



## St. Marys Area United Way

*Mission Statement: To help people in our communities care for one another by providing financial support to qualified agencies who serve the health and human welfare needs of the citizens of the St. Marys Area.*

### 2024 FUNDING PROPOSAL APPLICATION INSTRUCTIONS

#### ***Eligibility Requirement:***

Agencies applying for funding through the St. Marys Area United Way must be registered with the PA State Bureau of Charitable Solicitation or be exempt from registration and providing services within the St. Marys Area.

Submission of Funding Proposal Application: Six copies of all materials must be received by December 15, 2023 and may be submitted to the St. Marys Area United Way, 250 Depot Street, St. Marys, PA 15857. *Fax or email submissions will not be accepted.*

An in-person allocation meeting will be scheduled with each agency in January 2024.

All grant awards are contingent on anticipated pledges being fulfilled and subject to being reduced if such pledges are not collected. The board of directors for the St. Marys Area United Way reserves the right to reduce, change or alter the award decisions based on its sole discretion. If this is necessary, the St. Marys Area United Way will notify the agency as soon as a decision is made.

***AS A CONDITION OF AWARDING FUNDS TO YOUR AGENCY, THE ST. MARYS AREA UNITED WAY MAY REQUEST FROM TIME TO TIME NEWS RELEASES, SUCCESS STORIES AND STATEMENTS DESCRIBING YOUR CURRENT ACHIEVEMENTS AND GOALS, INCLUDING BUT NOT LIMITED TO PHOTOS, QUOTATIONS OR LETTERS OF TESTIMONY. FAILURE TO COMPLY WITH THESE REQUESTS COULD WEIGH AGAINST YOU IN AWARDING FUTURE FUNDING.***

Thank you for taking the time to allow us to get to know your organization. Through your efforts in filling in this questionnaire and application we can more fully understand your needs. It is important that you give us as accurate information as you can.

All agencies requesting funding through the St. Marys Area United Way are required to submit a *Funding Proposal Application*, including the following:

1. *Cover Page* - Please complete the cover page indicating general contact information, total funds requested, and community impact area for which you are applying for funding. The executive director as well as the board president or an authorized organizational representative must sign and date the cover page.
2. *Funding proposal & budget* - Please complete the program proposal responding to all questions. Include any necessary documentation and materials regarding this section.
3. A copy of your *PA State Bureau of Charitable Solicitation* or the exempt from registration form.
4. Board of directors roster indicating the officers
5. Income & Expense sheet (page 9) & the most recent balance sheet
6. Memorandum of Agreement
7. Anti-Terrorism Compliance Certificate

**Community Influence Area:** All programs funded by the St. Marys Area United Way must have goals we can measure while achieving the desired results of the program. All programs must describe a positive influence in one or more of the identified influence areas below:

- Education
- Health
- Youth
- Disabled
- Income Stability
- Poverty
- Elderly
- Veteran

The St. Marys Area United Way's funding is intended to compliment a budget and not to be the sole source of income for any program or service. Agencies should demonstrate that the program's existence is not contingent upon receiving United Way support but would be enhanced, improved, or available to more consumers if the proposal is successful. United Way's commitment to any agency should not exceed 25% of that program's budget.

***Receipt of Allocation Funds Report:***

Should your organization be successful in receiving funds from the St. Marys Area United your agency will be required to sign the *Memorandum of Understanding* and the Anti-Terrorism Compliance and Charitable Status form after the award is given.

Your agency will also be required to submit a year-end report by December 15, 2024 showing how funding provided by the St. Marys Area United Way was utilized. In addition, include a brief program evaluation showing the effectiveness and impact of your program/project.

**2024 FUNDING PROPOSAL**  
**APPLICATION COVER PAGE**

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

Request for funding: \_\_\_\_\_ operational or \_\_\_\_\_ program

Amount Requested: \$\_\_\_\_\_ Amount received last year: \$\_\_\_\_\_

How much of an increase or decrease does this represent from last year to this year? \_\_\_\_\_% increase or decrease. Please note that any increase will warrant further explanation (attach separate sheet.)

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

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

Program/Project Leader: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Community Influence Area your agency/program/project will address (check all that apply):

Education	Income Stability
Health	Poverty
Youth	Elderly
Disabled	Veteran

This proposal provides full and fair disclosure of all information, including the financial, demographic, and outcome data of the agency. *Please note, all signatures should be from an authorized representative of the agency such as the executive director or board president empowered to carry out all contracts on behalf of the agency.*

Executive Director: _____	Board President: _____
Signature: _____ Date: _____	Signature: _____ Date: _____

**AGENCY INFORMATION COVER PAGE**

1. What is the legal name of your organization?  
\_\_\_\_\_
2. What is the trade name of your organization?  
\_\_\_\_\_
3. Year Established? \_\_\_\_\_
4. What is your physical address? \_\_\_\_\_
5. If more than one location, list the main office/headquarters and address that is located in Elk County, PA \_\_\_\_\_  
\_\_\_\_\_
6. Who is the contact person at the local location? \_\_\_\_\_

**List the following that apply to your organization:**

7. Phone number(s) (list all if more than one)  
\_\_\_\_\_  
\_\_\_\_\_
8. Fax number \_\_\_\_\_
9. Email address (main email address of the organization, not individual email addresses)  
\_\_\_\_\_  
\_\_\_\_\_
10. Website: \_\_\_\_\_
11. Facebook page: \_\_\_\_\_
13. Describe the geographic area served by your agency. \_\_\_\_\_

14. Provide your mission statement or a brief description of your agency:

15. Are there other agencies in the St. Marys Area that offer similar services to yours?  
Yes \_\_\_\_\_ No \_\_\_\_\_ if so, list them below.

16. Please attach one sample of a current marketing material that you use so that we can fully understand your client, customer, audience, or goal.

17. Do you charge fees for a membership? \_\_\_\_\_ If so how much? \_\_\_\_\_  
(attach a separate sheet if necessary)

18. Do you charge fees for services you provide? \_\_\_\_\_ If so how much? \_\_\_\_\_  
(attach a separate sheet if necessary)

19. Have any major changes occurred to your agency since you last applied for funding from the St. Marys Area United Way? \_\_\_\_\_ If so, explain below.

20. What is the fiscal year of your organization? \_\_\_\_\_

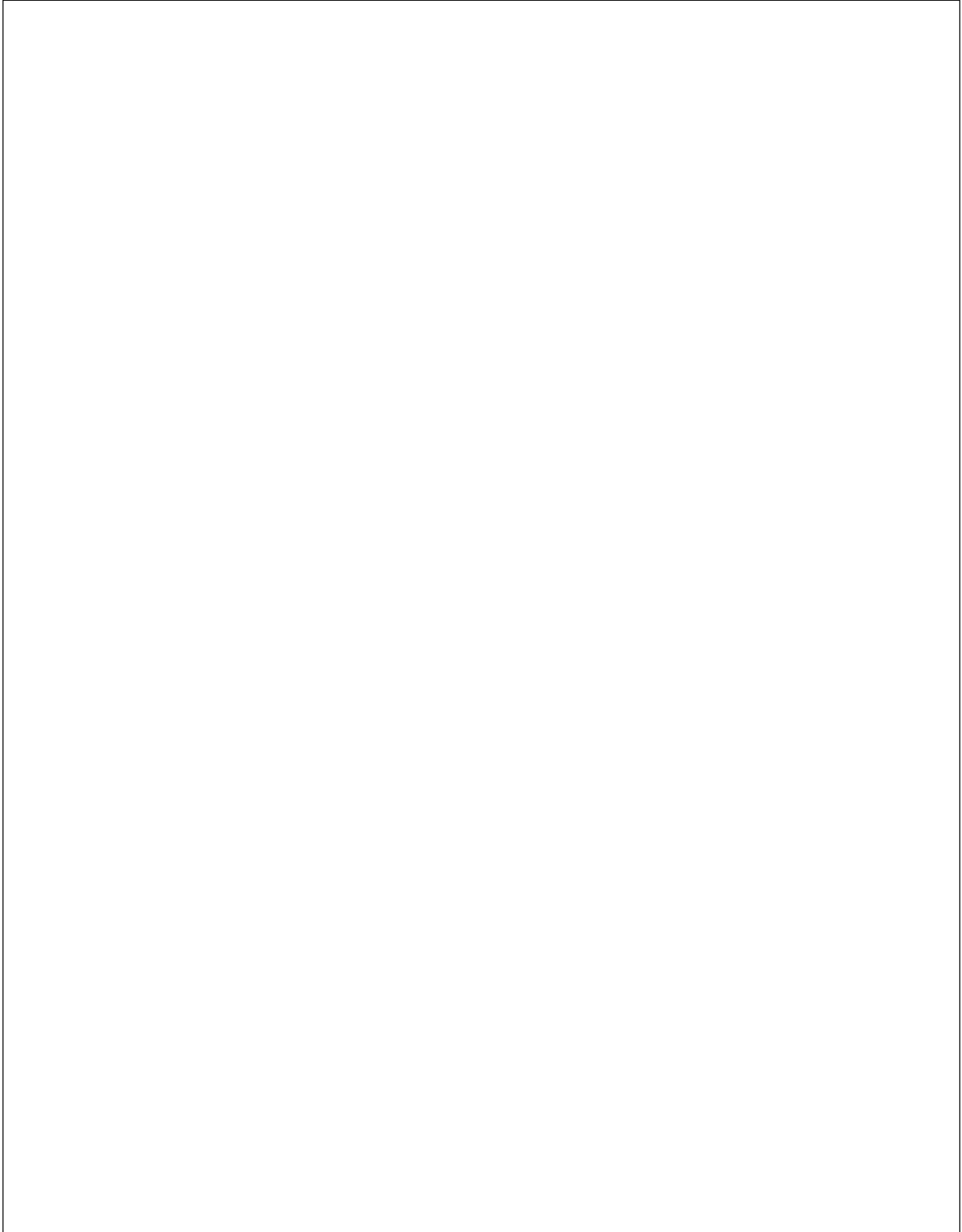
21. How many paid employees does your organization employ? full time \_\_\_\_\_ part time \_\_\_\_\_

22. How many volunteers on a regular schedule work on behalf of your organization? \_\_\_\_\_

23. Estimate the number of volunteer hours your organization receives per month. \_\_\_\_\_

24. Provide a list of the board members and officers on a separate sheet of paper.

25. List the goals you intend to achieve through use of the St. Marys Area United Way funds for 2023. Be specific.



**FUNDRAISING EFFORTS**

Did you conduct any fundraisers in the last year using funds that were allocated to you by the United Way? \_\_\_\_\_

If you conducted any fundraisers last year, provide the information below.

**FUNDRAISER #1**

Describe the purpose for this fundraiser in detail (i.e. to purchase educational materials).

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What was your fundraiser? Please describe. \_\_\_\_\_

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When was your fundraiser held? \_\_\_\_\_

Was this the first time you held this fundraiser? \_\_\_\_\_

Is this a recurring fundraiser (annually, quarterly etc.)? \_\_\_\_\_

What was the fundraiser monetary goal? \_\_\_\_\_

Did you achieve your goal? \_\_\_\_\_ if not, what percent of your goal did you achieve?

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Will you pursue this fundraiser again? \_\_\_\_\_ if not, explain \_\_\_\_\_

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**FUNDRAISER #2**

Describe the purpose for this fundraiser in detail (i.e. to purchase educational materials).

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What was your fundraiser? Please describe. \_\_\_\_\_

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When was your fundraiser held? \_\_\_\_\_

Was this the first time you held this fundraiser? \_\_\_\_\_

Is this a recurring fundraiser (annually, quarterly etc.)? \_\_\_\_\_

What was the fundraiser monetary goal? \_\_\_\_\_

Did you achieve your goal? \_\_\_\_\_ if not, what percent of your goal did you achieve?

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Will you pursue this fundraiser again? \_\_\_\_\_ if not, explain \_\_\_\_\_

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**FUNDRAISER #3**

Describe the purpose for this fundraiser in detail (i.e. to purchase educational materials).

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What was your fundraiser? Please describe. \_\_\_\_\_

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When was your fundraiser held? \_\_\_\_\_

Was this the first time you held this fundraiser? \_\_\_\_\_

Is this a recurring fundraiser (annually, quarterly etc.)? \_\_\_\_\_

What was the fundraiser monetary goal? \_\_\_\_\_

Did you achieve your goal? \_\_\_\_\_ if not, what percent of your goal did you achieve?

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Will you pursue this fundraiser again? \_\_\_\_\_ if not, explain \_\_\_\_\_

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*If your agency conducted more than three fundraisers please use a separate sheet of paper.*

Did any other agency or funding body hold a fundraiser on your agency's behalf? \_\_\_\_\_

List the events below and the monetary benefit if any to your agency.

	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$



INCOME AND EXPENSE				
AGENCY INCOME	LAST YEAR	THIS YEAR	NEXT YEAR	NET CHANGE
St. Marys Area United Way				
Other United Way				
Other United Way				
Other United Way				
Other United Way				
Other United Way				
Fundraising				
Fees For Services You Provide				
Membership Dues				
Investment Income				
Federal Grants				
State Grants				
Other				
Other				
Other				
Other				
<b>Total Income</b>				
<b>AGENCY EXPENSES</b>				
Salaries & Wages				
Employee Benefits				
Utilities				
Rent if Applicable				
Repairs/Renovations				
Affiliate Organizational dues				
Conference Expenses				
Auto/Mileage Expenses				
Travel Expenses				
Postage/Shipping expenses				
Office Supplies				
Other				
Other				
Other				
Other				
Other				
<b>Total Expenses</b>				
<b>Income Less Expenses</b>				

## AGENCY PROGRAM EXPENDITURES

Of the total program expenditures made by your agency last year, how much was spent on:

**Programs within the St. Marys Area:**    % \_\_\_\_\_    \$ \_\_\_\_\_

Number of people served within the St. Marys Area:

- 1-4 years of age \_\_\_\_\_ *(count each person once no matter how many times they were served)*
- 5-18 years of age \_\_\_\_\_ *(count each person once no matter how many times they were served)*
- 19-61 years of age \_\_\_\_\_ *(count each person once no matter how many times they were served)*
- 62+ years of age \_\_\_\_\_ *(count each person once no matter how many times they were served)*
- Total number of all ages of people served \_\_\_\_\_

**Programs within Elk County excluding the St. Marys Area:**    % \_\_\_\_\_    \$ \_\_\_\_\_

Number of people served excluding the St. Marys Area

- 1-4 years of age \_\_\_\_\_ *(count each person once no matter how many times they were served)*
- 5-18 years of age \_\_\_\_\_ *(count each person once no matter how many times they were served)*
- 19-61 years of age \_\_\_\_\_ *(count each person once no matter how many times they were served)*
- 62+ years of age \_\_\_\_\_ *(count each person once no matter how many times they were served)*
- Total number of all ages of people served \_\_\_\_\_

**Programs outside of Elk County:**    % \_\_\_\_\_    \$ \_\_\_\_\_

Number of people served excluding Elk County

- 1-4 years of age \_\_\_\_\_ *(count each person once no matter how many times they were served)*
- 5-18 years of age \_\_\_\_\_ *(count each person once no matter how many times they were served)*
- 19-61 years of age \_\_\_\_\_ *(count each person once no matter how many times they were served)*
- 62+ years of age \_\_\_\_\_ *(count each person once no matter how many times they were served)*
- Total number of all ages of people served \_\_\_\_\_

**2023 FUNDING PROPOSAL APPLICATION  
MEMORANDUM OF UNDERSTANDING**

St. Marys Area United Way and \_\_\_\_\_  
(Agency)

The purpose of this agreement is to define a cooperative and mutually beneficial relationship between the above parties. This agreement is to be signed by both parties before allocations and/or designations may be released.

***The St. Marys Area United Way and THE AGENCY AGREE TO:***

- Support an affirmation of non-discrimination which has been adopted by the agency's governing body.
- Practice responsible management through a volunteer governing board of directors, which is representative of the community, meeting at least quarterly and exercising effective financial, service, and administrative control.
- Insure that financial records are kept in accordance with generally accepted accounting principles (GAAP) and to conduct an annual audit, review, or compilation, by an independent certified public accountant, as required by the IRS.
- Ensure that agency management, general and fundraising expenses will not exceed 25 percent of total agency revenue.
- Complete annually the IRS 990 or 990ez.
- Be registered with the *PA State Bureau of Charitable Solicitation* or be exempt from registration.
- Cooperate with other agencies within St. Marys to prevent duplication of services and to promote effectiveness and efficiency.

***The St. Marys Area United Way AGREES:***

- The St. Marys Area United Way board of directors reserves the right to adjust/reduce the amount of funds granted to the agency if the campaign total pledged amount becomes uncollectible to any significant degree.
- The St. Marys Area United Way's executive director may call meetings with agency leaders as needed.
- To extend to the agency the benefit of United Way experience, assistance, and capabilities.
- The St. Marys Area United Way allocation committee will conduct a thorough allocation meeting with agency leaders to determine appropriateness of funding.
- The allocation committee, a committee of community volunteers and representative board members, will recommend the funding amount for each agency to the St. Marys Area United Way board of directors for their approval.

**The Agency Agrees:**

- To notify the St. Marys Area United Way, in writing of any substantial changes in the way the agency does business or provides services. This includes the start of new services, changes in facilities, and/or staffing.
- To use no funds allocated to the agency from the St. Marys Area United Way for any activity, service, or program other than that for which it was requested. Unexpended or misused allocated funds will be returned to the St. Marys Area United Way's general fund.
- To prominently display the logo of the St. Marys Area United Way on all solicitations, fundraisers, and printed materials dispersed to the general public, including but not limited to newsletters, brochures, annual reports, webpage, advertising, press releases, etc., making it known in every practicable manner, that the agency is a recipient of United Way support.
- To avoid any means of fundraising during October, which the St. Marys Area United Way's annual campaign.
- Fundraising that could be considered in direct conflict with the St. Marys Area United Way during October, include but not limited to:
  - Employees at the Workplace: Member agencies are prohibited at all times from conducting direct solicitations for their agency at companies in Elk County. This refers to asking employees to make a monetary contribution or payroll deduction. This does not include product sales, raffles or event sponsorship.
  - Corporate Solicitation: The solicitation of companies for monetary contributions is prohibited. This does not include product sales, raffles or event sponsorship.
  - General Solicitation: The solicitation of the public by telephone or through mass mailings, without targeting a specific segment of the population, for monetary contributions is prohibited at all times.
  - Other Prohibited Activities: Mailing unordered merchandise, receiving funds through payroll deduction and campaigning for designations are prohibited at all times. Agencies should also refrain from any fundraising that has the potential to discredit charitable causes or erode the public trust and goodwill.
- Exemptions may be granted on a case-by-case basis especially with other local community events.
- To assist with the St. Marys Area United Way's campaign/fundraisers.
- Breach by the Agency of any provisions of this agreement may result in termination of this contract or reduction of allocation funds by the St. Marys Area United Way.
- The spirit of this agreement is one of complete cooperation between the parties in order to best serve all citizens of St. Marys/Elk County.

Accepted By: \_\_\_\_\_

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

Printed Name/ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*The St. Marys Area United Way:*

Printed Name/Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# LIVE UNITED



## **St. Marys Area United Way Anti-Terrorism Compliance and Charitable Status**

In compliance with the USA Patriot Act and other counterterrorism laws, the St. Marys Area United Way requires that each agency certify the following:

“I hereby certify on behalf of \_\_\_\_\_ 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.”

Additionally, I hereby certify that the above named organization is eligible to receive charitable contributions as defined under section 170(c) of the Internal Revenue Code.

Print name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_