
MEMO

TO: AGENCIES SEEKING FUNDING FROM: **CITY OF ASHLAND, CITY OF MEDFORD, UNITED WAY**

SUBJECT: 2011-2012 FUNDING APPLICATION

DATE: JANUARY 4, 2011

The above funders have agreed on forms and procedures for the upcoming funding cycle. Now not only do these funders have common applications but this is patterned closely after several local foundations. We are hopeful it makes this process more efficient for applicants. Enclosed are application materials and information regarding requirements. The application is available via email by calling United Way at 541-773-5339 or by emailing jan@unitedwayofjacksoncounty.org.

Applications must be completed in the space provided.

Funder	Contact	Copies	Due Date
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City of Ashland	Melissa Huhtala, 541-488-5300 huhtalm@ashland.or.us	12 unbound	March 1, 2011
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Note: Our funding cycle is for two years.

City of Medford	Lynette O'Neal, 541-774-2089 Lynette.ONeal@cityofmedford.org	12 unbound	March 1, 2011
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Note: Our funding cycle is for two years.

Community Development Block Grant funding is a separate application process. Please contact Lynette for more information.

Jackson County	Angie Curtis, 541-774.7940 curtisar@jacksoncounty.org		No Applications this year
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United Way	Jan Sanderson Taylor, 541-773-5339 jan@unitedwayofjacksoncounty.org	12 unbound	March 1, 2011
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Note: Our funding cycle is for two years.

Application documents include: cover Memo, Application Check List, Funder Definitions and Minimum Requirements, the Agency Application, Agency Board Profile, Client Demographic Profile, Project and Agency Budgets for each year (2011 and 2012), and Logic Model for each year (2011 and 2012).

APPLICATION CHECK LIST
UNITED WAY OF JACKSON COUNTY
CITY OF MEDFORD
CITY OF ASHLAND

Date and Time Submitted: _____

Organization Name: _____

Contact Person and phone number: _____

Submit twelve (12) copies of the entire application packet assembled in the order listed below, without covers, and unbound. Please do not staple; a binder clip is acceptable.

- _____ Check List
- _____ Application
- _____ Annual budget for each year of funding cycle for agency on provided form (2 pages total)
- _____ Project/Program annual budget on provided form (2 pages total)
- _____ Logic Model for each year on provided form (2 pages total)
- _____ Agency Board Profile on provided form
- _____ Most Recently Completed Year's Client Demographic Profile on provided form
- _____ List of officers and board members with their affiliations and phone numbers
- _____ Audit and management letter, financial review, or 990 based on the following outline. Provide the annual audit and management letter or financial review if the Agency's budget is greater than \$250,000 or the Agency receives greater than \$10,000 in funding. If the Agency's budget is less than \$250,000 or the Agency receives less than \$10,000 in funding, a copy of the 990 must be filed with the Funder. Finally, if an Agency receives funding from another source with a higher reporting requirement, the highest level of financial reporting is then required by the funding agency (i.e., if an Agency receives funding from the City of Medford, a copy of the audit required by the City must also be given to United Way).
- _____ 1 Copy of 501(c) (3) tax exemption letter from the Internal Revenue Service

FUNDING DEFINITIONS AND MINIMUM REQUIREMENTS

UNITED WAY

Funding Cycle: two years

Definitions

Our Belief: At its core, United Way of Jackson County believes people are connected and interdependent. When we reach out a hand to one, we influence the condition of all. We all win when a child forms healthy attachments through a loving family, when they succeed in school, graduate and make a successful transition to adult responsibilities. We all win when families are financially stable, when people have good health, and when people are engaged and connected. We all win when people have transportation to pursue education, access medical services and work. Through our role as convener, facilitator and advocate, our goal is to create long lasting change by addressing the underlying causes of problems. This belief forms the foundation for our strategies for education, income, health and transportation.

The United Way of Jackson County board of directors approved the following initiative strategies. Special consideration will be given to programs that specifically advance these strategies:

Education: 1) promotion of early learning concepts for parents and 2) mentoring identified high-risk youth.

Income: increased financial stability and independence for families and individuals.

Health: 1) keeping children safe (from child abuse) – community attention on prevention, public awareness and systems change, 2) healthy behaviors including volunteerism – promoting, engaging and directing community members to promote behaviors that improve health. Transportation (will be added in 2011).

Minimum Requirements:

- Been in business more than two years
- Be governed by a board of directors
- 501(c)(3) or other tax-exempt organization
- Comply with all terms of the United Way of Jackson County contract

CITY OF MEDFORD

Funding Cycle: two years

Definitions

Deliver essential safety net health and human services and other programs promoting education, prevention, intervention, and/or treatment, with emphasis on children, families, and seniors

Minimum Requirements:

501(c)(3) or other tax-exempt organization

CITY OF ASHLAND

Funding Cycle: two years

Short Term (Existing) Needs:

1. Health Care
2. Information and Referral Crisis Services with emphasis on coordination and communication
3. Domestic Violence and Mental Health

Long Term (Planning) Needs:

1. Information and Referral with emphasis on on-going assessment of coordination. Consider implementation of computerized resource guide
2. Enhancing the use of trained volunteers to improve cost effectiveness of service delivery

Minimum Requirements:

501(c)(3) non profit status

AGENCY APPLICATION AND FORMS 2010

(REVISED SEPTEMBER 2010)

FOR APPLICATIONS TO CITY OF MEDFORD, CITY OF ASHLAND, AND UNITED WAY.

This application to (**check one only**): ___ City of Medford ___ City of Ashland ___ United Way

*Applications must be postmarked by the deadline indicated on the cover memo to receive consideration by the funders. All funders have the same due date: **March 1, 2011**. Contact information for each funder is detailed in the cover memo. **Late and incomplete applications will be rejected.***

Please use only the space provided. Use 11 or 12 point Times New Roman font. Do not extend response onto separate sheet. If you use a computerized version of this application, it must match this application form as presented. An application form submitted with answers expanded beyond the space indicated will not be considered. Round funding requests to the nearest \$10.

DATE: _____ **ORGANIZATION NAME:** _____

PROGRAM/PROJECT NAME: _____

ADDRESS: _____
Street City State Zip

CONTACT: _____
Name Title Work Phone/FAX

E-mail: _____

Signature of Board President

Signature of Executive Director/CEO

Type Name

Type Name

PROGRAM/PROJECT PROPOSAL INFORMATION

1. Amount requested from funder for this program/project: 2011-2012 \$ _____
2012-2013 \$ _____
2. Program/project period: _____
3. Is this an already established program/project? Yes ___ No ___
4. Is the program/project expected to continue beyond this funding period? Yes ___ No ___
5. Total number of paid agency employees: _____ Number of agency volunteers: _____

9. What are your organization's qualifications to address these objectives and how does this program/project fit with your mission?

10. Please describe what you are doing to promote social well being with your program? (Please see Check List page for definitions of services that may be eligible for funding)

11. Briefly describe your sustainability plan for the project in the future?

FINANCIAL INFORMATION.

12. For most **recently completed** fiscal year:

a. Fiscal Year (mm/yyyy – mm/yyyy) _____

b. Total organizational budget: \$ _____

c. Administration & Fundraising amount: \$ _____ %

Administration & Fundraising (expressed as percent of total budget - also known as management and general, that portion of your expenses not dedicated solely to program or services) must be calculated directly from your IRS form 990. Add part IX (Functional Expenses), line 25 columns c + d. Then divide that total by Part VIII (Statement of Revenue) line 12 Total Revenue, column a.

d. Total expenses: \$ _____

e. Total financial support (revenue): \$ _____

f. Sources of support:

Memberships/ individual contributions \$ _____ %

Fundraising activities \$ _____ %

Government \$ _____ %

Foundations \$ _____ %

United Way \$ _____ %

Fees for Service \$ _____ %

Other (reimbursements, payments,
bequests, etc.) \$ _____ %

g. Total program/project budget (enter NA if new program):

\$ _____

AGENCY BOARD PROFILE

(FOR CITY OF MEDFORD AND CITY OF ASHLAND, BOARD MUST HAVE RESIDENTS OF RESPECTIVE CITY)

Agency Name: _____

Date: _____

1. Number of board members required in bylaws? Minimum _____ Maximum _____

2. Number of board members? Voting _____ Vacancies _____

3. List various board, advisory and ad hoc committees and the number of people on each.

Committee	Number of Members
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

4. Characteristics of Board of Directors at time of application:

ETHNICITY	MALE	FEMALE
African American	_____	_____
Asian	_____	_____
Caucasian	_____	_____
Hispanic	_____	_____
Native American	_____	_____
Other	_____	_____
Total	_____	_____

RESIDENCE	MALE	FEMALE
Ashland	_____	_____
Central Point	_____	_____
Eagle Point	_____	_____
Gold Hill/Rogue River	_____	_____
Jacksonville, Ruch, Applegate	_____	_____
Medford	_____	_____
Phoenix/Talent	_____	_____
Shady Cove, Butte Falls, Trail, Prospect, Other Upper Rogue	_____	_____
White City	_____	_____
Other	_____	_____
Total	_____	_____

CLIENT DEMOGRAPHIC PROFILE

(FOR CITY OF MEDFORD AND CITY OF ASHLAND, CLIENTS MUST BE RESIDENTS OF RESPECTIVE CITY)

Agency Name: _____ Program Name: _____
Staff Contact: _____ Phone #: _____
Fax #: _____ E-Mail Address: _____

Please use absolute numbers only – **no percentages**.

I. GENDER

Female _____
Male _____

II. AGE*

Infants 0 to 4 years _____
Youth 5 to 17 years _____
Adult 18 to 39 years _____
Adult 40 to 64 years _____
Adult 65 and over _____
Unknown _____
Total _____

III. RACE/ETHNICITY

Caucasian _____
African American _____
Asian/Pacific Islander _____
Native American/Aleutian _____
Hispanic _____
Other _____
Unknown _____
Total _____

IV. RESIDENCE*

Ashland _____
Central Point _____
Eagle Point _____
Gold Hill and
Rogue River _____
Jacksonville, Ruch,
Applegate _____
Medford _____
Phoenix/Talent _____
Shady Cove, Butte
Falls, Trail, Prospect,
Other Upper Rogue _____
White City _____
Other _____
Unknown _____
Total _____

*at point of entry for service

ORGANIZATION BUDGET 2011

PROJECT PERIOD: July 1, 2011 to June 30, 2012

RECIPIENT AGENCY: _____

AGENCY FISCAL YEAR (mm/yyyy – mm/yyyy): _____

REVENUE	PENDING COMMITMENTS	SECURED COMMITMENTS
City of Medford Funds	\$	\$
City of Ashland Funds	\$	\$
Jackson County Funds	\$	\$
Other State or Federal Funds	\$	\$
United Way Funds	\$	\$
Other Funds (identify)	\$	\$
	\$	\$
SUB TOTALS	\$	\$
TOTAL REVENUE (PENDING & SECURED)	\$	\$
EXPENDITURES		
A. PERSONNEL SERVICES		
Total Salaries		\$
Total Benefits		\$
TOTAL PERSONNEL SERVICES		\$
B. MATERIALS & SERVICES: (PLEASE DETAIL OTHER MAJOR BUDGET CATEGORIES)		
		\$
		\$
		\$
		\$
		\$
		\$
TOTAL MATERIALS & SERVICES		\$
C. CAPITAL OUTLAY (MUST CONSTITUTE PART OR ALL OF FUNDED PUBLIC SERVICE ACTIVITY TO BE ELIGIBLE EXPENSE)		
Equipment		\$
Furnishings		\$
Other capital expenses /Identify:		\$
TOTAL CAPITAL OUTLAY		\$
TOTAL EXPENDITURES (SUM OF A, B & C)		\$

ORGANIZATION BUDGET 2012

PROJECT PERIOD: July 1, 2012 to June 30, 2013

RECIPIENT AGENCY: _____

AGENCY FISCAL YEAR (mm/yyyy – mm/yyyy): _____

REVENUE	PENDING COMMITMENTS	SECURED COMMITMENTS
City of Medford Funds	\$	\$
City of Ashland Funds	\$	\$
Jackson County Funds	\$	\$
Other State or Federal Funds	\$	\$
United Way Funds	\$	\$
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SUB TOTALS	\$	\$
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		\$
		\$
		\$
		\$
		\$
TOTAL MATERIALS & SERVICES		\$
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PROJECT BUDGET 2011

PROJECT PERIOD: July 1, 2011 to June 30, 2012

RECIPIENT AGENCY: _____

PROJECT NO.: _____ PROJECT TITLE: _____

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PROJECT BUDGET 2012

PROJECT PERIOD: July 1, 2012 to June 30, 2013

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