

Organizational Information

Save your work as you go!!

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Please complete the required fields. You may save and return to the application dashboard by clicking **Save and Return to Application**. You can return any time to complete the process.

*Indicates required field

Updated Information Section

*

Does this organization have any documents that were provided during the pre-qualification phase that need to be updated? (Documents can include a 990 that was submitted after the 5/28 pre-qualification deadline, or a 990 filed later due to an extension granted by the IRS; an updated registration letter from the Office of the Secretary of State that was received after the 5/28 pre-qualification deadline or due to an extension granted on the 990; a Strategic Plan or By Laws that were reviewed or approved by your Board of Directors after the 5/28 pre-qualification deadline).

Yes No

Please explain why the documents you provided in the pre-qualification phase need to be updated (I.E. Filed an extension with the IRS and submitted after the pre-qualification deadline)

This box is to be used to explain why you are attaching any additional documentation. (EXAMPLE: We filed for an extension on our 990, and have recently submitted our 2020 -990, which we attached)
This section IS NOT required. However, if you had any documents that have changed between the prequalification deadline and the application deadline, they need to be provided here.

Please attach the updated information:

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Please attach the updated information:

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Please attach the updated information:

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Please attach the updated information:

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Overall Organization Information

*

According to the By-Laws provided in the prequalification portion, does the organization's Board have term limits set on its members?

Yes No

*United Way of the Lowcountry embraces the need for every community to address the journey of Racial Equity. Many organizations have gone a step further and have implemented internal policies on Racial Equity and/or Diversity, Equity and Inclusion (DEI). If your organization has implemented relevant policies, please provide below. If you have not yet, please provide your current non-discrimination policy:

We are asking you to "Cut and Paste" your organization's current policy here.

Volunteers:

*

Please explain how volunteers are utilized throughout your organization, not just the program for which you are seeking funding. If volunteers are NOT utilized, please explain why (i.e. certification required, must have advanced degrees, etc.)

All other volunteer questions are found on the metrics document and Special events and fundraising form. There are no longer any questions about "Get Connected".

Collaboratives/Coalitions

If you are submitting a funding request on behalf of a coalition or collaborative, it is not required to submit organizational information on the fiscal agent. We will accept the Lead agency or "backbone agency" information if it provides a clearer picture for the reviewers. Please know that United Way retains the right to request information on the fiscal agent if questions arise.

Definition – Coalition/Collaborative partnerships are agreements and actions made by consenting organizations to share resources to accomplish a mutual goal. Collaborative partnerships rely on participation by at least two parties who agree to share resources, such as finances, knowledge and people.

*
Are you submitting a funding request on behalf of a collaborative or coalition?

Yes No

Please scan all Memorandums of Agreement/Understanding as one document and upload. Please remember, if you are submitting as a collaborative you **MUST** attach your MOA/MOU (*letters of support are not acceptable*):

6
Has research been done to ensure this collaborative is **Not** a duplication of efforts? Please list any collaboratives currently in operation that you have researched, that provide similar services, and explain how your collaborative is different:

Please describe your collaboration in detail, including expected participants, their roles, and goals of the partnership:

UWLC does not fund duplication of services and we want to know that sufficient research has done to ensure that you are not "reinventing the wheel" if there is another group out there that is already doing it well.

Organizational Finances

*
Organization's Fiscal Year:

Please click on the calendar icon to enter date in (MM/dd/yyyy e.g., 06/15/2021 format).



*
Organization's EIN (*Do not include dash*):

Organization's overhead percentage: Please use the calculation and number you provided in the pre-qualification phase of this application **UNLESS** you provided updated information at the beginning of this section that would impact your overhead percentage, i.e. you filed an extension with the IRS and have attached your updated 990.

Financial Report, Review, or Audit

Please upload your most recent financial report, 3rd party review, or 3rd party audit, which is dependent upon the budget thresholds found below. Financial reviews, reports, or audits provided must be the most recent and within the last 12 months:

 [Browse...](#)

- **Gross Annual Revenue Up \$300,000:** Audit committee assigned by the governing board to issue **a financial report** in a format approved by United Way of the Lowcountry, Inc. and signed by at least three members of the agency's board.
- **Gross Annual Revenue From \$300,001 to \$750,000:** Independent Certified Public Accountant to issue **a review** that conforms to generally accepted accounting practices for voluntary health and welfare organizations.
- **Gross Annual Revenue From \$750,001 and above:** Independent Certified Public Accountant to conduct **an audit** that conforms to generally accepted accounting practices for non-profit voluntary health and welfare organizations.

If an audit is required, please make sure you scan the management letter WITH the copy of the audit. If there were any findings reported, it is also necessary to scan the Board approved action plan for addressing those deficiencies. All components need to be scanned together, as one document, for upload.

Organizational Budget

Please explain any unusual or distinctive characteristics of your agency accounting practices you wish the program reviewers to know before they begin evaluating your organizational budget.

*This is your opportunity to put your operational budget into context. **If there are significant variances between the current and proposed fiscal years, make sure to explain them to the reviewers in this section. Please make sure to identify the line item number in the budget that the variances are describing.** It can also be used to provide detail as to why this budget doesn't match other financial documents you have submitted, to elaborate on surpluses or deficits if not using a zero based budget, to explain your program's cost allocation process, or for anything else in this budget you feel needs explanation. (300 words max.):*

This section can be used to talk about timing issues your organization might experience, or those reimbursable grants that play havoc when you put your budgets on paper, or ANYTHING that helps reviewers who do not "live in your forest" understand what it is they are reviewing. When questions about budgets are answered ahead of time, application scores tend to be higher.

Please download the template for the Organizational Budget form found in the link below and upload it after filling in all data accurately. This form must be used. Budgets provided in other formats will not be accepted or reviewed.

[2022 Org budget Template - protected.xls](#)

Keep in mind this is an operational budget and should NOT have any depreciation costs represented. The reviewers are instructed that the attached budget might not tie back to the financials provided.

Please upload the completed Organizational Budget form here. In order to ensure reviewers can easily read the budgets provided, please make sure to view the document before saving it as a PDF:

Browse...

Please explain how any budget shortfalls/surpluses will be handled and what impact it will have on the program for which you are requesting funding (100 words Max.):

Please do not just say shortfalls will be handled by extra fundraising or surpluses will be reinvested. The reviewers want to know specifics.

Example: our policy is to handle any shortfalls, up to \$25,000, through our reserve account. If additional funding is needed, the amount of direct assistance provided per family will be reduced.

OR

Surpluses would be reinvested to Program X in order to increase the number of books provided to each participating family.

Special Events/Fundraising Report

This form must be used. Special events / fundraising reports provided in other formats will not be accepted or reviewed.

2022 Special Events - Fundraising Report - protected.xls

*

Please upload the completed special events/fundraising report form here. In order to ensure reviewers can easily read the information provided, please make sure to view the document before saving it as a PDF:

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Balance Sheet:

Balance sheets provide a snapshot that summarizes the status of an organization's finances at a given time.

A nonprofit organization is one that gives its profits or surplus funds to a particular cause/program, rather than distributing them to owners or shareholders like a for-profit company.

Basic Balance Sheet Features

1. Assets owned by the organization. This list will usually include both fixed assets (tangible, long-term assets that cannot be easily liquidated or converted to cash) and current assets (easily liquidated assets that are expected to be sold in the near future).
2. The next section of the balance sheet lists liabilities, which are obligations or claims against the assets of the company.
3. The difference between the assets and liabilities is listed on the balance sheet as net assets.

*

Please upload your organization's most recent, Board approved Balance Sheet:

 Browse...

Statement of Financial Activity:

An Organization's Statement of Financial Activity is one of the main financial statements of a nonprofit organization. This financial statement reports the revenues and expenses and the changes in the amounts of each of the classes of net assets during the period shown in its heading. This statement is issued by a nonprofit instead of the income statement issued by a for-profit business.

*

Please upload your organization's most recent, Board approved Statement of Financial Activity. This information MUST correlate with the above requested Balance Sheet. UWLC does not require that a standardized format be used. However, this document must contain actual year-to-date financial information compared to budgeted year-to-date information:

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Reserve Account:

In the simplest terms, organizations should have **reserves** for the same reasons that people should have savings: to serve as a cushion against unexpected but necessary expenses or a sudden loss of income, and to build up money for long-term goals and future plans.

Does this Organization currently have a reserve account(s) established?

yes no

If your Organization **does not** have a reserve account, please explain why and if there are plans to establish one in the future.

*Was your organization's reserve account impacted by the COVID19 Pandemic?

Select ▼

If yes, please explain here.

*

How much is currently in your reserve account(s)? *If the organization does not have a reserve account, please enter 0.*

*

If the word "reserve" is not used as the name of the account, please specify the name or journal number represented in your attached balance sheet where your organization's reserves are held:

*

Please provide your Board's policy on how much should be held in reserves and when the reserve account(s) can be accessed:

Be specific, cut and paste from your policy.

Example of a reserve policy provided in a past application: Agency ABC shall hold funds in reserve to provide funding should an extraordinary event occur where the economic impact requires funds beyond what is currently budgeted and otherwise available to fund the organization. An extraordinary event could be, but would not be limited to, an event such as a natural or man-made disaster. The target balance for these reserve funds shall be three months operating expenses. These funds shall be made available for borrowing to fund the organizations a short-term cash flow needs of a term not to exceed 90 days (in lieu of utilizing line of credit).

Execution of such borrowing will be contingent on the approval of the Treasurers Committee of the Board of Directors. If the organization cannot repay such borrowing after 90 days, the line of credit will be utilized, or the treasurers committee must approve any decision not to repay the reserve investment account with subsequent board affirmation. Utilization of the funds for any purpose other than short-term borrowing, including but not limited to natural and man-made disasters, will require approval by the treasurers committee in 3/4 majority of the Executive Committee of the Board of Directors

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*Indicates required field

Program Overview

*

Program Name:

This MUST be the same name as what you submitted in the prequalification phase.

*

Overall Program Budget:

\$

(This should be the same amount as found on line item #29 in your Program Budget.)

*

Grant Amount Requested:

*This is the amount your Organization is requesting for the first year of the grant

\$

*

What percentage of the overall Program Budget does this grant request represent?

If the funding request above exceeds 30% of the program budget, a plan needs to be provided detailing how program sustainability will be achieved by the end of the funding cycle. If the request exceeds 30% and a sustainability program is NOT provided, the grant request will be adjusted accordingly.

Please upload the program sustainability plan **IF** the funding request exceeds 30% of the program budget.

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*

Will this program accept partial funding?

Yes No

If you were to receive a percentage of your funding request, explain in detail how your program would be impacted:

EXAMPLE: The first impact would be a reduction in the number of books we provide to our participating families. If further reduction in program costs are required, we would then review the number of families able to participate in the program.

*

Statement of Need – Please provide qualitative and quantitative data that supports the decision to implement the program. Make sure to include local data to support the need for your program (*Max. 300 words*)

It is great to include national statistics, but you MUST be able to drill down to the local level. You need to be able to show that this program is needed in Beaufort/Jasper County.

*

Program Description – Please provide a description of your program from point of contact through service delivery (*Max. 300 words*):

This is where you explain to the reviewers what the program IS. Remember...this might be the 1st time the reviewer has ever heard about your program, so make sure you take this opportunity to explain about your eligibility criteria and intake process, your program components, and service provision.

*

Program Participants: Who does your program serve? Please be specific (*Max. 300 words*):

Demographics of your program participants/who is your target population your program is trying to serve?

*

Key Stakeholders and/or Collaborators – Please list Key Stakeholders of your program, as well as list collaborations of which you are currently a member (*Max. 100 words*):

Key Stakeholder = Any organization who would be significantly impacted if your services ceased
Collaborator = any organization who you have formally agreed to share resources (time, money, or staff) with.

The reviewers want to know who is impacted by your program, above and beyond the program participants. Additionally, reviewers are able to determine whether you are operating in a silo or whether you are working with other organizations towards the common goal.

***Innovation**: Is this an innovative program?

Yes No

If yes, what makes this program innovative?

UWLC does not require the program to be new in order to receive programmatic funding, so when we say innovative, what the reviewers are looking for is what makes your program different?

Impact:

As a service to the community, United Way provides licenses to Charity Tracker for all nonprofit agencies in Beaufort and Jasper counties. This data collection software enables all agencies to have access to client management software that can easily track the impact of basic needs service provision. Since this service is provided free of charge to the nonprofit community, United Way Partner Agencies receiving funding in the priority area of basic needs are required to enter all Basic Needs services into the software. This will enable the agencies to track data and create reports for the United Way and other grants in an easy and accurate way. Any agencies that do not yet have a license, or that need training on Charity Tracker, please reach out to Chrystie Turner at cturner@uwlowcountry.org.

Number of people impacted by your program – Please indicate below the number of people being directly and indirectly impacted by this program. EXAMPLE: Directly impacted = program participants / Indirectly impacted = family members who might also benefit from the services received by the program participant.

*
Please provide a brief explanation of who you have included, and the rationale as to why you feel they are the indirect beneficiaries of your program.

Since this question was asked at almost every site visit, it was apparent that how agencies determined the indirect impact number needed some explanation. There is room for inferences to be drawn...we will jump, with cause...but no leaps, PLEASE 😊

Current Fiscal Year (Right Now)

*
People directly impacted:

*
People indirectly impacted:

Proposed (what is projected to happen in the next fiscal year)

*
People directly impacted:

*
People indirectly impacted:

Program Efficiency

*
Program Efficiency – Please describe what unit is being measured (an individual, a program session, a meal, a GED, etc.) Make sure the unit you are measuring aligns with the common Key Performance Indicators (KPI's) list (Max. 50 words):

This is NOT the place for creative accounting. Don't make volunteer reviewers break out the calculator to determine how much it costs per child to attend your aftercare program because your feel the program efficiency looks better if you calculate the number of sessions as opposed to the cost per child to attend. Human nature dictates that you bring the unit of measurement back to people whenever possible.

Make sure word count is between 1 and 50

Current Fiscal Year (Right Now)

*Number of units:

*Program cost:

\$

(Program cost should be the same amount as found on line item #29 in your Program Budget.)

Proposed (what is projected to happen in the next fiscal year)

*Number of units:

*Program cost:

\$

(Program cost should be the same amount as found on line item #29 in your Program Budget.)

Program Budgeting Information

Match funding - Many governmental grants provide a portion of the total funds necessary to operate a project, but require recipients to match the funding with local support in order to receive the award. EXAMPLE: A federal grant might provide a \$200,000 grant that is contingent upon the organization being able to secure a 10% (\$20,000) local match.

*
Will the United Way funding be used to "draw down" federal or state grants, allowing you to leverage resources for our area?

Yes No

If yes, what is the amount of federal dollars you will be able to "draw down"?

What is the amount of local match required?

Program Budget

Please explain any unusual or distinctive characteristics of your program accounting practices you wish the program reviewers to know before they begin evaluating your program budget.

This is your opportunity to put your operational program budget into context. **If there are significant variances between the current and proposed fiscal years, make sure to explain them to the reviewers in this section. Please make sure to identify the line item number in the budget that the variances are describing.**

It can also be used to provide detail as to why this budget doesn't match other financial documents you have submitted, to elaborate on surpluses or deficits if not using a zero based budget, to explain your program's cost allocation process, or for anything else in this budget you feel needs explanation. (300 words max.):

Please download the template for the Program Budget form found in the link below and upload it after filling in all data accurately. This form must be used. Budgets provided in other formats will not be accepted or reviewed.

[2022 Program Budget Template -protected.xlsx](#)

Keep in mind this is an operational budget and should NOT have any depreciation costs represented. The reviewers are instructed that the attached budget might not tie back to the financials provided.

Upload the completed Program Budget form here. **In order to ensure reviewers can easily read the budgets provided, please make sure to view the document before saving it as a PDF:**

Please explain how any budget shortfalls/surpluses will be handled. (Max. 100 words):

Salary budgets provided in other formats will not be accepted or reviewed.

2022 Program Staff Salaries - protected.xls

Upload the completed Staff Salaries/FTE form here. ***In order to ensure reviewers can easily read the budgets provided, please make sure to view the document before saving it as a PDF:***

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Goals Outcomes and Indicators for Basic Needs Programs

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*Indicates required field

Program Goals, Outcomes and Key Performance Indicators for Basic Needs

*Our goal is to verify the ability of your tool to track the appropriate data for the outcomes and goals that you have selected on the metrics document. If you use a proprietary or internal database system as your measurement tool, please take a screenshot or snippet, and exclude any sensitive/confidential information.

Please scan and upload a copy of the tool you will be using to measure impact of your program. If more than one tool is used, please scan and upload as one document:

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*Data Measurement Process - Please explain the process that will be used to track the data requested below. Please include who the tool is being administered to, when it is being administered, and the frequency.

For data measurement, the reviewers need to know the tool(s) is being implemented effectively. You can have the BEST tool, but if the process isn't sound, it can skew the data.

Please download the template to provide your program's goals, outcomes and key performance indicators for Basic Needs:

2022 Basic Needs Metrics.xlsx

*Once you have completed the above template for goals, outcomes, and KPI's, please upload the **EXCEL workbook** here:

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Marketing and Success Stories

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*Indicates required field

****NEW** Agency Logo**

*Please upload your agency logo here (image or PDF):

 Browse...

Success Stories

Please know that all stories and photographs provided could be used by United Way's Marketing and Communications department. All stories and photographs MUST be accompanied by a signed release form, providing permission to use the story and any images that you provide. A template can be found below:

[Media Release Form \(Community Impact - Partner Agencies\) \(002\) \(9\).pdf](#)

Please share two qualitative stories below, about how your program has improved the lives of your program participants. This is your chance to describe the outcomes your program is able to achieve and to bring your program to life for the reviewers. Be as descriptive as possible and **make sure the stories you provide tie back to the outcomes you selected in the previous section:**

*

Please upload the signed release form:

 Browse...

*

Story #1 (Max. 500 words):

This is your opportunity to bring your program to life and to tug at the heartstrings of the reviewers. This application process tries to make a largely subjective process quantifiable, but this section allows you to provide qualitative data that shows reviewers the "real" reason you do what you do...the "true" impact of your work.

You have the option to upload two photos that might help tell this story. You can scan the photos and upload as a PDF or you can upload as an image:

 Browse...

Additional Image:

 Browse...

*

Please upload the signed release form:

Browse...

*

Story #2 (Max. 500 words):

You have the option to upload two photos that might help tell this story. You can scan the photos and upload as a PDF or you can upload as an image:

Browse...

Additional Image:

Browse...

Application Final Approval

Training Codes and Application's Final Approval by the Executive Director and the Board Chair

TRAINING CODES:

* During our Application training, you were given CODE Number one, what is that CODE?

* During our Application training, you were give CODE Number two, what is that CODE:

* During our Application training, you were given CODE Number three, what is that CODE?

ELECTRONIC SIGNATURES:

The parties agree that this agreement may be electronically signed. The parties agree that the electronic signatures found below are the same as handwritten signatures for the purposes of validity, enforceability and admissibility.

*

Executive Director (If submitting as a collaborative, the backbone agency's Executive Director):

I do hereby state that this document is submitted with the full support of the governing board. I have reviewed and approved this entire application, including all information and documents submitted by my collaborators.

Yes

*Date:



Please click on the calendar icon to enter date in (MM/dd/yyyy e.g., 06/15/2021 format).

*

Board/Collaborative Chair:

I do hereby state that I have reviewed this document and all attachments for accuracy and quality.

Yes

*Board/Collaborative Chair Signature:

*Date:



Please click on the calendar icon to enter date in (MM/dd/yyyy e.g., 06/15/2021 format).