



# Request for Investment

## APPLICATION FORM

### IMPORTANT NOTE:

*All applications for the funding cycle  
are due on or before January 31*

**The purpose of United Way of Schuyler County, Inc.:**  
**To create & continue a fund for the  
maintenance of health, educational,  
recreational, welfare and charitable services.**

# Request for Investment

**PLEASE READ AND FOLLOW ALL APPLICATION INSTRUCTIONS**

*NUMBER OF COPIES NEEDED: 10 sets*

<b>Agency Name:</b>						
<b>Program Name (if applicable):</b>						
<b>Address:</b>						
<b>Phone:</b>			<b>Fax:</b>			
<b>Website:</b>						
<b>Agency Director:</b>			<b>E-mail:</b>			
<b>Program Director:</b>			<b>E-mail:</b>			
<b>AMOUNT REQUESTED FOR <u>THIS</u> YEAR:</b>			\$			
<b>Place an X in the box to the LEFT of the impact area you designate as the "best fit" for this program:</b>		Children	Health	Families	Self Reliance	Seniors
<b>CERTIFICATION:</b> I certify that all statements and information contained in this Request for Investment are true and complete to the best of my knowledge and belief.						
<b>Executive Director:</b>			<b>Chief Volunteer Officer:</b>			
<b>Signature:</b>			<b>Signature:</b>			

Agency Name:

Program Name:



## APPLICATION CHECKLIST

*Please complete the following checklist by initialing in each adjoining box.*

Initials	ITEMS TO BE COMPLETED AND SUBMITTED WITH PROPOSAL		
	10 sets of copies		
	Signed cover page <i>(page 2)</i>		
	Signed checklist <i>(page 3)</i>		
	AGENCY budget page <i>(page 4)</i>		
	Client population and conditions <i>(page 5)</i>		
	Program description <i>(page 6)</i>		
	Program improvement <i>(page 7)</i>		
	Client success story <i>(page 11)</i>		
	USA Patriot Act compliance (ONE PER AGENCY)		
	Current Board roster (ONLY ONE COPY PER AGENCY)		
	Most recent audit and management letter (ONE PER AGENCY)		
	<b>OR</b> 990, IF NOT AUDIT (ONE PER AGENCY)		
	<b>OR</b> most recent year-end Statement of Financial Activities (Revenue & Expense Statement) and Statement of Financial Position (Balance Sheet), as presented to agency's Board. (ONE PER AGENCY)		
	<b>To the best of my knowledge, the agency operates in compliance with all applicable laws and regulations governing not-for-profit corporations in New York State.</b>		
<i>I understand that all requests for investment to United Way of Schuyler County must be complete upon submission. By my signature on this checklist, I acknowledge that all required components of the application are included.</i>			
Exec Director Signature :		Dated:	

Agency Name:

Program Name:



## AGENCY BUDGET

**TOTAL expenses and TOTAL revenue attributable to the ENTIRE AGENCY  
(Corresponding Value: Effective Use of Resources)**

(Double-click in table; totals calculate automatically)

EXPENSES	Current	Proposed
Personnel, related salaries, benefits, and payroll taxes		
Insurance		
Materials, supplies for program operation		
Equipment rentals, purchases		
Occupancy (rent, mortgage, utilities, telephone)		
Contracted Services		
Training, travel, professional fees		
Direct financial assistance to clients		
<b>All other expenses</b> <i>(explain in budget narrative)</i>		
TOTAL EXPENSES	\$0	\$0
SUPPORT & REVENUE	Current	Proposed
<i>United Way of Schuyler County</i>		
Contributions from charitable orgs / foundations including OTHER United Ways (NOT SCHUYLER CO.)		
Contributions from corporations/businesses		
Contributions from individuals <i>(including gifts, sponsorships &amp; membership dues)</i>		
Government Grants & Reimbursements:		
<b>Local:</b>		
<b>State:</b>		
<b>Federal:</b>		
Client fees <i>(including insurance/third party reimbursement)</i>		
Special events <i>(net)</i>		
Investment income		
Miscellaneous income <i>(including sales)</i>		
Other revenue:		
Other revenue:		
Other revenue:		
TOTAL SUPPORT & REVENUE	\$0	\$0

Agency Name:

Program Name:



**CLIENT POPULATION & CONDITIONS (*maximum one page*)**

*Describe why the community should be compelled to invest in this program. Clearly describe the clients that are served by the program and the general conditions they experience (demographics and other pertinent facts for this target population). Further describe the specific condition(s) and/or behavior(s) clients experience that call for intervention and the scope of the problem(s) this program seeks to address. (**Corresponding Value: Client Need**)*

**HOW MANY SCHUYLER COUNTY RESIDENTS WERE SERVED BY YOUR AGENCY/PROGRAM LAST YEAR? BE SPECIFIC \_\_\_\_\_**

Agency Name:

Program Name:



**PROGRAM DESCRIPTION (*maximum one page*)**

*Describe how this program contributes to the community in general, and then specifically what it does to change the lives and/or conditions of the identified client population and how it is achieved. This should be a **CONCISE** narrative that explains program resources, how clients gain access to program services and the products delivered that lead to direct benefit for the client. (**Corresponding Values: Client Need, Program Results**)*

Agency Name:

Program Name:



**PROGRAM IMPROVEMENT (*maximum one page*)**

*Please describe how the agency encourages continuous learning and improvement in work processes including information on how program outcome data is used to enhance delivery of service. Provide specific examples of how the information gained is used and how program services have been improved as a result.*

Agency Name:

Program Name:



**CLIENT SUCCESS STORY (*maximum one page*)**

*Please share a specific story of client success. The story should be outcome-based and clearly convey the change in behavior, skills, knowledge, condition and/or status that led to improvement in the client's life. Include details about the challenge(s) faced, intervention required, period of time needed, and current status of client. **PLEASE MAINTAIN CONFIDENTIALITY – DO NOT USE CLIENT NAMES.** (Corresponding Value: Program Results)*



Agency Name:

Program Name:



## ADDITIONAL ATTACHMENTS TO INCLUDE

***Only one set of attachments PER AGENCY is required;  
do not submit copies of attachments.***

### **ONE OF EACH**

- 1) USA PATRIOT Act / Counterterrorism Compliance Form
- 2) Current Board roster

### **AND**

#### *EITHER*

- 3a) Most recent independent agency audit & management letter  
(**Audit Year/Date: \_**)

OR – *if the agency does not have an audit,*

- 3b) Most recent agency 990      (**990 Year/Date: \_\_\_\_\_**)

OR – *if the agency does not have an audit OR a 990,*

- 3c) Most recent year-end Statement of Financial Activities (*Revenue & Expense Statement*) and Statement of Financial Position (*Balance Sheet*), as presented to the agency's Board.      (**Report Date: \_\_\_\_\_**)

## COUNTERTERRORISM COMPLIANCE

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

**ORGANIZATION NAME:** \_\_\_\_\_

Check the Appropriate Box to Indicate Your Compliance With Each of the Following:	Comply	Do Not Comply
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.	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>
This Organization does not regrant to organizations, individuals, programs and/or projects outside of the United States of America with out compliance with IRS guidelines.	<input type="checkbox"/>	<input type="checkbox"/>
This Organization takes reasonable, affirmative steps to ensure that any funds or resources distributed or processed do not fund terrorism or terrorist organizations.	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>

\* 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 certify on behalf of the Organization listed above that the foregoing is true.

Print Name: \_\_\_\_\_

Title:

\_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## PROGRAM RANKING REFERENCE SHEET

### Prerequisite Values

**Alignment with Mission:** Does the program align with the purpose of United Way?

**Management/Organizational Capacity:** Is this agency solid and viable enough to consider investment

- Does the agency maintain adequate financial records consistent with Generally Accepted Accounting Principles?
- From a financial perspective, is the agency stable? (short term / long term)
- Does the agency have the capacity to seize opportunities to better serve the community if/when they occur?
- Does the agency operate in compliance with applicable laws and regulations governing not-for-profit corporations in New York?

### Values

**Client Need:** How compelling is the case for investment in this program's clients and their needs?

- How clear is the scope and demand for its services?
- Is it clear what client condition or behavior they are trying to change and the reason intervention is necessary?
- How strong is the argument for community investment in altering these conditions?

*(Corresponds with application page 5)*

**Program Results / Outcomes:** How well does the program define and deliver on outcomes for its clients?

- How clearly are the outcomes defined?
- Do they describe meaningful/reasonable indicators?
- How well did the program perform against the targets it proposed over the past year?
- How has the agency modified and improved its program based on an internal review of its outcomes?

*(Corresponds with application pages 6 and 7)*





of Schuyler County, Inc.

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P.O. Box 270  
Watkins Glen, NY 14891  
[www.unitedwayofschuylercounty.org](http://www.unitedwayofschuylercounty.org)

### **United Way of Schuyler County Recipient Criteria**

It is the policy of the United Way of Schuyler County Board of Directors to require its fund recipients to meet and agree to the following criteria:

1. Provide a recognized health, welfare and/or character building service.
2. Have a local representative serving without compensation.
3. Be willing and able to participate in the United Way campaign, especially providing and promoting the opportunity for payroll deduction.
4. Have a quality of organization, service and general community acceptance that the agency's membership will strengthen and enhance the United Way organization and efforts.
5. Be a tax exempt, non-profit, incorporated agency as provided by the rules of the Internal Revenue Service and laws of New York State.
6. Agree that there will be no major fund raising campaign from October 1<sup>st</sup> through October 31<sup>st</sup>.
7. Provide its services and staff its organization without regard to race, color, creed, national origin and sex.
8. Agree to submit and review upon request its annual budget with the United Way finance committee.
9. Agree to an audit of its financial records at the request of the United Way Board of Directors.
10. Agencies seeking membership in the United Way must:
  - a. comply with and agree to the above
  - b. have been in existence and provided services in this community for at least one year prior to membership in the United Way unless this requirement is otherwise waived by the Board of Directors
  - c. have a demonstrated, voluntary and broad base of financial contributions
  - d. actively publicize membership as a United Way of Schuyler County agency

Revised 2/07/06