



Morrison County United Way
107 SE Second Street – Little Falls, MN 56345
320.632.5102 – email: unitedway@clearwire.net

To Increase the Organized Capacity of People to Care for One Another

January 2008

As winter draws to its end, it's time again to plan for the Morrison County United Way Allocations Hearings. Mark your calendar for:

Monday March 17, 2008
4:30 – 9:00 PM
Morrison County Historic Courthouse

Please note that we have changed some portions of this package.

- Please limit your Allocations Panel's package to ten pages.
- Please collate and assemble your copies.
- We deleted some portions of the MN Common Grant
- Added
 - Please provide one story/testimonial that is reflective of how your agency has impacted a life within your umbrella of service. These may be used in campaign literature, on our web-site, or at annual meeting.

Enclosed are the necessary forms for United Way funding for year 2008. **Materials are due on February 22, 2008.**

Please send **1** copy of the following; these will stay within the office:

- *Signed Affidavit of Compliance* (enclosed)
- *Signed Fund Raising Policy Statement* (enclosed)
- *Completed Eligibility Form* (enclosed)
- *IRS Letter of Determination*
- *Counter Terrorism Compliance* (enclosed)
- *United Way campaign contribution form (this will be part of the Panel's package in 2008)* (enclosed)
- *2007 audit* (if completed)

Please send **one original (office)** and **7 (Allocations Panel)** copies of the following, again **please limit to 10 pages**:

- Cover letter – include the criteria on the **PROPOSAL NARRATIVE** page (but limit to one to two pages):
- Completed geographic service area form (enclosed).
- Please clearly identify desired outcomes for 2008 – Allocations Action Plan worksheet (enclosed).
- Listing of Board members, officers, and number of meetings per year.
- Page 2 from your 2007 (or 2006) IRS Form 990.
- Please complete budgets for actual 2007 and approved 2008.

If the requested materials are not received by February 22nd, the Board will assume that your agency will not be applying for year 2008 funding.

Please contact the office at 632-5102 if you have any questions.

Sincerely,

Bill Garber
2008 Allocations Chair



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Affidavit of Compliance

One copy for MCUW office

«Agency»

State of Minnesota County of _____

The Undersigned, _____ and _____
(Name) (Name)

Respectively, the _____ and the _____
(Title) (Title)

of «Agency», a Minnesota non-profit corporation (hereinafter the "charitable agency"), being first duly sworn, upon oath, depose and say as follows:

We have conducted or caused to be conducted an examination of such files, books and records, as we have deemed appropriate to conclude that:

1. The Determination Letter received by the charitable agency from the Internal Revenue Service which acknowledges that the charitable agency is an organization described in Section 501(c)3 of the Internal Revenue Code of 1954, as amended (the Code), is still in effect.
2. Contributions to the charitable agency are deductible for federal and Minnesota income tax purposes pursuant to Section 170 of the code.
3. The charitable organization is in compliance with all relevant provisions of Chapter 309 of the Minnesota Statutes.
4. The undersigned are authorized and empowered to submit this Affidavit of Compliance on behalf of the charitable agency pursuant to the charitable agency's Articles of Incorporation and Bylaws (or other governing instruments), and/or duly adopted resolutions of the charitable agency's governing body.

By _____

Its _____

AND

By _____

Its _____

Dated _____



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Statement of Eligibility for United Way Funding

One copy for MCUW office

«Agency»

To be eligible for consideration for funding by the United Way, an agency must:

A. Be qualified under the Internal Revenue Code as a 501(C)3 agency; meet any other applicable federal, state, or local law or administrative regulations applicable to a non-profit, tax-exempt organization; and not be classified as a "private foundation" as that term is defined in 1969 federal tax legislation.

- | | | |
|-----|----|--|
| YES | NO | Our agency is legally incorporated under the laws of the State of Minnesota. |
| YES | NO | Our agency has received notification of its tax-exempt status from the United States Department of Internal Revenue. |
| YES | NO | Our agency registers annually with the State of Minnesota in accordance with the Minnesota Charities Registration Act. |
| YES | NO | Our agency is certified as an exempt organization from state sales tax. |

B. Be governed by an unpaid board of directors, which operated under the provisions of a written constitution and/or by-laws. No paid employee of the agency shall have voting privileges in the deliberations of the board.

- | | | |
|-----|----|-------------------------------------|
| YES | NO | Our agency conforms to this policy. |
|-----|----|-------------------------------------|

C. Be free of policies or practices, which unfairly discriminate against individuals, as policy makers, employees, or beneficiaries of service because of race, religion, ethnic origin, sex, or age.

- | | | |
|-----|----|-------------------------------------|
| YES | NO | Our agency conforms to this policy. |
|-----|----|-------------------------------------|

D. Maintain a system of fiscal accountability which conforms to nationally adopted uniform standards of financial reporting; submit all of its fiscal records and transactions to an audit by an outside certified public accountant; and agree to full disclosure to the United Way of all income from every source and all expenditures for every purpose, irrespective of those activities supported by the United Way.

- | | | |
|-----|----|---|
| YES | NO | Our agency's financial records are audited or reviewed by a Certified Public Accountant firm or a Licensed Public Accountant each year. |
|-----|----|---|

E. Be willing to abide by the United Way's policies on fund raising efforts.

- | | | |
|-----|----|-------------------------------------|
| YES | NO | Our agency conforms to this policy. |
|-----|----|-------------------------------------|

Agency

Authorized Signature

Date



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To Increase the Organized Capacity of People to Care for One Another

Policy Statement: Independent Fund Raising

One copy for MCUW office

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- I. Mission of the Morrison County United Way
 - To raise funds for the support of non-profit agencies responding to the needs of Morrison County residents.
- II. Purpose of the Policy Statement
 - To ensure the continued ability of the Morrison County United Way to raise funds for member agencies.
 - To continue (member agency) delivery of quality services in order to meet human care needs.
 - To build and maintain contributor support.
- III. Encouraged Activities Not Subject to this United Way Policy Statement on Independent Fund Raising
 - Grants, participating memberships, user fees, program fees, sales of related merchandise / services, investment income, property rental, out- of-area (Morrison County campaign) contributions, unsolicited donations, or solicitation of legacies and bequests.
- IV. Activities Subject to Prior Notification and Approval (from) the Morrison County Board of Directors
 - Individual solicitations, special events, sale of unrelated merchandise, capital campaigns, or games of chance (Gambling, raffles lotteries).
 - Major benefits, campaigns or solicitations for financing routine purposes; or similar campaigns for financing special purposes within the Morrison County campaign geographic area.
 - Solicitation of businesses (United Way contributors) at any time.
- V. Prohibited Activities
 - Fund raising during the United Way Campaign approximately, mid-August to mid-November.
 - Solicitations of employee groups.
 - Receiving funds from payroll deductions.
 - Campaigning for designated United Way contributions.
- VI. Procedure for Morrison County United Way Approval for Independent Fund Raising
 - Agencies provide the year's schedule and time frame of self- and other- initiated independent fund raising activities; these should be updated every six months.
 - To receive endorsement for an unplanned activity, the agency must inform the United Way two days prior to a Scheduled Executive Committee meeting.
- VII. Summary
 - The goal of the Morrison County United Way and member agencies is to support and provide the highest quality human-care services in Morrison County. The ability to meet this challenge is based upon the cooperation and mutual respect between the United Way and the member agencies.
- VIII. Agreed To

Agency Authorized Signature

Date



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To Increase the Organized Capacity of People to Care for One Another

Counter-Terrorism Compliance

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In compliance with the spirit and intent of the USA PATRIOT Act and other counter-terrorism laws, United Way requests that each agency ("Organization") certify that it is in compliance with 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.
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.
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.
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.
This Organization does not regrant to organizations, individuals, programs and/or projects outside of the United States of America without compliance with IRS guidelines.
This Organization takes reasonable, affirmative steps to ensure that any funds or resources distributed or processed do not fund terrorism or terrorist organizations.
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.

* In this form, "material support and resources" means currency or monetary instruments or financial securities, financial services, lodging, training, expert advice or assistance, safehouses, false documentation or identification, communications equipment, facilities, weapons, lethal substances, explosives, personnel, transportation, and other physical assets, except medicine or religious materials.

I hereby certify as a duly authorized representative and on behalf of «Agency» that the foregoing is true.

 Signature Title Date



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To Increase the Organized Capacity of People to Care for One Another

United Way Campaign Contribution & Participation Form

One copy for MCUW office

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The Board and Staff of Morrison County United Way believe that:

- **It is a strong advocate on behalf of the 20+ different agencies with which it assists in funding.**
- **It is important for a partner agency's staff & volunteer board to contribute to the annual United Way Campaign.**
 - **Agency representatives should be able to cite strong internal United Way campaign participation. This presents further identification with and personal advocacy for the United Way during the annual campaign.**
 - **Agency board members (in their funding requests) will in turn identify with their own personal belief in the importance of the United Way campaign.**
 - **This participation becomes a (understood) responsibility in growing United Way campaigns. It deepens the connection between the United Way and its partner agencies.**

We recognize that our partner agencies with offices in the Twin Cities, St. Cloud area, and Brainerd area have internal United Way campaigns for their respective local United Ways. We honor these levels of participation and understand the importance of giving to local United Ways.

We also recognize and appreciate the strong commitment that some of the (sited) Morrison County partner agencies demonstrate through their internal Morrison County United Way campaigns.

This information for internal use, it will not be used as one of the determinants for 2008 funding. Beginning in 2008, the updated form will be provided to the Allocation Panels.

Percentage of agency staff giving to United Way_____

Percentage of agency board members giving to United Way_____



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PROPOSAL NARRATIVE

INCLUDE WITHIN YOUR COVER LETTER:

- A. Brief summary of organization history, including the date your organization was established.
- B. Program mission statement and brief summary of organization mission and goals.
- C. Brief description of organization's current programs or activities, including any service statistics and strengths or accomplishments. Please highlight new or different activities, if any, for your organization.
- D. The opportunity, challenges, issues or need currently facing your organization.
- E. Overall goal(s) of the organization for the funding period.
- F. Requested allocation amount, and brief description(s) of how the allocation will be spent – specify operating or program.
- G. Please provide a statement as to the degree of service that \$100 will provide.

INCLUDE WITHIN THE ALLOCATIONS ACTION PLAN WORK SHEET:

- A. The opportunity, challenges, issues or need and the community that your proposal addresses.
- B. Objectives or ways in which you will meet the goal(s).
- C. Activities and who will carry out these activities.
- D. Time frame in which this will take place.
- E. Please describe your criteria for success. What do you want to happen as a result of your activities? You may find it helpful to describe both immediate and long-term effects.
- F. How will you measure these changes?
- G. Who will be involved in evaluating this work (staff, board, constituents, community, or consultants)?
- H. What will you do with your evaluation results?



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Geographic Service Area Worksheet

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It is necessary that our supported agencies provide us with information specific to the following areas. Please determine which category (individuals or families) is most appropriate for your agency and provide numbers of service recipients from 2007. Please identify types of programs below. Be prepared to justify these numbers.

	GENERAL SERVICE		EVENTS/TRAININGS	
	Families	Individuals	Families	Individuals
Little Falls Area:				
Little Falls 56345	_____	_____	_____	_____
Belle Prairie 56345				
Sobieski 56345				
Motley Area:				
Motley 56466	_____	_____	_____	_____
Lincoln 56443				
Pierz Area:				
Pierz 56364	_____	_____	_____	_____
Buckman 56317				
Freedhem 56364				
Genola 56364				
Harding 56364				
Hillman 56477				
Lastrup 56344				
Randall Area:				
Randall 56475	_____	_____	_____	_____
Cushing 56443				
Royalton Area:				
Royalton 56373	_____	_____	_____	_____
Bowlus 56314				
Elmdale 56314				
North Prairie 56314				
Swanville Area:				
Swanville 56382	_____	_____	_____	_____
Flensburg 56328				
Upsala Area:				
Upsala 56384	_____	_____	_____	_____
Totals:	_____	_____	_____	_____

Please list any area of (Morrison County) service not identified above (events, forums, exhibits, etc):



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Allocation Action Plan and Evaluation Form for 2007 Funding

(Please duplicate for additional projects/programs)

THIS PAGE WAS PRESENTED IN MARCH 2007 PLEASE COMPLETE PROGRESS

«Agency»

Project/Program Title:
What community need will be impacted?

--

Summary of Project
 (1 or 2 sentences)

--

Goal #1
 (Identify measurable results)

--

Action Plan-
 What steps need to be done to achieve this goal:
Add more as needed

<ol style="list-style-type: none"> 1. 2. 3.
--

Expected Result:
Goal #1 Actual Result
 (To be reported in 2008)

--

Goal #2
 (Identify measurable results)

--

Action Plan-
 What steps need to be done to achieve this goal:
Add more as needed

<ol style="list-style-type: none"> 1. 2. 3.
--

Expected Result:
Goal #2 Actual Result
 (To be reported in 2008)

--

Goal #3
 (Identify measurable results)

--

Action Plan-
 What steps need to be done to achieve this goal:
Add more as needed

<ol style="list-style-type: none"> 1. 2. 3.
--

Expected Result:
Goal #3 Actual Result
 (To be reported in 2008)

--



Allocation Action Plan and Evaluation Form for 2008 Funding

(Please duplicate for additional projects/programs)

THIS PAGE WILL BE PRESENTED IN MARCH 2009

«Agency»

Project/Program Title:
What community need will be impacted?

Summary of Project
(1 or 2 sentences)

Goal #1
(Identify measurable results)

Action Plan-
What steps need to be done to achieve this goal:
Add more as needed

Expected Result:
Goal #1 Actual Result
(To be reported in 2009)

Goal #2
(Identify measurable results)

Action Plan-
What steps need to be done to achieve this goal:
Add more as needed

Expected Result:
Goal #2 Actual Result
(To be reported in 2009)

Goal #3
(Identify measurable results)

Action Plan-
What steps need to be done to achieve this goal:
Add more as needed

Expected Result:
Goal #3 Actual Result
(To be reported in 2009)

Form with multiple input boxes for project details, goals, action plans, and results.

ACTUAL 2007 ORGANIZATION BUDGET

This format is optional and can serve as a guide to budgeting. If you already prepare an organization budget that contains this information, please feel free to submit it in its original form. Feel free to attach a budget narrative explaining your numbers if necessary.

INCOME

<u>Source</u>	<u>Amount</u>
<i>Support</i>	
Government grants	\$ _____
Foundations	\$ _____
Corporations	\$ _____
United Way or other federated campaigns	\$ _____
Individual contributions	\$ _____
Fundraising events and products	\$ _____
Membership income	\$ _____
In-kind support	\$ _____
Investment income	\$ _____
 <i>Revenue</i>	
Government contracts	\$ _____
Earned income	\$ _____
Other (specify)	\$ _____
_____	\$ _____
_____	\$ _____
Total Income	\$ _____

EXPENSES

<u>Item</u>	<u>Amount</u>
Salaries and wages	\$ _____
Insurance, benefits and other related taxes	\$ _____
Consultants and professional fees	\$ _____
Travel	\$ _____
Equipment	\$ _____
Supplies	\$ _____
Printing and copying	\$ _____
Telephone and fax	\$ _____
Postage and delivery	\$ _____
Rent and utilities	\$ _____
In-kind expenses	\$ _____
Depreciation	\$ _____
Other (specify)	\$ _____
_____	\$ _____
_____	\$ _____
Total Expense	\$ _____
Difference (Income less Expense)	\$ _____

ACTUAL 2007 PROJECT BUDGET

This format is optional and can serve as a guide to budgeting. If you already prepare project budgets that contain this information, please feel free to submit them in their original forms. Feel free to attach a budget narrative explaining your numbers if necessary.

<u>Source</u>	<u>INCOME</u>	<u>Amount</u>
<i>Support</i>		
Government grants		\$
Foundations		\$
Corporations		\$
United Way or other federated campaigns		\$
Individual contributions		\$
Fundraising events and products		\$
Membership income		\$
In-kind support		\$
Investment income		\$
<i>Revenue</i>		
Government contracts		\$
Earned income		\$
Other (specify)		\$
		\$
Total Income		\$

<u>Item</u>	<u>EXPENSES</u>	<u>Amount</u>	<u>%FT/PT</u>
Salaries and wages (breakdown by individual position and indicate full- or part-time.)		\$	
		\$	
		\$	
		\$	
		\$	
SUBTOTAL		\$	
Insurance, benefits and other related taxes		\$	
Consultants and professional fees		\$	
Travel		\$	
Equipment		\$	
Supplies		\$	
Printing and copying		\$	
Telephone and fax		\$	
Postage and delivery		\$	
Rent and utilities		\$	
In-kind expenses		\$	
Depreciation		\$	
Other (specify)		\$	
		\$	
Total Expense		\$	
Difference (Income less Expense)		\$	

2008 ORGANIZATION BUDGET

This format is optional and can serve as a guide to budgeting. If you already prepare an organization budget that contains this information, please feel free to submit it in its original form. Feel free to attach a budget narrative explaining your numbers if necessary.

INCOME

<u>Source</u>	<u>Amount</u>
<i>Support</i>	
Government grants	\$ _____
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Investment income	\$ _____
 <i>Revenue</i>	
Government contracts	\$ _____
Earned income	\$ _____
Other (specify)	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total Income	\$ _____

EXPENSES

<u>Item</u>	<u>Amount</u>
Salaries and wages	\$ _____
Insurance, benefits and other related taxes	\$ _____
Consultants and professional fees	\$ _____
Travel	\$ _____
Equipment	\$ _____
Supplies	\$ _____
Printing and copying	\$ _____
Telephone and fax	\$ _____
Postage and delivery	\$ _____
Rent and utilities	\$ _____
In-kind expenses	\$ _____
Depreciation	\$ _____
Other (specify)	\$ _____
_____	\$ _____
_____	\$ _____
Total Expense	\$ _____
Difference (Income less Expense)	\$ _____

2008 PROJECT BUDGET

This format is optional and can serve as a guide to budgeting. If you already prepare project budgets that contain this information, please feel free to submit them in their original forms. Feel free to attach a budget narrative explaining your numbers if necessary.

<u>Source</u>	<u>INCOME</u>	<u>Amount</u>
<i>Support</i>		
Government grants		\$
Foundations		\$
Corporations		\$
United Way or other federated campaigns		\$
Individual contributions		\$
Fundraising events and products		\$
Membership income		\$
In-kind support		\$
Investment income		\$
 <i>Revenue</i>		
Government contracts		\$
Earned income		\$
Other (specify)		\$
		\$
Total Income		\$

<u>Item</u>	<u>EXPENSES</u>	<u>Amount</u>	<u>%FT/PT</u>
Salaries and wages (breakdown by individual position and indicate full- or part-time.)		\$	
		\$	
		\$	
		\$	
		\$	
SUBTOTAL		\$	
Insurance, benefits and other related taxes		\$	
Consultants and professional fees		\$	
Travel		\$	
Equipment		\$	
Supplies		\$	
Printing and copying		\$	
Telephone and fax		\$	
Postage and delivery		\$	
Rent and utilities		\$	
In-kind expenses		\$	
Depreciation		\$	
Other (specify)		\$	
		\$	
Total Expense		\$	
Difference (Income less Expense)		\$	