



## 2009 COMMUNITY INVESTMENT APPLICATION

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AGENCY NAME:

EXECUTIVE DIRECTOR:

MAILING ADDRESS:

PHYSICAL ADDRESS:

CITY, STATE, ZIP:

TELEPHONE NUMBER:

FAX NUMBER:

WEB SITE ADDRESS:

EMAIL ADDRESS:

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What program(s) did you receive funding from United Way of Lewis County last year?

- 1.
  - 2.
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1. What were the goals of the program(s)?
  2. How were these goals measured?
  3. Did you meet these goals? Explain.
  4. How were the funds from United Way of Lewis County spent last year? (i.e. show profit and loss statement)
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Presented to United Way of Lewis County on \_\_\_\_\_ (*date of submission*). Agency agrees to meet all of the requirements and criteria established by this United Way, and to abide by the fund raising policies and procedures as presented.

\_\_\_\_\_  
Chief Executive Officer

\_\_\_\_\_  
Board President

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

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

## 2009 COMMUNITY INVESTMENT APPLICATION

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### GENERAL INSTRUCTIONS

The purpose of the Community Investment Application (CIA) is to convey clear outcomes for program work funded by this United Way. Its intended audience is the Community Investment Committee, United Way staff and the United Way Board of Directors. The CIA is intended to reflect program priorities and areas of program focus. It provides a bridge between the agency's vision and mission statements and the specific resources and needs in the community. A meaningful CIA is one that communicates how a program intends to achieve its intended outcomes in support of Impact Area outcome(s). Its components should be expressed in terms that the Community Investment Committee, United Way staff and United Way Board of Directors clearly understand. The following program narrative should describe intended outcomes, rather than processes or procedures. Program outcomes and budgets submitted by applicant agencies are reviewed by United Way staff upon submission by the agency.

### Other Instructions and Requirements:

1. **Number of Copies of Community Investment Applications to be Submitted:**  
**Fifteen** (15) complete copies **for each program** shall be submitted. All copies must be **3-hole punched and not stapled**. Fax and/or e-mail copies will not be accepted.

Along with each application request you will be required to include a copy of the agencies:

- A. Most recent **Budget** showing board approval.
  - B. **Profit & Loss Statement** or **Annual Income Statement for 2008**.
2. **Due Date:** All Community Investment Applications are due in the United Way office by **Wednesday, February 11, 2009 by 4:00 p.m. *THERE WILL BE NO EXCEPTIONS TO THIS DEADLINE.***
  3. **Impact Areas:** Agencies must apply to one specific impact area. Agency programs are not allowed to apply to multiple impact areas. Applicant agencies may include an impact statement detailing how the program could affect other impact areas.
  4. **Proposal Narrative Size:** The proposal narrative consists of **Problem Statement, Use of United Way Funds, Proposed Outcomes** (with Logic Model), **Outreach, Staff Organization** and **Community Collaboration**. Please attach all supportive and/or collateral material in your appendices. Supportive and collateral material may include brochures, letters of support, annual reports, additional data not requested as part of the funding request or any other material that may add value to the funding request.
  5. **One Year Funding:** 2009 CIA is for one (1) year of funding. The Community Investment Committee retains the right to;
    - A. Fund individual program for one year;
    - B. Fund individual program conditionally for one year;
    - C. NOT fund program.

### General Instructions Continued from Previous Page

6. **Program Interview:** Applicant agencies will be invited to a Program Interview with the Community Investment Committee, at which time applicant agencies will be given the opportunity to further describe the program's outcomes and answer questions.
7. **Community Investment Committee Questions:** Community Investment Committees may seek additional information from applicant agencies. If so, applicant agencies will have three (3) business days to submit the requested information.
8. **Specific instructions for each element of the CIA follows:** In your final submission, please clearly identify each of the six (6) required elements in the CIA narrative, including the four (4) subsections in Element III.

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UNITED WAY OF LEWIS COUNTY WEBSITE: [www.lewiscountyuw.com](http://www.lewiscountyuw.com)

# 2009 COMMUNITY INVESTMENT APPLICATION

## PROGRAM NARRATIVE

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Agency Name:

Program:

Amount Requested for Program:

Agency Fiscal Year:

Contact Person:

Telephone Number:

E-Mail:

FAX Number:

**Select One IMPACT AREA UNDER WHICH PROGRAM FALLS:**

- Preparing children to succeed
- Strengthening and supporting families
- Promoting self-sufficiency
- Supporting vulnerable and aging populations
- Building vital and safe neighborhoods

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- I. **STATEMENT OF THE PROBLEM:** Problem Statement should describe the condition of the target group that requires improvement; it should not describe a need for services. The target group is defined as the group of people in the community experiencing the problem. The target group shares certain characteristics, which should be included in the Statement: social, demographic, geographic locations and factors that put them at risk. Information sources should be referenced.
- II. **STATEMENT ON USE OF UNITED WAY FUNDS:** Briefly describe, in **only 1 - 2 sentences**, the specific use of United Way investment for the program.
- III. **PROPOSED PROGRAM OUTCOME(S):** In order to show the impact your program is having on the target group and community, **submit no more than three (3) measurable outcomes** that your agency is requesting United Way funding in. This section should include:
- A. **Agency Mission Statement.**

## Program Narrative Continued from Previous Page

- B. **Program Logic Model**: The logic model is found following the narrative. Please provide concise information for each column. **Inputs** are resources dedicated to or consumed by the program. **Activities** describe what the program does with the inputs to fulfill the agency's mission. **Outputs** are the direct products of program activities. **Outcomes** are the benefits for the target group during and after program activities. **Indicators** are the specific items of information that track the program's success on its stated outcomes.
- C. **Program Outcome(s) Narrative**: List **no more than three (3) measurable outcomes** that your program aims to achieve with United Way investment. Outcomes should be a direct result of the specific outputs of the program. Describe how the outcome is clearly related to the problem statement in that it points out why specific services are delivered and what effects these services should have on the target group. **Connect in narrative form each segment of the logic model leading to the intended outcome(s) and how the intended outcome(s) serves the Impact Area.**
- D. **Measurement**: Program outcomes state the intended indicators of a program in a form that allows these indicators to be observed or measured. Include information on a specific time frame, designation of the measure used, how data will be collected and identification of the expected level of achievement.

*Keep in mind when developing and submitting your program outcome(s) that, if funded, this is what the agency will be held accountable to accomplish.*

- IV. **OUTREACH**: Describe how the agency reaches out to the community in general, and to the target group specifically, in identifying clients or consumers and how the program is publicized.
- V. **STAFF ORGANIZATION**: The number, qualifications and organization of staff resources, whether paid or volunteer, should be an outgrowth of the stated **program outcome(s)** and **outreach activities**. Briefly describe the relationship of staffing configuration to the outcome(s), program and outreach activities. Staffing costs are generally the greatest percentage of a health and human service program budget. This area begins to build the case for your program proposal. United Way Community Investment Committee will be examining the above relationship in addition to information provided in the Salary/Staffing form.
- VI. **COMMUNITY COLLABORATION**: Describe current or planned collaborative efforts and activities involving the applicant agency. These may include work with other agencies or groups, and/or municipal, state and federal government. Also include information on how the agency collaborates with other agencies in establishing and maintaining a referral process. If United Way funding may leverage other sources of funding, provide specific examples and dollar amounts (if available).

**UNITED WAY OF LEWIS COUNTY  
PROGRAM LOGIC MODEL**

(Please complete a separate table for each program requesting funding)

Program:

Brief Program Description:

| <b>INPUTS</b> | <b>ACTIVITIES</b> | <b>OUTPUTS</b> | <b>OUTCOMES</b> | <b>INDICATORS</b> |
|---------------|-------------------|----------------|-----------------|-------------------|
|               |                   |                |                 |                   |

## 2009 COMMUNITY INVESTMENT APPLICATION

### BUDGET INSTRUCTIONS AND INFORMATION

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- I. **COMMUNITY INVESTMENT BUDGET FORMS:** Agencies must submit Program Budget and Salary/Staffing forms. No other budget format will be accepted. Forms must be complete. The Program Budget is a three-year analysis of revenue and expenses of an individual program or a two-year analysis if this is a new program. Salary/Staffing information is only for the United Way funded program. Please include FTE's (full time equivalents).
  
- II. **BUDGET NARRATIVE:** In addition to completed budget forms, please include, in the form of a budget narrative, any clarifying or collateral information in support of specific line item(s) or the overall budget.

# PROGRAM BUDGET

Agency:

Program:

## Three-Year Analysis Revenue and Expenses

| SUPPORT REVENUE & EXPENSES             | FY____<br>Last Year<br>Actual | FY____<br>This Year<br>Estimated | FY____<br>Next Year<br>Proposed |
|--|-------------------------------|----------------------------------|---------------------------------|
| Agency Fiscal Year is _____ to _____   |                               |                                  |                                 |
| <b>PROGRAM REVENUE</b>                 |                               |                                  |                                 |
| Allocation From This United Way        |                               |                                  |                                 |
| Federal Grants                         |                               |                                  |                                 |
| Government Support                     |                               |                                  |                                 |
| Foundation / Private Grants            |                               |                                  |                                 |
| In-Kind Support                        |                               |                                  |                                 |
| Client/Program Service Fees            |                               |                                  |                                 |
| Contributions                          |                               |                                  |                                 |
| Other Revenue                          |                               |                                  |                                 |
| Interest/Investment Income             |                               |                                  |                                 |
| <b>TOTAL PROGRAM REVENUE</b>           |                               |                                  |                                 |
| <b>PROGRAM EXPENSES</b>                |                               |                                  |                                 |
| Salaries (from Salary / Staffing form) |                               |                                  |                                 |
| Employee Benefits                      |                               |                                  |                                 |
| Payroll Taxes, etc.                    |                               |                                  |                                 |
| Professional Fees                      |                               |                                  |                                 |
| Supplies                               |                               |                                  |                                 |
| Communication (phone, internet)        |                               |                                  |                                 |
| Occupancy                              |                               |                                  |                                 |
| Utilities                              |                               |                                  |                                 |
| Rental & Maintenance of Equipment      |                               |                                  |                                 |
| Printing & Publications                |                               |                                  |                                 |
| Travel                                 |                               |                                  |                                 |
| Conferences, Conventions & Meetings    |                               |                                  |                                 |
| Specific Assistance to Individuals     |                               |                                  |                                 |
| Membership Dues                        |                               |                                  |                                 |
| Payments to Affiliated Organizations   |                               |                                  |                                 |
| <b>TOTAL PROGRAM EXPENSES</b>          |                               |                                  |                                 |

**ALL FINANCIAL INFORMATION ROUNDED TO NEAREST DOLLAR**



## **AGENCY SUPPLEMENTAL FUNDRAISERS AND EVENTS FORM**

1. Please list each project and financial results from last completed fiscal year.

2. Please list all anticipated fundraisers and events planned for the upcoming budget year.

## 2009 COMMUNITY INVESTMENT APPLICATION

### EVENT ADDENDUM

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Please indicate which of the following events a representative from your agency attended in 2008.

- Agency Directors Meeting** – January 10, 2008
- Agency Directors Meeting** – April 16, 2008
- Agency Directors Meeting** – July 16, 2008
- United Way of Lewis County “Power of the Purse”** – August 19, 2008
- United Way of Lewis County “Kickoff Luncheon”** – September 4, 2008
- United Way of Lewis County “Golf Tournament”** – September 19, 2008
- TransAlta “Thank You Hamburger Feed”** – October 15, 2008
- United Way of Lewis County “Campaign Celebration”** – December 11, 2008

# 2009 COMMUNITY INVESTMENT APPLICATION

## CHECKLIST

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To assist you in ensuring that your 2009 Community Investment Application is complete and will receive full consideration, please use the following checklist and submit. Indicate with a check (✓) for those CIA elements that are enclosed.

**Include 15 copies of the following documents, three hole punched, and not stapled.**

- \_\_\_\_\_ Program Narrative
- \_\_\_\_\_ Program Budget Information
- \_\_\_\_\_ Most recent Agency Budget, showing board approval
- \_\_\_\_\_ Organization's Profit & Loss Statement or Annual Income Statement for 2008

**Include 1 copy of the following documents.**

- \_\_\_\_\_ Federal 501(c)(s) tax-exempt status letter
- \_\_\_\_\_ Valid registration letter from Washington Secretary of State Charitable Solicitations Act
- \_\_\_\_\_ IRS Report 990, if required
- \_\_\_\_\_ List of Board Members, including addresses and board titles
- \_\_\_\_\_ Calendar of Board Meetings for 2008
- \_\_\_\_\_ Most recent Annual Certified Audit, if required
- \_\_\_\_\_ Agency Mission Statement
- \_\_\_\_\_ Copy of your organization's letterhead showing the new United Way logo

**IF ANY OF THE ABOVE FUNDING REQUEST ELEMENTS ARE MISSING OR INCOMPLETE, PLEASE ATTACH A WRITTEN EXPLANATION.** (Elements are not considered missing if they are non-applicable please indicate by inserting N/A)

THE ABOVE CRITICAL ELEMENTS CHECKED ARE COMPLETE AND INCLUDED IN

\_\_\_\_\_ COMMUNITY INVESTMENT APPLICATION

Name of Agency

\_\_\_\_\_  
Signature and Title of Person Submitting CIA Package

\_\_\_\_\_  
Date