

Habersham County United Way (HCUW)
2017 Allocation Request and Agency Review

(Submit electronically or deliver to United Way Office no later than 12:00 noon on January 6, 2017.)

Agency:		Agency Telephone:	
CEO:		Contact Phone:	
President:		Contact Phone:	
E-mail:		Website:	
Agency Address:			
City:		State:	Zip:
Counties Served:			
Agency Mission/Purpose:			
Agency Goals:			
In the past year, what goals did you achieve?			

2017 Allocation Request

List specific program(s), service(s) and/or position(s) you seek to fund, and the amounts requested for each:	2016 HCUW Allocation	2016 Actual Expenditures	2017 HCUW Requested
Total			

We respectfully submit this document to be used for review and as official application for funds.

Executive Director Signature

Date:

President Signature

Date:

SECTION I: AGENCY SUMMARY

Please provide the following information to help United Way understand the programs and services you provide and the trends reflecting utilization of these services. Answer each question. (Bullet points are appropriate)

1. Describe highlights of the agency since January 1, 2016:

2. Describe changes which have occurred in the agency's revenue stream: (grants, gifts, donations, or fundraising).

3. Describe how the above factors affected the agency's expenditures and program delivery:

4. Indicate specific areas of future challenges, new opportunities, concerns or needs; (financial, staffing, or program expansion):

SECTION II: COMMUNITY IMPACT

(Complete for each program or service funded by United Way)

Program or Service Name:

Description:

Target Population:

Resources dedicated or consumed by program: (Money, staff, volunteers, facility, equipment)

Volume of work accomplished: (# classes, counseling sessions, material distributed, participants served).

Benefits or changes for individuals or population during or after participating in program activities:

How do you measure program success?

How do you promote your organization in the community?

CLIENT CHARACTERISTICS

(Complete for each program or service if possible. Otherwise use Agency Totals)

Twelve months statistics:		From		To	
Unduplicated # Clients		Habersham County		Other	
Household Income	Habersham County	Other	Ethnic/Racial Origin	Habersham County	Other
\$0 thru \$11,999			White		
\$12,00 thru \$14,999			Black/African American		
\$15,000 thru \$24,999			Hispanic/Latino		
\$25,000 thru \$49,999			Asian		
Over \$50,000			Unknown		
Unknown					
# Clients Served Total			# Clients Served Total		

SECTION IV: AGENCY BUDGET FINANCIAL REVIEW

Agency's Fiscal Year is	from:	to:
Most Recently Completed Prior Fiscal Year Information		
Fiscal year ending:	Total Revenue:	
HCUW 2015-2016 Allocation:	% of total revenues:	
Current fiscal year ending:	Current fiscal year total projected revenue:	
Amount requested from HCUW for 2017		
HCUW allocation request is		% of total projected revenue
Specify fund raising activities scheduled for 2017:		
Event	Anticipated Date	Projected Revenue
CASH IN BANK OR OTHER SAVING INSTITUTIONS		
CHECKING:	\$	
SAVINGS FOR GENERAL OPERATING USE	\$	
SAVINGS FOR DESIGNATED OR RESTRICTED USE	\$	
TOTAL CASH/INVESTMENTS	\$	

SUPPORT AND REVENUE			
PUBLIC SUPPORT & REVENUE	Fiscal Year 2015 Last Year	Fiscal Year 2016 This year	Fiscal Year 2017 Proposed
HCUW Allocation			
Contributions (Individual and Corporate)			
Special Events/Fundraisers			
Unrestricted Legacies/Bequests			
Contributions from Associated Organizations			
Allocated by other United Ways			
Federal Fees/Grants			
State Fees/Grants			
Membership Dues			
Program Service Fees			
Sales of Materials			
Investment Income			
Miscellaneous Revenue			
Total Support and Revenue			
What are your monthly operating expenses?			
How many months of operating expenses do you have in reserve?			

EXPENSES	Fiscal Year 2015 Last Year	Fiscal Year 2016 This Year	Fiscal Year 2017 Proposed
Salaries			
Employee Benefits			
Payroll Taxes			
Professional Fees			
Supplies			
Telephone			
Postage/Shipping			
Occupancy			
Equipment Rental/Maintenance			
Printing			
Travel			
Conferences			
Assistance to Individuals			
Membership Dues			
Awards & Grants			
Miscellaneous			
Total Expenses			
Payment to Affiliated Organizations			
Board Restricted for Future Activities			
Total Expenses for All Activities			
Excess(Deficit)Total Support and Revenue Over Expenses			

STAFF POSITIONS/SALARIES

1. Salary information should be rounded to nearest dollar.
2. Do not include payroll taxes or benefits on this schedule
3. Use position title only; no names
4. Full time staff should be noted as 1:00; halftime as 0.5, etc.

POSITION TITLE	LAST YEAR ACTUAL	FULL TIME EQUIVALENT	THIS YEAR BUDGETED	FULL TIME EQUIVALENT	NEXT YEAR PROPOSED

If you have any questions about completing this form, please contact the United Way office at 706-778-0620 or habuw@hemc.net.