

United Way of Susquehanna County 2020-22 Safety Net Program 2 Year Funding Application

Your completed application and attachments must be submitted through Dropbox OR, sent electronically to robin.unitedway@yahoo.com no later than March 5, 2020.

Please retain a copy of this application in its entirety for your files.

Failure to comply with above or following requests will result in dismissal of application.

All requested application documents must be submitted by deadline.

Notice: Failure to comply with submission deadline of any and all documents requested by United Way of Susquehanna County will result in immediate forfeit and/or suspension of future allocable payments or consideration for funding program year.

Important Dates

Dates are subject to change

November 2019- Agencies and public notified that process will begin (via press release, Facebook, website, and e-mail)

December 12, 2019 -Agency Training meeting

December, 2019 -Community Impact Letter of Intent (LOI) made available

December, 2019- Safety Net Applications made available

December-January- Mid- year agency review site visits for 2018-20 funded agencies

December-January-Agencies can schedule one-on-one sessions to address questions and pre-review draft Community Impact LOI

Jan. 21, 2020 Community Impact Letter of Intent Due

Jan. 22-23, 2020 Community Impact Letters of Intent distributed to Allocation Committee

Feb. 5-6, 2020- Agency and Allocation meetings- with each agency if necessary

Feb. 18-20, 2020- Agencies are notified of recommendation- Community Impact RFP provided based on allocation committee recommendations

March 3, 2020- Safety Net Applications are due

March, 2020- Agencies may schedule one-on-one meetings to address questions and pre-review Community Impact Request for Proposal

April 21, 2020- Community Impact Request for Proposal Due

April 22-24, 2020- Request for Proposals distributed to Allocation Committee

June, 2020- Agencies are notified of final recommendations

July 2020- 1st Quarter Begins

United Way of Susquehanna County 2020-22 Safety Net Application Checklist

Please return completed application to the United Way electronically no later than **March 5, 2020**.
Late application submissions will not be considered for funding.

Note: Only the original application form will be accepted. Retyped, reworded, and/or incomplete applications will not be considered. Attach additional pages as necessary.

Application: Complete Pages 1-2 for the overall organization. Pages 3-5 are to be copied and filled out for each program for which funds are requested.

Please attach **only 1 copy** of the following to your application in order to be considered for funding:

- Current List of Board Members:** Include addresses and phone numbers, and indicate the board officers.
- Organization Conditions for Receipt of Funding:** Signature of authorized staff/ board member and date is required (located in application)
- Counterterrorism Compliance Form:** Signature of authorized staff/ board member and date is required (located in application)
- Copy of your most recent brochure (if applicable)**
- Current Certificate of Registration:** Under Solicitation Law by the Pennsylvania Commission on Charitable Organizations. If you do not file for this please list the reason under question #5.
- Most recently Completed Audit:** If your audit is not available or if one is not done please indicate the reason on question #5.
- Most recent IRS Form 990:** Please submit appropriate Form 990 applicable to your agency, 990, 990-N, 990-EZ, OR 990-PF. Under the circumstance of a newly formed agency, please provide a letter of commitment to submit an Audit or IRS Form 990 for the current funding year and to comply with the State Requirements for a Charitable Audit.
- Most recent Financial Statements:** Include the Balance Sheet and Income Statement.
- Total Agency Current Fiscal Year budget:** This should include the total agency budget, including both programs that are funded by the United Way of Susquehanna County and those that are not.
- Copy of your IRS determination letter: New Applicants Only.**

United Way of Susquehanna County 2020-22 Safety Net Program 2 Year Funding Application

Overview

*** NOTE: This application is for a 2-year funding cycle, 07-1-20 to 06-30-22**

This application applies solely to Safety Net Service programs. This is defined as activities that address "Emergency aid provided to individuals and families who face an immediate threat to their well-being as a result of a crisis."

Organization Name:

EIN# :

Address:

Contact Person:

Phone Number:

FAX Number:

Email address:

Web Site:

General Information:

1. Please provide a short narrative about your agency and list the safety net program(s) for which you are requesting funds.

2. Indicate major changes in Organization and/or program(s) since last application, if applicable.

- 3. Please list the ways in which your Organization has supported the United Way in the past 2 years. (e.g. Participated in the interagency meetings, UW logo on stationary, website and/or on display in the office, link to UW webpage from your webpage, etc.)

- 4. Do you have any questions, concerns or comments for the allocation committee to take into consideration?

- 5. Organization Special Funds & Accounts (savings, CD's, reserve accounts, endowments, building funds, etc.) List funds, special accounts and values. Please also list any restrictions that may apply to these funds.

Account/Fund	Value	Restrictions



**COMPLETE PAGES 3 - 5 FOR EACH PROGRAM
FOR WHICH SAFETY NET SERVICES FUNDING IS BEING REQUESTED**

Program Specific Information (If applying for more than one program, please make copies of these pages)

Please provide the following information for each Susquehanna County Safety Net Program you wish to have considered for funding:

Is this a new _____, existing _____ or existing with modifications _____ program? (Check one)

1. Program Name and Location(s)

2. Funding amount requested per year of UW \$ _____

3. Total budget per year amount of program \$ _____

4. What is the issue addressed by this program? And, how does this fit into the definition of Safety Net Services?

5. Service Area: Will your program service all residents of Susquehanna County? If not, what towns (townships) will you cover?

6. What percentage of individuals served will be Susquehanna County residents?

7. What, if any, similar organizations provide a program comparable to this one in Susquehanna County?

8. Is there a client waiting list for your program services? (yes or no) _____
(If yes, tell us how many are on the waiting list. What do prospective clients do while waiting for services? Is there an approximate wait time?)



9. Please state how you will implement this program in Susquehanna County for the period 07-01-20 to 06-30-22?

Please be specific so that we can accurately report to the public how their donations are used.

If you need more space, please attach an additional page.

Method	Segment Served	Dates of when services will be provided	*Projected # of Susq Co served 7-1-20 to 6-30-22 specify persons or households	*Projected # of Susq Co served 7-1-20 to 6-30-22 specify persons or households
Emergency Fuel Assistance	Families	Oct. 1 to May 31	9 persons	9 persons
Emergency counseling	Individuals	Apr. 1-June 31	95 households	95 households

*** Note: Provide projected numbers for 07-01-20 to 06-30-21 and 07-01-21 to 06-30-22 Keep track of numbers during each program year for reporting actual numbers in outcome report.**

10. What will be the requirements to receive program assistance?

11. List amounts charged for this service or attach a fee schedule (client, activity, month, annual), if applicable.

12. If you charge a fee, what percentage of individuals must pay full price or sliding fee? What percentage is covered under PA Access, private insurance or by other means?



***Projected Program Budgets from July 1, 2020 – June 30, 2022:**

	7-1-20 to 6-30-21	7-1-21 to 6-30-22
Program Operating Support & Revenue (Income)		
1. Client fees, memberships	_____	_____
2. Investment income	_____	_____
3. Fund raising	_____	_____
4. Donation, gifts, etc	_____	_____
5. Government grants	_____	_____
6. Tax Dollars	_____	_____
7. Other income _____	_____	_____
*Total support & revenue	_____	_____
Program Expenses		
1. Direct service payroll	_____	_____
2. Administrative payroll	_____	_____
3. Employee benefits	_____	_____
4. Contract / Professional fees	_____	_____
5. Office Supplies	_____	_____
6. Marketing	_____	_____
7. Program supplies	_____	_____
8. Dues / Memberships	_____	_____
9. Fund Drives	_____	_____
10. Collection Fees	_____	_____
11. Rent, utilities etc	_____	_____
12. Transportation	_____	_____
13. Licenses	_____	_____
14. Assistance to clients	_____	_____
15. Other expenses _____	_____	_____
*Total operating expenses	_____	_____

***Note: Total Support & Revenue must equal Total Operating Expenses
Budget modifications must be requested in writing prior to implementation**



United Way of Susquehanna County 2020-22 Organization Conditions for Receipt of Funding

As a registered (501c3) not for profit community agency in receipt of funds from the United Way of Susquehanna County for the program period of July 1, 2020 to June 30, 2022, (agency name/program)

_____ agrees to abide by the following obligations:

- Maintain in good standings, the status of the agency as a not for profit (501c3) agency and all obligations of law that accompany this status;
- You have confirmed that your 2-1-1 service listing is up to date and accurate for all your organization’s programming.
- An unpaid active Board of Directors meets at least 4 times per year
- A record must be maintained specifically identifying the receipt and expenditure of funds provided by the United Way of Susquehanna County;
- The use for which funds were applied and ultimately provided must be adhered to unless written allowance to redirect the use of funds is provided by the United Way of Susquehanna County;
- Application for funds, applied use of funds, outcome measurement reports, financial reports or any other information or reports requested in writing must be provided in the format and timeframe so designated by the United Way of Susquehanna County;
- The United Way logo display plaque provided by the United Way of Susquehanna County must be displayed prominently in the agencies program office that is a location visible to the general public;
- Employees and clients served are protected by federal laws prohibiting discrimination on the basis of race, religion, color, sex (including pregnancy and gender identity), national origin, age, disability, family medical history, or genetic information.
- Participate, to the greatest extent possible, in activities, meetings and programs so requested and identified by the United Way of Susquehanna County;
- The United Way of Susquehanna County reserves the right to reduce or eliminate the named Organization’s allocation for just cause;
- All written communications must include either the United Way logo and/or a statement “A United Way Partner Agency”; (i.e., website, newspaper and print ads, annual report, radio, letterhead, billboard, posters and signage)
- Your Organization is in compliance with Act 153 requirements and any other State and Federal Background Check requirements

I fully understand the foregoing and agree on behalf of the Agency to comply with these obligations as a recipient of funds from the United Way of Susquehanna County.

Print Name

Title

Authorized Signature

Date

Program Name _____



Counterterrorism Compliance Form

In compliance with the spirit and intent of the USA PATRIOT Act and other counterterrorism laws, the United Way of Susquehanna County requests that each applicant agency (“Organization”) certify that it is in compliance with the United Way of Susquehanna County and the United Way of America’s (“UWA”) compliance program.

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.

Comply _____ *Does Not Comply* _____

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 or terrorist organization, or that supports or funds terrorism.

Comply _____ *Does Not Comply* _____

This Organization does not, will not and has not knowingly provided or 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.

Comply _____ *Does Not Comply* _____

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.

Comply _____ *Does Not Comply* _____

This Organization does not re-grant to organizations, individuals, programs and/or projects outside of the United States of America without compliance with IRS guidelines.

Comply _____ *Does Not Comply* _____

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.

Comply _____ *Does Not Comply* _____

This Organization takes reasonable, affirmative steps to ensure that any funds or resources distributed or processed do not fund terrorism or terrorist organizations

Comply _____ *Does Not Comply* _____

* 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: _____

