**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)

1. What Programs/Services does your Agency provide?

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

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

(3 years ago       2 years ago       Last year      )

1. Geographic Area Covered:

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

1. How will this be financed?

1. 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 UnitedWay |       |       |       |
| Allocation requested from other UnitedWay |       |       |       |

Agency Budget Form

|  |  |  |  |
| --- | --- | --- | --- |
| Description | Fiscal 20\_\_Last year Actual | Fiscal 20\_\_This year budgeted | Fiscal 20\_\_Next year proposed |
| Support Revenue and Expenses |       |       |       |
| 1. Allocation From this United Way |       |       |       |
| Public Support & Revenue (2-14) |       |       |       |
| 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** |       |       |       |
| **Expenses (Line 15 through 30)**(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)** |       |       |       |

|  |  |  |  |
| --- | --- | --- | --- |
| **Description** | **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**