



P.O. Box 399  
 Chester, MD 21619  
 410-643-6288

Date: February 15, 2019  
 To: United Way Applicants  
 From: Jenny Griffin, Chairperson Allocations Committee  
 Subject: 2019/2020 Allocation Applications

**PLEASE SCAN & EMAIL COMPLETED APPLICATION TO**  
[admin@unitedwayqac.org](mailto:admin@unitedwayqac.org)

Also, PLEASE MAIL ONE COPY OF COMPLETED APPLICATION to  
**United Way of QAC, PO Box 399, Chester, MD 21619**  
*(Keep a copy for your records)* If you need a physical location, please send to:  
 United Way of QAC c/o Sandra Early, 220 Larch Place, Stevensville, MD 21666

**APPLICATION TIMELINE**

<b>Deadline for completed application submission</b>	<b>Postmarked April 8, 2019</b>
Allocations Committee meet to review the applications and to make recommendations as to the dollar amount to be given to each agency or organization.	Prior to May 14, 2019
Recommendations presented for approval to the full United Way Board	June 7, 2019
Approval/Denial notices no later than	June 14, 2019
First quarter allocations will go out	July 15, 2019

If it would help to have this document in Microsoft Word format, email Executive Director Sandra Early at [admin@unitedwayqac.org](mailto:admin@unitedwayqac.org)

**Please use this updated form. Your application may be returned/rejected if an old form is used!**

If you have any questions regarding the allocations process, in addition to the United Way voice mail listed above in the letterhead, Sandra may be reached via her cell at 410-739-4716.

# CRITERIA FOR AN AGENCY TO BE CONSIDERED FOR FUNDING BY THE UNITED WAY OF QUEEN ANNE'S COUNTY

**Please read before you get started to make sure you qualify!**  
**Any questions, please call Sandra Early at 410-739-4716.**

- 1) **Tax-exempt organization:** Qualifies as a tax-exempt organization under Section 501 (c) (3) of the Internal Revenue Code for at least 2 years. (Must supply IRS number and date received).
- 2) Operates under valid **Articles of Incorporation** and has adopted a formal set of **bylaws** stating:
  - a) Location of agency
  - b) Purpose of agency
  - c) Population served
- 3) Governed by a **volunteer board** that serves without compensation, is rotated on a regular basis, and maintains formal public records that reflect:
  - a) Number of meetings
  - b) How board members are appointed
  - c) How officers are determined
  - d) Responsibilities of officers and board members
  - e) Dates of appointment
  - f) Length of terms of office
  - g) All officers, directors, and staff are bonded, covered by liability insurance
  - h) Attendance at meetings (past and current)
  - i) Minutes of meetings (including any formal action taken)
  - j) Frequency of meetings
- 4) Provides as its principal function, **health or human services** directly to the residents of Queen Anne's County for a period of not less than two years prior to the calendar year of the campaign.
- 5) Does not necessarily duplicate the services in the County offered by other agencies.
- 6) Has an operating budget of not less than \$5,000 for the previous year.
- 7) Has documentation of how operational funds were obtained in the past.
- 8) Issues an annual financial report audited or reviewed by an independent public accountant in compliance with generally accepted accounting procedures that is available to the public on request.

Over \$500,000 please send your most recent 990  
From \$250,000 to \$449,999 please send most recent 990 or audited/reviewed financial report  
Under \$250,000 please send financial statement **SIGNED BY TREASURER OR CEO** (or any of above)
- 9) Develops a proposed operating budget signed and certified by chief executive officer and/or Treasurer.
- 10) Provides certification that it is in full compliance with all applicable federal, state, and local laws. Has a formal policy of non-discrimination and affirmative action.

UNITED WAY OF QUEEN ANNE'S COUNTY - REQUEST FOR FUNDING  
2019/2020

Name of Applicant: \_\_\_\_\_

**(Please send one copy of this page back with application showing  
that you checked off these items!)**

One packet that includes:

- |   |                                    |
|---|------------------------------------|
| Original "Request for Funding" application  | Enclosed _____                     |
| Copy of Tax Exempt 501c (3) Determination letter  | Enclosed _____ On File at UW _____ |
| Copy of Articles of Incorporation.  | Enclosed _____ On File at UW _____ |
| Copy of most recent By Laws (if updated since last year)  | Enclosed _____ On File at UW _____ |
| Copy of previous year financial report.<br>Over \$500,000 please send your most recent 990<br>From \$250,000 to \$449,999 please send most recent 990 or audited/reviewed financial report<br>Under \$250,000 please send 990 or financial statement <b>SIGNED BY TREASURER OR CEO</b><br>(If you submitted a 990, 990EZ, 990-N to the IRS, please send us a copy!) | Enclosed _____                     |
| Copy of current year's budget<br>Please highlight proposed project and include<br>a column showing next year's budget if available<br><b>This must be SIGNED BY TREASURER OR CEO</b>  | Enclosed _____                     |
| Copy of current bond for officers, staff, and directors<br>(Directors & Officers Liability or Dishonesty Bond)  | Enclosed _____                     |
| Copy of current Board Roster including the following:<br>Name, Position, End Date of Term,<br>Employer or Occupation and mailing address  | Enclosed _____                     |
| Copy of annual report (Latest newsletter may suffice.)  | Enclosed _____                     |

If you applied last year, then you will notice that it is not necessary to submit your 501(c)3 determination letter or your Articles of Incorporation, as they are already on file with the United Way of Queen Anne's County. (If you did not receive funding from the UW of QAC last year, it is imperative that you submit all forms.)

**UNITED WAY OF QUEEN ANNE'S COUNTY**

P.O. Box 399 - Chester, Maryland 21619

Phone 410-643-6288

**- REQUEST FOR 2019/2020 FUNDING -**

Agency Name on IRS letter: \_\_\_\_\_  
(Age)

Mailing Address: \_\_\_\_\_

Contact person & Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Federal Tax ID Number: \_\_\_\_\_ Email: \_\_\_\_\_

We certify that the organization named in this application has spent 25% or less of its total support and revenue on administrative and fundraising expenses. The actual percentage of administrative and fundraising expenses is \_\_\_\_\_%.

*This percentage is computed from the IRS Form 990 submitted with this application. Add the amount in Part IX (Statement of Functional Expenses), Line 25, Column C (Management and General Expenses) to the amount in Line 25, Column D (Fundraising Expenses), and divide the sum by Part VIII (Statement of Revenue), Line 12, Column A (Total Revenue). **IF YOU ARE FIGURING YOUR PERCENTAGE WITHOUT A 990, PLEASE SEND AN ATTACHMENT SHOWING YOUR CALCULATIONS!***

**Anyone with an administrative amount over 25% must submit an explanation. Two years over 25% will either result in denial of your application or at the very least a dramatic decrease in your funding.**

Total **Agency Budget** for current fiscal year: \_\_\_\_\_ \$

Projected number of persons served by the **agency**: \_\_\_\_\_

Name of specific **project** for which you are requesting funds: \_\_\_\_\_

For requested **project** what is the total cost? \$ \_\_\_\_\_

**Total of request to UW of QAC for 2019/2020 Allocations Funding: \$** \_\_\_\_\_

Projected number of persons served by **project** for which this funding is requested: \_\_\_\_\_

This certifies that the Board of Directors of \_\_\_\_\_  
approved the submission of this request to the United Way of Queen Anne’s County for funding  
on \_\_\_\_\_ **(Date)**.

\_\_\_\_\_  
**(Signature, Executive Director)**

\_\_\_\_\_  
**(Signature, President of the Board of Directors)**

The Board of Directors of the United Way of Queen Anne’s County and the current Allocations Committee will review this application along with other applications, and will consider the total resources available, and may accept, reject or recommend a reduction in the amount granted based on that review. If United Way funds are authorized, acknowledgement of this support must be clearly identified in all printed materials, publications, and oral presentations presented by the approved Agency.

**UNITED WAY OF QUEEN ANNE'S COUNTY - REQUEST FOR FUNDING**

**GENERAL AGENCY INFO**

Name of Agency: \_\_\_\_\_

Mission Statement: (25 words or less)\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(THIS 25 WORD DESCRIPTION WILL BE LISTED IN THE YEARLY BROCHURE!!)

Geographic area of QA County served: \_\_\_\_\_

Does this agency serve more than QA County?    Yes [  ]    No [  ]

If "yes", list other counties: \_\_\_\_\_

\_\_\_\_\_

Does the Agency currently receive funds from other United Way campaigns?

Yes [  ] No [  ] If "yes", list the source and the amount received.

\_\_\_\_\_

\_\_\_\_\_

What programs or services did your Agency provide this past year?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe the target population served by the Agency (age, gender, ethnicity, etc.).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# UNITED WAY OF QUEEN ANNE'S COUNTY - REQUEST FOR FUNDING

## PROPOSED PROJECT INFO

(If additional room is needed for any of these questions, don't hesitate to add an attachment)

Name of project to receive funding: \_\_\_\_\_

A) Does this project serve more than QA County? Yes [ ] No [ ]

If "yes", list other counties:

B) Briefly describe the specific project for which funding is requested in this application. Include statement of goals and objectives, and how the proposed project relates to your Agency's overall mission. Also, please restate the number of participants you expect to serve.

C) Is the project you are proposing unique to the county? Yes [ ] No [ ]  
If "yes", why is it unique?

If "No", list other organizations which offer similar or related services, and/or serve the same target population. Describe your plans for coordination/collaboration with those organizations.

D) Is the proposed project or any aspect of it being provided by your agency at this time?  
Yes [ ] No [ ]

If "yes", list below the current sources of funding for the project and the amount received from each source including other United Ways:

Source	Amount	Funding Termination Date	'X' If Funding Date Is Renewable
	\$		
	\$		
	\$		
	\$		

- E) What problem(s) within the county is this project addressing? How will clients and/or the community benefit from this project?
- F) Briefly outline the proposed project timetable or work plan. Please be specific in what month the project will begin, projected number of clients to be served monthly, etc. What are the Agency's plans for continued operation of the program after this current year when funding expires?
- G) How many staff and/or volunteers will be involved in the project for which funding is requested? Describe their roles and job responsibilities.
- H) Has the Agency received funding in the past for projects conducted within Queen Anne's County? Yes [  ] No [  ] If "yes", please indicate the source, nature, amount, and status of the request.
- I) Would your Agency be able to operate the proposed project with less than the total funds requested? Yes [  ] No [  ]. If "no", what aspects of the project could be implemented with a reduced allotment?
- J) What evaluative methods will be used to assess the project's impact/achievements? Specify the data to be collected, record keeping tools, and procedures.
- K) If the proposed project was funded by either the United Way or other sources during the last year, please provide detailed impact/achievement data, including total project costs and specific client services data.

UNITED WAY OF QUEEN ANNE'S COUNTY - REQUEST FOR FUNDING  
2019/2020

**ADDITIONAL INFORMATION CERTIFICATION NEEDED**

This attachment is very important! Call Sandra at 410-739-4716 if you have any questions.

Please certify the following statements:

- I certify that as the representative for the agency name in this application, I have read the "Criteria for an Agency to be Considered for Funding" and believe that we do qualify for funding.
- I certify that the agency named in this application prohibits the sale or lease of the Combined Federal Campaign or United Way contributor lists.
- I certify that the agency named in this application conducts publicity and promotional activities based upon its actual programs and operations, that these publicity and promotional activities are truthful and non-deceptive, include all material facts, and make no exaggerated or misleading claims.
- I certify that the agency named in this application is chartered/incorporated under a governmental agency.

The entity or State is \_\_\_\_\_.

- I certify that, as of the date on which this application is being submitted to the United Way of Queen Anne's County, the organization named in this application does not knowingly employ individuals or contribute funds to entities or persons on either the Department of Treasury's Office of Foreign Assets Control Specially Designated Nationals List or the Terrorist Exclusion List. Any change in circumstances pertaining to this certification and the organization will notify the United Way of Queen Anne's County office immediately.
- I certify that the agency named in this application prepares an annual report that is available to the public upon request. (A more frequently published document, such as a quarterly newsletter may be used to meet this requirement provided that such document is available to the general public upon request and describes the organizations activities and supporting services and identifies its directors and chief administrative personnel.)
- I certify that the funds received from the Queen Anne's County United Way are not used to engage in lobbying nor are they used to influence voting or legislation at the local, State or Federal level.
- I certify that the agency named in this application complies with all Federal, State and Local Laws.
- I certify that the agency named in this application has policies set in place regarding Affirmative Action, Conflicts of Interest, Non Discrimination, Whistle Blower Guidelines and a Code of Ethics.

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

Printed Name & Title: \_\_\_\_\_

Name of Agency: \_\_\_\_\_

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