

**UNITED WAY OF SOUTHWEST VIRGINIA**  
***REQUEST for FUNDING for 2009***

2008 Instructions

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**GENERAL:**

- This *REQUEST for FUNDING* will be used by all County Advisory Boards to determine allocations for 2009. Please download and complete this form following the directions on pages i-iii. Print the Signature Sheet, review and complete with original signatures.
- Prepare a separate Page 4, Part I-D, for each county in which funds are being requested. The information in each Page 4 must be specific for the county.
- Submit the completed application/budget file by **APRIL 25, 2008** to applications@SWVAUnitedWay.org.
- Fill in all spaces. If the question does not apply to your agency, mark the space with “NA”.
- The local County Advisory Board may request a budget presentation separately if needed, but is usually part of the Day Tour.

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Use form as provided; altered applications will be returned.

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**Below is the Allocations & Admissions Committee Chairperson for each County. Contact the person below with concerns, questions, or suggestions.**

<i>COUNTY</i>	COUNTY CHAIRPERSON	<i>ADDRESS</i>	<i>PHONE/FAX</i>
<b>Dickenson</b>	Wanda Perry	RT 2 Box 268 Coeburn, VA 24230	(276) 835-9617
<b>Russell</b>	Steve Breeding	P.O. Box 2046 Lebanon, VA 24266	(276) 988-7921/ (276) 889-4589 (276) 988-7924 Fax
<b>Scott</b>	Gary E. Michael, M.D	Clinch River Health Services, Inc. Rt 1 Box 20 Dungannon, VA 24245	(276) 467-2201/ (276) 467-2673 Fax
<b>Wise</b>	Dan Minahan	United Way of Wise County P.O. Box 1683 Wise, VA 24293	(276) 679-2007

**UNITED WAY OF SOUTHWEST VIRGINIA**  
**COUNTY ADVISORY BOARD**  
*APPLICATION FOR FUNDING*

**PLEASE:** Do not attach additional information such as brochures, etc. unless specifically requested to do so.

**BY SECTION:**

- PART I-A: Use the table to list each program described in the application. Place the amount requested from each county under the county name and on the line for each program.  
CHECKLIST: Complete and submit. The completed Signature Sheet, Audit, Financial Statement and any required hard copy material is not mailed to the United Way office. Present this material to the United Way Liaison at the Day Tour.
- PART I-B: Complete and submit. The indicated *Contact* should be someone authorized to answer questions and make decisions relevant to United Way funding. Indicate *your fiscal year*. **Regardless of your fiscal year or the disbursement schedule, United Way funds from this application cycle begins in January 2009.** The original Signature Sheet must have *original signatures*. Briefly describe the agency's efforts for the next two years in regard to the mission/objectives/goals of the agency.
- PART I-C : GENERAL AGENCY INFORMATION - Focus on the program or service for which funds are requested. PART I-C is generic for all counties.
- PART I-D: This section is **county specific** and must be completed separately for **each** County in which funds are requested. Use a **separate** Page 4 for **each** county and list each program requesting funding from the county.
- PART I-E: CLIENT SERVICE/ALLOCATION SUMMARY - List the number of clients served and the allocation received from each county for 2007, 2008, and projected 2009. For questions 1 through 4, refer to FINANCIAL INFORMATION described below.
- PART II: MEMBER AGENCY AGREEMENT – The Signature Sheet must be initialed, dated, and signed by the chief professional officer and the chief volunteer officer to indicate that the Member Agency Agreement was reviewed and the terms accepted.
- PART II: COUNTERTERRORISM COMPLIANCE CERTIFICATION - The Signature Sheet must be initialed, dated, and signed by the chief professional officer and the chief volunteer officer to indicate that the Counterterrorism Compliance Certification was reviewed and the terms accepted.

PART II: FINANCIAL INFORMATION - Use the fiscal year for which you developed goals and objectives.

**Past Year:** 2007

**Current Year:** 2008

**Projected Year:** 2009

PART II: FINANCIAL INFORMATION (cont) - Administrative Costs are those expenses that do not directly impact a client/consumer, but that are essential to the sound management of the organization. The following are examples of administrative costs.

Audit and Form 990 preparation fees

All fundraising expenses

Attorney/legal fees

Contractual fees, unless specifically program related

Membership dues to business/civic clubs

100% of wages/benefits for Executive Director and all staff less any time spent on direct program duties as documented by a time study.

Bookkeeper/accountant fees/wages

Space/facilities/utilities cost for administrative areas/functions on a prorated basis

Insurance

Travel cost not directly related to a specific program

Depreciation and amortization

- **BUDGET FORM 1:** This is for the entire agency and is required of all applicants.
- **BUDGET FORM 2:** This is required as the requested funds are for a specific service or program. Use a **separate** Budget Form 2 for **each** program when requesting funding for more than one program.
- **BUDGET FORM 3:** Used to address any discrepancies of revenues and expenses from *Budget Form 1* and/or *2*. The bottom section is used to report restricted funds or Board designated reserves.

#### **BUDGET PRESENTATION:**

- Usually held during the Day Tour.
- The local Advisory Board may request a separate date for an expanded budget presentation
- The Agency representative must know the entire Application/Budget
- The representative should be familiar with the method/significance of calculating numbers specific to the county where the Application for Funding is submitted.

**UNITED WAY OF SOUTHWEST VIRGINIA**  
**REQUEST for FUNDING for 2009 – Part I. Sec. A - Checklist**

AGENCY \_\_\_\_\_

Enter the amount requested for program and from each county to which this request is being submitted.

<i>Program</i>	Dickenson	Russell	Scott	Wise

**CHECKLIST:**

This *REQUEST for FUNDING* has two parts. **PART I** is the application for funds to be dispersed in 2008 and **must be completed in its entirety by all agencies**. **PART II** is supporting documentation and is **required only as defined below**.

· *Check off those documents that are attached to this request.*

- **Part I, pages 1 through 5.**
- **List of current Board of Directors.** Required for all incorporated agencies and others with a governing board.
- **List of current volunteer officers.** Required of all agencies.
- *Check off those documents for presentation to the Liaison as required.*
- **Financial statement.** Required of all agencies.
- **Formal CPA review.** Required of all agencies whose total budget is > \$25000 < \$200000.
- **Agency Audit.** Required of all agencies whose total budget is greater than \$199,999.
- **IRS letter of exemption – 501 (c) 3.** Required of agencies requesting funds for the first time.  
*NOTE: See MEMBER AGENCY AGREEMENT item 11.*
- **Part 2. The following forms are provided..**
- **MEMBER AGENCY AGREEMENT & Counterterrorism Compliance Certification.**  
 Must be reviewed and accepted by the Agency’s Board of Directors.
- **Signature Sheet.** Required of all agencies. *Present to Liaison as required.*
- **Budget Form # 1 - Agency.** Required of all agencies.
- **Budget Form(s) # 2 - Program.** Required of all agencies for each specific program. One form for each specific program for which funds are being requested.
- **Budget Form # 3 – Supplemental Information. Section A** required if the agency’s projected revenues or expenditures for 2009 have increased or decreased by more than 25% from the 2008 budget. **Section B** required if the agency has reserve funds that exceed 25% of the 2008 proposed budget.

**REQUEST for FUNDING for 2009 – Part I: Sec.B – Agency Profile**

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**AGENCY:**

**MAILING ADDRESS:**

**CITY, STATE, ZIP:** \_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_ **FAX:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**CONTACT:**

**OFFICERS:**

**Board President**

**Board Treasurer**

**Executive Director:**

**For Agency Fiscal Year** \_\_\_\_\_ **to** \_\_\_\_\_

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**Briefly describe your organization's mission and objectives for the next two years. Identify your funding priorities and describe the target population the organization serves.**

This Application was considered and approved by our Board of Directors on \_\_\_\_\_ **Refer to Signature Sheet** \_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**Chief Professional Officer** Title

\_\_\_\_\_  
**Chief Volunteer Officer** Title

***REQUEST for FUNDING for 2009 – Part I: Sec. C – Program Information***

Use a separate sheet for each program.

**AGENCY:**

**PROGRAM:**

- 1) Describe the program(s) for which you are requesting funding in terms of need, target population, the number of clients on your waiting list and long-term outcome for those being served.

- 2) How are program(s) assessed for effectiveness to achieve the desired outcome?

- 3) How is the program(s) staffed? Include number of volunteer people and hours.

- 4) Do you charge fees. Yes No. If Yes, explain fee basis.

- 5) Describe how you responded to Recommendation (if received) from United Way last year. Refer to the Letter of Award received by the agency in 2008.

***REQUEST for FUNDING for 2009 – Part I: Sec. D – County Specific Information***

Use additional sheets if more than 4 programs/services reported.

**AGENCY:**

Mark the County for which this information is applicable. *Complete this section separately for each county where funds are requested. Use separate sheets for each county.*

<b>Dickenson</b>	<b>Russell</b>	<b>Scott</b>	<b>Wise</b>
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- 1) For program(s) to be funded, describe the programs/services your agency currently provides, the number of total clients served, the number of County clients served and the percent that the County is of the total.

Programs/ Services	Total number of clients served in 2007	County number and percent of clients served in 2007	Estimated total number of clients served in 2008	County number and percent of clients served in 2008	Estimated total number of clients served in 2009	County number and percent of clients served in 2009

- 2) Using County numbers only, describe the total number and type of unduplicated individual units of services (example: service hours, counseling sessions, meals served, trips, days of shelter), the total cost, and then the cost per one unit of service provided by the funded program(s) to the County residents.

List by Unit of Service (or Program)	Actual for 2007			Estimate for 2008			Projected for 2009		
	number	Total cost	cost/1	number	Total cost	Cost/1	number	Total cost	cost/1

***REQUEST for FUNDING for 2009 – Part I: Sec. C – Program Information***

Use a separate sheet for each program.

**AGENCY:**

**PROGRAM:**

- 4) Describe the program(s) for which you are requesting funding in terms of need, target population, the number of clients on your waiting list and long-term outcome for those being served.

- 5) How are program(s) assessed for effectiveness to achieve the desired outcome?

- 6) How is the program(s) staffed? Include number of volunteer people and hours.

- 4) Do you charge fees. Yes No. If Yes, explain fee basis.

- 5) Describe how you responded to Recommendation (if received) from United Way last year. Refer to the Letter of Award received by the agency in 2008.

***REQUEST for FUNDING for 2009 – Part I: Sec. D – County Specific Information***

Use additional sheets if more than 4 programs/services reported.

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<b>Dickenson</b>	<b>Russell</b>	<b>Scott</b>	<b>Wise</b>
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- 3) For program(s) to be funded, describe the programs/services your agency currently provides, the number of total clients served, the number of County clients served and the percent that the County is of the total.

Programs/ Services	Total number of clients served in 2007	County number and percent of clients served in 2007	Estimated total number of clients served in 2008	County number and percent of clients served in 2008	Estimated total number of clients served in 2009	County number and percent of clients served in 2009

- 4) Using County numbers only, describe the total number and type of unduplicated individual units of services (example: service hours, counseling sessions, meals served, trips, days of shelter), the total cost, and then the cost per one unit of service provided by the funded program(s) to the County residents.

List by Unit of Service (or Program)	Actual for 2007			Estimate for 2008			Projected for 2009		
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***REQUEST for FUNDING for 2009 – Part I: Sec. C – Program Information***

Use a separate sheet for each program.

**AGENCY:**

**PROGRAM:**

- 7) Describe the program(s) for which you are requesting funding in terms of need, target population, the number of clients on your waiting list and long-term outcome for those being served.

- 8) How are program(s) assessed for effectiveness to achieve the desired outcome?

- 9) How is the program(s) staffed? Include number of volunteer people and hours.

- 4) Do you charge fees. Yes No. If Yes, explain fee basis.

- 5) Describe how you responded to Recommendation (if received) from United Way last year. Refer to the Letter of Award received by the agency in 2008.

***REQUEST for FUNDING for 2009 – Part I: Sec. D – County Specific Information***

Use additional sheets if more than 4 programs/services reported.

**AGENCY:**

Mark the County for which this information is applicable. *Complete this section separately for each county where funds are requested. Use separate sheets for each county.*

<b>Dickenson</b>	<b>Russell</b>	<b>Scott</b>	<b>Wise</b>
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- 5) For program(s) to be funded, describe the programs/services your agency currently provides, the number of total clients served, the number of County clients served and the percent that the County is of the total.

Programs/ Services	Total number of clients served in 2007	County number and percent of clients served in 2007	Estimated total number of clients served in 2008	County number and percent of clients served in 2008	Estimated total number of clients served in 2009	County number and percent of clients served in 2009

- 6) Using County numbers only, describe the total number and type of unduplicated individual units of services (example: service hours, counseling sessions, meals served, trips, days of shelter), the total cost, and then the cost per one unit of service provided by the funded program(s) to the County residents.

List by Unit of Service (or Program)	Actual for 2007			Estimate for 2008			Projected for 2009		
	number	Total cost	cost/1	number	Total cost	Cost/1	number	Total cost	cost/1

***REQUEST for FUNDING for 2009 – Part I: Sec. C – Program Information***

Use a separate sheet for each program.

**AGENCY:**

**PROGRAM:**

- 10) Describe the program(s) for which you are requesting funding in terms of need, target population, the number of clients on your waiting list and long-term outcome for those being served.

- 11) How are program(s) assessed for effectiveness to achieve the desired outcome?

- 12) How is the program(s) staffed? Include number of volunteer people and hours.

- 4) Do you charge fees. Yes No. If Yes, explain fee basis.

- 5) Describe how you responded to Recommendation (if received) from United Way last year. Refer to the Letter of Award received by the agency in 2008.

***REQUEST for FUNDING for 2009 – Part I: Sec. D – County Specific Information***

Use additional sheets if more than 4 programs/services reported.

**AGENCY:**

Mark the County for which this information is applicable. *Complete this section separately for each county where funds are requested. Use separate sheets for each county.*

<b>Dickenson</b>	<b>Russell</b>	<b>Scott</b>	<b>Wise</b>
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Programs/ Services	Total number of clients served in 2007	County number and percent of clients served in 2007	Estimated total number of clients served in 2008	County number and percent of clients served in 2008	Estimated total number of clients served in 2009	County number and percent of clients served in 2009

- 8) Using County numbers only, describe the total number and type of unduplicated individual units of services (example: service hours, counseling sessions, meals served, trips, days of shelter), the total cost, and then the cost per one unit of service provided by the funded program(s) to the County residents.

List by Unit of Service (or Program)	Actual for 2007			Estimate for 2008			Projected for 2009		
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***REQUEST for FUNDING for 2009 – Part I: Sec. C – Program Information***

Use a separate sheet for each program.

**AGENCY:**

**PROGRAM:**

- 13) Describe the program(s) for which you are requesting funding in terms of need, target population, the number of clients on your waiting list and long-term outcome for those being served.

- 14) How are program(s) assessed for effectiveness to achieve the desired outcome?

- 15) How is the program(s) staffed? Include number of volunteer people and hours.

- 4) Do you charge fees. Yes No. If Yes, explain fee basis.

- 5) Describe how you responded to Recommendation (if received) from United Way last year. Refer to the Letter of Award received by the agency in 2008.

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Programs/ Services	Total number of clients served in 2007	County number and percent of clients served in 2007	Estimated total number of clients served in 2008	County number and percent of clients served in 2008	Estimated total number of clients served in 2009	County number and percent of clients served in 2009

- 10) Using County numbers only, describe the total number and type of unduplicated individual units of services (example: service hours, counseling sessions, meals served, trips, days of shelter), the total cost, and then the cost per one unit of service provided by the funded program(s) to the County residents.

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***REQUEST for FUNDING for 2009 – Part I: Sec. C – Program Information***

Use a separate sheet for each program.

**AGENCY:**

**PROGRAM:**

- 16) Describe the program(s) for which you are requesting funding in terms of need, target population, the number of clients on your waiting list and long-term outcome for those being served.

- 17) How are program(s) assessed for effectiveness to achieve the desired outcome?

- 18) How is the program(s) staffed? Include number of volunteer people and hours.

- 4) Do you charge fees. Yes No. If Yes, explain fee basis.

- 5) Describe how you responded to Recommendation (if received) from United Way last year. Refer to the Letter of Award received by the agency in 2008.

***REQUEST for FUNDING for 2009 – Part I: Sec. D – County Specific Information***

Use additional sheets if more than 4 programs/services reported.

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- 11) For program(s) to be funded, describe the programs/services your agency currently provides, the number of total clients served, the number of County clients served and the percent that the County is of the total.

Programs/ Services	Total number of clients served in 2007	County number and percent of clients served in 2007	Estimated total number of clients served in 2008	County number and percent of clients served in 2008	Estimated total number of clients served in 2009	County number and percent of clients served in 2009

- 12) Using County numbers only, describe the total number and type of unduplicated individual units of services (example: service hours, counseling sessions, meals served, trips, days of shelter), the total cost, and then the cost per one unit of service provided by the funded program(s) to the County residents.

List by Unit of Service (or Program)	Actual for 2007			Estimate for 2008			Projected for 2009		
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