

## Agency Contact Information Basic Needs

**If you are applying as a collaborative please note the information below needs to pertain to your fiscal agent or backbone agency.**

**Contact Information**

\*Organization/Collaborative Name:

\*Telephone:

Website URL:

\*Organization's EIN # *(no dashes please)*

\*The Organization's Fiscal Year: (Begin date MM/DD/YYYY - End Date MM/DD/YYYY)

**Mailing Address**

\*Street Address/P. O. Box:

\*City:

\*State:

\*Zip:

**Main Address (Physical Address)**

\*Street Address:

\*City:

\*State:

\*Zip:

**Executive Director Information**

\*Name:

\*E-mail:

Direct Line / Extension:

\*Cell Phone:

**Board of Directors Chairperson**

\*Name:

\*E-mail:

\*Board Term (*month and year beginning*):

\*Board Term (*month and year ending*):

**Chairperson's Address:**

\*Street Address:

\*City:

\*State:

\*Zip:

#### Application Basic Needs

##### **Save your work as you go!!**

You have the option to save your work and submit the application at a later time. Although the application has Auto Save, please be sure to click the **"Save"** button at the bottom of the application to save your work. There is a time-out feature for security purposes. If the page remains idle for too long, it will not save your work, and will require you to log back in.

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

## Overall Organization Information

The organization must maintain current registration as a Charitable Organization with the South Carolina Secretary of State or have a current registration exemption from the South Carolina Secretary of State. If you have not received your updated letter as of the prequalification deadline, please scan your most recent confirmation letter, along with documentation the most recent information is under review by the Secretary of State's office.

\*Please upload your CURRENT registration letter (as evidenced by the dates contained in the registration letter) or letter of exemption from the South Carolina Secretary of State:

\*United Way of the Lowcountry embraces the need for every community to address Racial Equity. Many organizations have implemented internal policies on Racial Equity and/or Diversity, Equity and Inclusion (DEI). If your organization has implemented relevant policies, please copy and paste here. If you have not yet, please copy and paste your current non-discrimination policy: (500 word max)

## Program Overview

\*Program Name:

\*How much is the overall budget for the program requesting funding?

\*

Grant Amount Requested:

*\*Please remember that Basic Needs grants are now on a 1 year cycle!*

 \$

\*

To obtain the percent that the grant request represents, please click on the calculation button :

 Calculate

*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 plan is NOT provided, your grant request will be denied.*

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

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**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?

 \$

### Volunteers:

\*Please upload a copy of the current Board list (**Must include name, phone number, address, e-mail address, AND their terms**):

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\*The organization's board maintains and adheres to the written bylaws. The bylaws are reviewed at a minimum every five years.

☐ Yes



\*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.) (300 word max)

\*How many volunteers does this program use?

If you keep track of volunteer hours, how many are dedicated to this program?

## Organizational Finances

\*Please upload a copy of your most recent 990. Make sure the document you upload is a copy of the ACTUAL 990 your organization submitted, including signature and date at bottom:

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## Financial Report, Review or Audit

\*The organization has two (2) years of financial audits or Generally Accepted Financial Report documents as outlined below. Financial reports/reviews, and audits provided MUST be the most recent and within the last 12/24 months. All organizations that are audited must be able to include a complete copy of the Management Letter:

☐ Yes

- **Gross Annual Revenue Up \$300,000:** Audit committee assigned by the governing board to issue a Standard yearly financial report 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.

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

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***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.***

## 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:

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#### 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. (500 word max)

\*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:  
(500 word max)

## Program Budgeting Information

### Program Budget

\*

Overall Program Budget:

\$

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

**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.**

2023 Program Budget Template FINAL-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.**

\*

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:**

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This question is optional. The space is provided to explain any unusual or distinctive characteristics of your program budget you wish the program reviewers to know before they begin evaluating. This is your opportunity to put your operational program budget into context. **If there are significant variances (+ or - 10%) 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.):

### Program Description

\*

**Statement of Need** – Please provide facts and figures that support the need for this program in Beaufort and/or Jasper County. **Make sure to include local data** to support the need for your program (Max. 300 words)

\*

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

\*

**Program Participants:** Who does your program serve? Please provide/include demographics (Max. 300 words):

\*

**Key Stakeholders** – Please list Key Stakeholders of your program (Max. 300 words):

## Impact

**Number of people impacted by your program** – Please indicate below the number of people being directly impacted by this program. EXAMPLE: Directly impacted = program participants.

\*People directly impacted (current budget year):

\*People directly impacted (proposed budget year):

## 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. (300 word max)

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

2024 Basic Needs Metrics.xls

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

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## Agency Logo

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

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## 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. For your convenience a template can be found below. Please know that you do not HAVE to use our template. If your organization has one, please feel free to use it:*

Media Release Form (Community Impact - Partner Agencies) (002) (9) (002).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:

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\***Story #1** (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:

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Additional Image:

 Browse...



\*Please upload the signed release form:

 

\***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:

 

Additional Image:

 

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

#### **ELECTRONIC SIGNATURES:**

*The parties acknowledge 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.*

#### **STOP!**

Please DO NOT electronically sign before you have conducted a thorough review of the application and documents attached. If the wrong documents are provided, it could result in being deemed ineligible to receive funding.

**\*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

\*Executive Director/Backbone Agency's Executive Director Signature:

\*Date:

 

Please click on the calendar icon to enter date in (MM/dd/yyyy e.g., 03/22/2024 format).

#### **STOP!**

Please DO NOT electronically sign before you have conducted a thorough review of the application and documents attached. If the wrong documents are provided, it could result in being deemed ineligible to receive funding.

**\*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., 03/22/2024 format).

If you would like to change your response, "click" on **[Return to Dashboard](#)** without saving your response and start again.