

MITCHELL UNITED WAY

AGENCY ADMISSION OR CONTINUATION GUIDELINES

THE APPLYING AGENCY SHALL -

1. Be incorporated as a non-profit organization to which contributed income is fully exempt under Federal and State Law.
 - A. **Articles of Incorporation or Constitution and By-Laws must be submitted except for current member agencies.**
 - B. **Proof exempting your agency from Federal Income Tax under Section 501(a) of the Internal Revenue Code as an organization described in Section 501(c)(3) must be submitted, except for current member agencies.**
2. Be governed by a responsible Board of Directors who serve without pay, meet regularly and exercise effective administrative control.
 - A. **List of officers and directors must be included.**
3. Provide services in the health, education and income fields or meet other major community needs.
4. Have a non-discrimination policy and an affirmative action plan.
5. Maintain an efficient and economical organization and submit all required documents to the Mitchell United Way as outlined in these guidelines.
6. Accept and comply with all policies and procedures established by the Mitchell United Way Board of Directors and agree not to conduct **any separate fundraising events or soliciting fund drive of any kind during the “black-out” period from August 1 through October 31** without the **written approval** from the Mitchell United Way board of directors.
7. Demonstrate that the services that will be provided are not presently being met or are being met inadequately.
8. Have operated at least ***one full year*** in the community before applying for membership in the Mitchell United Way.

Agency Admission or Continuation Guidelines (continued)

9. Have its Board of Directors approve the application and have the application *signed by the board president and the agency director*.
10. Cooperate with members of the Mitchell United Way Evaluation Committee so they can make a recommendation to the Mitchell United Way board of directors. The applying agency may be requested to have a representative meet with the respective Evaluation Committee.
11. Submit along with the application the most recent Income Statement, Balance Sheet, Current Operating Budget and Audit information, if available.
12. Submit the Mitchell United Way **Summary Information** and **Budget Form** which makes up the **Official Application Forms**. *The forms that are furnished by Mitchell United Way must be the ones used. If it is necessary that additional information or explanation of any item must be made for any line item attach it to the application.*
13. Be advised by a Mitchell United Way representative if you have been accepted as a member and the amount approved for your agency no later than August 31 of the year preceding the year funds have been applied for.
14. ***(new agency)*** may be required to appear before the Mitchell United Way Presidents Council in order to be considered for recommendation of membership to the full board of directors. The agency will be notified of acceptance or rejection when that decision is made by the Mitchell United Way Executive Director.

NOTE: *If your organization meets the guidelines outlined proceed with filling out the Mitchell United Way Application Forms.*

The Mitchell United Way Official Application Forms and any literature, brochures or supplemental information must be submitted in original form by the Mitchell United Way deadlines listed below.

New Agencies not already partnered with the United Way need to have their applications in by April 27, 2022.

Current Agencies must submit their applications by May 27, 2022.

Mitchell United Way
Official Application Forms

Agency:

Address:

Telephone Number:

For the Fiscal Year

to

Submitted to the Mitchell United Way

Date:

Mitchell United Way

Summary Information

Name of Organization _____

Address _____

Name of Executive Director _____

Date Organized _____

Date affiliated with the United Way _____

1. Agency Objective/ Purpose: (describe in complete detail)

2. What Programs/Services does your Agency provide?

3. Target Population served: (Age, Gender, Special Interest, etc.)

4. Number of unduplicated individual units served in this United Way Area:

(3 years ago _____ 2 years ago _____ Last year _____)

5. Geographic Area Covered:

6. Does the Agency anticipate improved services or consolidations/mergers in the future?

7. How will this be financed?

8. What Supplementary Fundraising activities does the Agency conduct?
Activity:

Net \$ Results

Area Covered

Month conducted

Financial Highlights	Last year	This year	Next year
Total support & revenue All sources (BF 1: Line 1-13)			
Total expenses (BF 1: Line 14-30)			
Net Gain or Loss (BF 1: Line 37)			
Allocation requested from this United Way			
Allocation requested from other United Way			

Agency Budget Form

Description	Fiscal 20__ Last year Actual	Fiscal 20__ This year budgeted	Fiscal 20__ Next year proposed
<u>Support Revenue and Expenses</u>			
1. Allocation From this United Way			
<u>Public Support & Revenue (2-14)</u>			
2. Contributions			
3. Special events			
4. Legacies & Bequests (Unrestricted)			
5. Contributed by Assoc. Organizations			
6. Allocated by other United Ways			
7. Fees- Grants from Government agencies			
8. Membership dues			
9. Program Service Fees & net revenue			
10. Sale of Materials			
11. Investment Income (Other then related foundation)			
12. Support form related foundation			
13. Miscellaneous Revenue			
14. Total Support and Revenue			
<u>Expenses (Line 15 through 30)</u> (Do not include depreciation)			
15. Salaries			
16. Employee Benefits			
17. Payroll Taxes, Etc.			
18. Professional Fees			

19. Supplies			
20. Telephone			
21. Postage and Shipping			
22. Occupancy (Utilities, Bldg. rent & Maintenance)			
23. Equipment Rental & Maintenance			
24. Printing & Publications			
25. Travel			
26. Conferences, Conventions & Meetings			
27. Specific Assistance to Individuals			
28. Membership dues			
29. Awards and grants			
30. Miscellaneous or Other Support Services to Headquarters			
31. Total Expenses (Do not include depreciation)			

<u>Description</u>	Fiscal 20__ Last year actual	Fiscal 20__ This year Budgeted	Fiscal 20__ Next year proposed
32. Payments to Affiliated Organizations			
33.Total Expenses for budget period For all Activities (31-32)			
34.Excess (Deficit) of total support & Revenue over Expenses (14-33)			
35. Major Property and Equipment acquisition			
36. Cash on hand and investments at beginning of year			
37. Cash on hand and investments at end of year (see note below).			
38. Net gain or loss			

Note – Line 37: IF cash on hand exceeds one-quarter (1/4) of your annual expense (line 31) explain in detail the reason:

We certify the information furnished in this application is true and accurate to the best of our knowledge as signed on this _____ of _____, 20____.

President

Executive Director