrees:

- a. to conduct an annual county-wide fundraising campaign and to perform all collection duties of the pledges received during campaign; and
- b. to allocate contributed funds through the citizens' review process.

The participating agency agrees:

- a. to encourage its board and staff members to strive for 100% participation in the United Way campaign;

- b.** to inform its constituency of its affiliation with the United Way and to encourage support of the United Way campaign;
- c.** to use the United Way allocation in the delivery of needed human services in the Leflore County area.

2. COMMUNICATIONS

The United Way agrees:

- a.** to generate community support for United Way and the participating agencies through a systematic communications program; and
- b.** to assist in the promotion of the participating agency's name and services, and the interpretation of the agency's programs to the community.

The participating agency agrees:

- a.** to include the fact of its United Way affiliation on all material used by the agency distributed to its membership or to the public; and
- b.** to cooperate with the United Way communications program in informing the community about services supported through the United Way.

3. ADMINISTRATION AND MANAGEMENT

The United Way agrees:

- a.** to respect the participating agency's autonomy and right to determine its own policies and programs;
- d.** to encourage a cooperative atmosphere for community-wide human service planning and development.

The participating agency agrees:

- a.** to have a local, volunteer board of directors which meets regularly and is responsible for governing the affairs of the agency;
- b.** to cooperate with other agencies in the development and delivery of services to the community;
- c.** to keep accurate records of all expenditures and income in conformity with the Standards of Accounting and Financial Reporting for Voluntary Health and Welfare Organizations;
- d.** to submit annually a report on its financial statements for the preceding year prepared by an independent Certified Public Accountant as required in the Admissions and Allocations policies;
- e.** to comply with United Way policies and procedures;
- f.** to comply with all relevant governmental regulations, and in the implementation of its programs and in its staffing not to discriminate against any person because of race, sex, age, national origin, or religion.

This agreement shall be renewed annually by both the United Way and the participating agency.

This agreement has been read and approved at a meeting of the governing body of the participating agency and at a meeting of the United Way Board of Directors.

Participating Agency:

(Approval Date)

(Participating Agency Name)

(Signature of President)

(Typed Name)

(Signature of Executive Director)

(Typed Name)

United Way of Lowndes, Inc.:

(Approval Date)

(Signature of President)

(Signature of Executive Director)

2021 COUNTERTERRORISM COMPLIANCE

In compliance with the spirit and intent of the USA PATRIOT Act and other counterterrorism laws, the United Way of Lowndes & Noxubee requests that each funded agency (“Organization”) certify that it is in compliance with the United Way of Lowndes & Noxubee and the United Way Worldwide’s (“UWW”) compliance program.

ORGANIZATION NAME _____

Check the appropriate box to indicate your compliance with 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.	<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 organization, or that supports or funds terrorism.	<input type="checkbox"/>	<input type="checkbox"/>
This Organization does not, will not and has not knowing provided 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, will not and has not knowingly provided financial or material support or resources to any entity that has knowingly concealed the source of funds used to carry out terrorism or to support Foreign Terrorist Organizations	<input type="checkbox"/>	<input type="checkbox"/>
This Organization does not re-grant to organizations, individuals, programs and/or projects outside the United States of America with out compliance to 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

TITLE

SIGNATURE

DATE

Agency Board of Directors/Meeting Schedule

Agency Name: _____

List of Board of Director Members

(Name)

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

Board Meetings Occur: _____
(i.e. 2nd Tuesday of the Month)

Board Meeting Time: _____

Meeting Location: _____

Board of Directors Meeting Schedule

	Date		Date
1 Jan	_____	7 Jul	_____
2 Feb	_____	8 Aug	_____
3 Mar	_____	9 Sep	_____
4 Apr	_____	10 Oct	_____
5 May	_____	11 Nov	_____
6 Jun	_____	12 Dec	_____



2021 NONDISCRIMINATION CERTIFICATION UNITED WAY OF LOWNDES & NOXUBEE, INC.

At a meeting of the governing board of _____
(name of agency)
held on _____, the board of said agency
(date)

() adopted a policy or () affirmed its policy on non-discrimination
as follows:

1. No person is excluded from service on the basis of race;
2. There is no segregation of those served on the basis of race;
3. There is no discrimination with regard to hiring, assignment, promotion or other conditions of staff employment. The agency has a plan for carrying out an affirmative equal employment opportunity program which includes positive steps to recruit employees from all racial groups in the community; and
4. There is no racial discrimination in nomination or election to or service on the agency's Board of Directors.

President or Authorized Official

FORM 1

**United Way of Lowndes & Noxubee
Agency Proposed Budget Forms**

AGENCY NAME: _____

CONTACT PERSON: _____

MAILING ADDRESS: _____

CITY: _____

STATE: _____

ZIP: _____

TELEPHONE: _____

CELL: _____

**FUNDING REQUEST FOR UNITED WAY FISCAL YEAR 2021
IN THE AMOUNT OF:** _____

AGENCY FISCAL YEAR
START: _____ **END:** _____

SUBMITTED BY:

**This budget was considered and approved for submission at the Board of
Directors meeting on:** _____
(Date)

Print Name: _____
(Agency Director) (Board President)

Signature: _____
(Agency Director) (Board President)

FORM 2-United Way of Lowndes & Noxubee Agency Worksheet					
Agency Name:		Fiscal Year 2018* Actual	Fiscal Year 2019 Actual	Fiscal Year 2020 Budgeted	Fiscal Year 2021 Proposed
OPERATING SUPPORT AND REVENUE					
1	Allocation from this United Way				
2	Allocated by Other United Ways				
3	Public Contributions				
4	Membership Dues				
5	Fund Raising/Special Events (NET)				
6	Fees and Grants from Government Agencies				
7	Program Services Fees and Net Incidental Revenue				
8	Other Operating Funds and Revenue				
9	TOTAL OPERATING REVENUE (Total Lines 1-8)				
10	Revenue Restricted for Capital Expenses (Building and Equipment) for Future Use				
11	TOTAL REVENUE (Add 9 and 10)				
OPERATING EXPENSES					
14	Salaries				
15	Employee Benefits				
16	Payroll Taxes ETC.				
17	Professional Fees				
18	Membership Dues				
19	Payments to Affiliated Organizations				
20	Supplies				
21	Telephone				
22	Postage and Shipping				
23	Occupancy				
24	Insurance (Other than Employee Benefits)				
25	Rental and Maintenance of Equipment				
26	Printing and Publications				
27	Travel				
28	Conferences, Conventions and Meetings				
29	Specific Assistance to Individuals				
30	Awards and Grants				
31	Fund Raising/Special Event Expenses				
32	Miscellaneous Expenses				
33	Other (Specify)				
34	TOTAL OPERATING EXPENSES (Total lines 14-33)				
35	OPERATING BALANCE (LINE 11 minus Line 34)				
36	Total Program Service Expenditures				
37	AGENCY BALANCE (LINE 35 MINUS LINE 36)				

* All first-time applicants must submit financial information for 2018, 2019, & 2020.
Returning applicants should only submit 2019 & 2020

Form 3- PROGRAM BENEFICIARY CHARACTERISTICS/STATISTICS

Agency Name:

If you are not able to keep accurate records of the information we are requesting, wherever possible please give us your best **ESTIMATE**.
Thanks!!!

Please provide as accurately as possible, a non-duplicated count of program beneficiaries served by your agency.

BENEFICIARY	Last Year's Actual	This Year's Estimated	Next Year's Projected
1 Age Group:	_____	_____	_____
Infants/Toddlers	_____	_____	_____
Children Under 12	_____	_____	_____
Youth/Teenagers	_____	_____	_____
Young Adults 18-29	_____	_____	_____
Adults	_____	_____	_____
Adults 65 and Over	_____	_____	_____
TOTAL:	_____	_____	_____
2 Ethnic Background:			
Black	_____	_____	_____
White	_____	_____	_____
Hispanic	_____	_____	_____
Other	_____	_____	_____
TOTAL:	_____	_____	_____
3 Approximate Income Level:			
Poverty	_____	_____	_____
Middle Income	_____	_____	_____
Upper Income	_____	_____	_____
TOTAL:	_____	_____	_____
4 Total # Of Persons Served:	_____	_____	_____

FORM-4 PROGRAM INFORMATION / DESCRIPTION

Agency Name:

	Program Name	Program Purpose	Number of Individuals Served	2020 Program Budget	2021 Proposed Program Budget
1	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____
4	_____	_____	_____	_____	_____
5	_____	_____	_____	_____	_____
6	_____	_____	_____	_____	_____
7	_____	_____	_____	_____	_____
8	_____	_____	_____	_____	_____
9	_____	_____	_____	_____	_____
10	_____	_____	_____	_____	_____

Form-5

Agency Narrative

Agency Name

1. What is the agency's overall mission?

2. What programs are provided by the agency? (Please list in order of priority)

3. What are the specific objectives? (Please give in quantitative terms where possible)

4. How does the agency expect to attain the above objectives?

5. How will the agency ascertain the success at year end?

6. How does this agency's program content vary from similar programs offered by other agencies in the community.

7. Does the agency have a sliding fee scale for services to clients based on their ability to pay?

8. Does the agency have licenses for the operation of programs that require licenses?

9. Is an IRS Form 990 filed yearly by the agency?

10: What percent of your budget goes toward administration?

FORM-6

Supplemental Fund-Raising Activities

Agency Name: _____

PROPOSED SUPPLEMENTAL FUND-RAISING ACTIVITIES

Planned Special Events/Solicitations

	Event	Funding Activity	Location	Date
(example)	Bake Sale	cookie sales	St. Marks Church	10/15/2006
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____
5	_____	_____	_____	_____



SUPPLEMENTAL FUND RAISING

For effective service to the community, the UWLN and the agencies recognize their basic interdependence and the need to work together toward common goals. The UWLN philosophy is based upon the coordination of fund-raising efforts in the community in a single, unified campaign. The efficiency and effectiveness of the four approach depends upon a continuing commitment by the United Way and the participating agencies to respect the broader interest of the community. **ABOVE ALL OTHER METHODS OF FUND RAISING, THE UNITED WAY STRESSES ITS PRIMARY DEPENDENCE ON SOLICITING IN THE WORK PLACE, BOTH THROUGH EMPLOYEE AND EMPLOYER SOLICITATION.**

While United Way seeks to develop voluntary financial resources to the fullest extent possible, it recognizes that it is unable to meet all the financial needs of the participating agencies. Therefore, participating agencies may conduct fund raising provided it is planned in advance, is presented for approval in writing with the agency's regular budget report to the Executive Committee, and falls with the following guidelines:

- a. **Prohibited Activities:**
 1. Participating agencies shall not solicit corporate funds or employee groups.
 2. Participating agencies shall not solicit funds from the general public through door-to-door solicitations, letter writing, special events and benefits, or general media including newspaper, radio or television, internet or telephone during the United Way campaign period (defined as **Labor Day through Thanksgiving**) unless prior permission is granted by the United Way Executive Committee.
 3. Participating agencies shall not contract with professional fundraisers.
- b. Agencies that violate these policies will be referred to the Executive Committee of the UWLN. Depending on the extent of the violations, the Executive Committee reserves the right to take any measures that it deems appropriate, including but not limited to the reduction of an agency's current year allocation, as well as removal of the agency from the United Way list of sponsored agencies.



This agreement has been read and approved at the (date:) _____
meeting of the governing body of:

(agency name)

Signatures:

Agency Executive Director	Date
Agency Board Representative	Date
UWLN Executive Director	Date
UWLN Board Representative	Date