

2008-09 UNITED WAY ALLOCATION CHECKLIST

Please attach and return this checklist with your request on April 29, 2008

AGENCY NAME _____

The following items are submitted in support of the 2008-09 Allocation request:

Item

- 1) Cover letter with signatures of Executive Director, Board President and Treasurer revealing certification of narrative and budgetary review of 2008-09 United Way request. Cover letter should also include the total amount of United Way dollars you are seeking in 2008-09.
(One (1) original copy) _____
- 2) Minutes of EITHER Board of Directors or Executive Committee meeting authorizing the 2008-09 United Way request.
(One (1) original copy) _____
- 3) Twenty (20) clear and legible sets of the following:
PROGRAM ALLOCATION REQUEST FORM, NEW PROGRAM FUNDING REQUEST FORM (If submitting request for "New" program); also BUDGET FORM 1 with the attachment of fringe benefits and the separate budgets for 2007 and 2008.
ALL MUST BE COLLATED AND BOUND. _____
- 4) One (1) copy of:
2007 year-end Audit according to A.I.C.P.A. Guidelines.
Including the Management Letter.
(This letter is a separate attachment to your Audit). _____

NOTE: 2007 New York State Annual Report and accompanying IR990 acceptable ONLY IF YOUR AGENCY DOES NOT COMPLETE AN ANNUAL AUDIT. (Provide most recent copy available.)

United Way for Cortland County Program Allocation Request: 2008-09

Agency Name: _____

Contact Person: _____ Phone: _____

Name of Program: _____ Priority Level: _____ Funding Requested: _____

Did this program receive United Way funding during the previous year? page 2)	Yes	No (If no, complete
Did your agency complete an in-house UW campaign last year?	Yes	No
What is the estimated level of participation within your organization? 50%+	0-10%	11-30% 31-50%
What % of your Board of Directors participated in the UW campaign?	_____ %	
Did your agency comply with UW co-branding requirements?	Yes	No

Summary description of program:

Total individuals served:

How does this program meet community priorities? Provide concrete examples of "priority match."

Please note other sources of funding for this program. Specifically, how will UW funds be used?

Were program targets/goals met in the previous year? Provide appropriate outcomes information including constituencies served and impact.

Total individuals served:

- Agency checklist:
- Program Allocation Request Form* for each program attached?
 - Appropriate budget/financials attached?
 - Page 2 attached for new program requests?

New Program Funding Request

(page 2)

Name of program: _____

To your knowledge, are other agencies in Cortland County providing similar services to community residents? If so, how will this program be coordinated with other services? Explain.

Provide additional program information that may assist the committee with its decision.

Should United Way for Cortland County funding be unavailable, will your agency still attempt to deliver this program? If so, what program changes might be necessary?

BUDGET FORM 1 – AGENCY SCHEDULE OF SALARIES

Position/ classification *	Position Title	Full- Time Equiv.**	2007 Budget Year	2008 Budget Year	% of increase for '08 vs. '07
	Total				

PLEASE ATTACH YOUR AGENCY SCHEDULE OF FRINGE BENEFITS TO THIS FORM

*Professional; Clerical; Other
 **Full-time staff will be noted as 1.00;
 Halftime as 0.50; Quartertime as 0.25; and so on.

All financial information rounded to the nearest dollar.