

Agency Application

PART I - Agency Information

Today's date

Agency Information		
Amount requested from Watertown Area United Way	Total Proposed 2025 Program Budget	
<input type="text"/>	<input type="text"/>	
Agency Name	Program Name:	
<input type="text"/>	<input type="text"/>	
Physical Address		
<input type="text"/>		
Physical Address City	Physical Address State	Physical Address Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Mailing Address City (if different than physical)		
<input type="text"/>		
Mailing Address City (if different than physical)	Mailing Address State (if different than physical)	Mailing Address Zip Code (if different than physical)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Agency's Phone Number		
<input type="text" value="(605) 123-1234"/>		
<p>Please copy and paste your website url into the field below. If you do not have a website, then enter as many social media links as you can instead. For example, https://www.facebook.com/WatertownUnitedWay or https://www.instagram.com/area_united57201/. The links provided will be added to your agency profile at Agency Program Partners Watertown Area United Way (watertownunitedway.org).</p>		
Website Link	Facebook Link	
<input type="text"/>	<input type="text"/>	
Instagram Link		
<input type="text"/>		
LinkedIn Link	YouTube Link	
<input type="text"/>	<input type="text"/>	
Agency Mission Statement	Agency Vision Statement	
<input type="text"/>	<input type="text"/>	

Primary Contact's Information	Executive Director information
Primary Contact's First Name <input type="text"/>	Executive Director's First Name <input type="text"/>
Primary Contact's Last Name <input type="text"/>	Executive Director's Last Name <input type="text"/>
Primary Contact's Email Address <input type="text"/>	Executive Director's Email Address <input type="text"/>

Financial Contact's Information	
Financial Contact's First Name <input type="text"/>	Financial Contact's Last Name <input type="text"/>
Financial Contact's Phone Number <input type="text" value="(605) 123-1234"/>	Financial Contact's Email Address <input type="text"/>

Tax EIN ID Number <input type="text" value="XX-XXXXXXX"/>	Total Number of Employees (FTE/PTE/Seasonal/Etc.) <input type="text"/>
---------------------------------------------------------------------	----------------------------------------------------------------------------------

Part II - Program Information

Program Information
Agency Name <input type="text"/>
Program Name <input type="text"/>
Provide a brief history of your program. In what year did the program begin, and what was the reason for its start? What key accomplishments would you like to highlight? How has the program grown and changed over time? <input type="text"/>
Which United Way focus area(s) would you categorize your program under: <input type="checkbox"/> Education <input type="checkbox"/> Health <input type="checkbox"/> Financial Stability

Please explain your choice(s)

What area(s) of impact does this program address?

Describe the target population(s) to be served.

What do you expect this program to accomplish?

What activities and resources will you use to accomplish that?

Does your program duplicate any services offered by current United Way programs?

- Yes
- No

Does your program duplicate services offered by any other local organization not funded by United Way?

- Yes
- No

How will you know your program has accomplished your goal or outcomes?

Do you measure client satisfaction, and if so, how do you measure it?

Impact Analysis: Discuss the extent to which outcomes were or were not achieved in 2024, and the progress made so far regarding this year's planned outcomes. Please limit your response to 750 words or less.

750 word(s) remaining

Lessons Learned: Describe any lessons that were learned during the past year and thus far in 2025. Include program strengths and weaknesses, proposed adjustments to program activities for 2026. Please limit your response to 750 words or less.

750 word(s) remaining

You may upload any supporting documents here. (Allowed types: jpg, jpeg, png, gif, pdf, doc, docx, xls, xlsx.)

Browse... No files selected.

[Upload requirements](#)

Part III - Outcome Success Story

Select one outcome from your program that best illustrates a success story. Describe this outcome as you would like it shared with the public, and be sure to include actual data.

Success stories may be used for campaign publicity. If needed, United Way may reach out for additional details. If the individual wishes to remain anonymous but permits their story to be shared, please leave the contact information blank and provide the story.

Example: A mother of three overcame addiction, earned her GED, and can now provide for her family with the support of free meals from the agency. This has boosted her confidence, and her children are more engaged in school, inspired by their mother's dedication to learning.

Provide a true success story based on the above outcome. The story should illustrate your program's effect on a single client.

Part IV - Client Characteristics

PLEASE COMPLETE THE INFORMATION BELOW FOR NUMBER OF INDIVIDUAL CLIENTS ONLY.

NOTE: Provide the TOTAL NUMBER OF INDIVIDUALS SERVED in last year. Under each demographic category below is a TOTAL NUMBER OF INDIVIDUALS SERVED box. In every box named TOTAL NUMBER OF INDIVIDUALS SERVED should be the same number.

Codington County Codington County residents only Percentage Served: <input type="text"/> Number Served: <input type="text"/>	Surrounding counties Hamlin, Deuel, Grant, Day, and Clark County residents only Percentage Served: <input type="text"/> Number Served: <input type="text"/>	Outside the Watertown Trade Area Residents who live outside previously listed counties Percentage Served: <input type="text"/> Number Served: <input type="text"/>
----------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Age Group:

Under 5 <input type="text"/>	6 thru 12 <input type="text"/>	13 thru 18 <input type="text"/>	19 thru 34 <input type="text"/>
35 thru 54 <input type="text"/>	55 thru 64 <input type="text"/>	65 thru 74 <input type="text"/>	75 thru 84 <input type="text"/>
85 and over <input type="text"/>		Unknown <input type="text"/>	
TOTAL NUMBER OF INDIVIDUALS SERVED: <input type="text"/>			

Success Story Contact Name

Success Story Contact Phone

Success Story Contact Email

Please provide photos of your Success Story - 5 images maximum (Allowed types: jpg, jpeg, png, gif.)

 No files selected.

Gender:

Male

Female

Unknown

TOTAL NUMBER OF INDIVIDUALS SERVED:

Types of Clients:

Individuals

TOTAL NUMBER OF INDIVIDUALS SERVED:

This number reflect the TOTAL NUMBER OF INDIVIDUALS SERVED. This is different from the TOTAL NUMBER OF ORGANIZATIONS SERVED. For example, Feeding South Dakota could deliver to 10 organizations across SD but each organization serves a different number of individuals. for this example each organization serves 1,000 individuals annually. Feeding South Dakota would then enter 100 for TOTAL ORGANIZATIONS SERVED and 10,000 for TOTAL NUMBER OF INDIVIDUALS SERVED. If Feeding SD did not track the TOTAL NUMBER OF INDIVIDUALS SERVED but how many organizations they delivered to, then United Way can still see Feeding SD's impact by the organizaions served even without actual individual numbers reported.

Please list any organizations that you partner with to carry out services. For example, do you partner with local schools to serve their students or other organizations to supply volunteers.

Military Status:

Veteran/Current Service Member

Non-Veteran/Current Service Member

Unknown

TOTAL NUMBER OF INDIVIDUALS SERVED:

Primary Language:

English

Bilingual

Unknown

TOTAL NUMBER OF INDIVIDUALS SERVED:

Household Income:

\$0 thru \$15,000	\$15,001 thru \$28,000	\$28,001 thru \$45,000
<input type="text"/>	<input type="text"/>	<input type="text"/>
\$45,001 thru \$56,000	\$56,001 thru \$80,000	More than \$80,000
<input type="text"/>	<input type="text"/>	<input type="text"/>
Unknown	<input type="text"/>	
TOTAL NUMBER OF INDIVIDUALS SERVED: <input type="text"/>		
ESTIMATED % OF LMI INDIVIDUALS SERVED: <input type="text"/>		

Ethnic/Racial Background:

White	Black or African American	Hispanic or Latino
<input type="text"/>	<input type="text"/>	<input type="text"/>
Native American or Alaska Native	Asian or Asian American	Native Hawaiian or Pacific Islander
<input type="text"/>	<input type="text"/>	<input type="text"/>
Two or More	Unknown	
<input type="text"/>	<input type="text"/>	
TOTAL NUMBER OF INDIVIDUALS SERVED: <input type="text"/>		

Part V - Program Service Statistics

Define a unit of service. If it is not possible to define one unit, please explain. Include the unit costs per unit/individual.

A unit of service can be providing a meal to one individual, a one ride for an individual, one hour of service, etc.

Please remember that the method of measurement you use must be consistent from year to year. To determine the unit cost per unit/individual take the total program cost divided by the total of individuals served OR the total units of service to equal unit cost. For example, \$50,000 to run the program/ 10,000 served = \$5 unit cost.

Individuals Served:	
Last Year (actual)	<input type="text"/>
This Year (projected)	<input type="text"/>
Next Year (estimated)	<input type="text"/>

Please list what \$1 a week (\$52 annually) can do for your organization:

(Example: \$1 a week provides meals for 60 individuals each year.)

Please list what \$5 a week (\$260 annually) can do for your organization:

(Example: \$5 a week provides meals for 60 individuals each year.)

Please list what \$10 a week (\$520 annually) can do for your organization:

(Example: \$10 a week provides meals for 60 individuals each year.)

Part VI – Funding Request

If funding was received in the prior year 2024 for 2025 programming, please describe the specific use of United Way dollars (if applicable).

If funding was received in the prior year 2024, please describe any changes made (if any) to the 2025 programming from prior year (If applicable).

Briefly describe your request for 2026 funding describing how dollars will be spent.

If the United Way does not fund or reduces your request, where will you get your funding or what other resources would you look at to maintain your program?

Describe any dues or fee schedule charged to the participants:

What is your approach to offering reduced fees or services to participants?

If monies being allocated are going to the general fund please describe how you track your United Way Allocation for the funded program.

Program Employees & Volunteers

Total Program FTE (Full Time Equivalent) Employees:

Part Time

Total Number of Program Volunteers:

Total Volunteer Hours:

Total Value of Volunteer Hours:

[Value of Volunteer Time Report | Independent Sector Resources](#), Volunteer Hour = \$29.95 (Total Value of Volunteer Hours = # Volunteer Hours x \$29.95)
▶ [More](#)

Part VII - Financial Reporting

Upload your 2025 program budget. (.pdf or excel preferred)

No file selected.

[Upload requirements](#)

Upload your 2026 program budget. (.pdf or excel preferred)

No file selected.

[Upload requirements](#)

Budget Narrative (optional) (Allowed types: jpg, jpeg, png, gif, pdf, doc, docx, xls, xlsx.)

No file selected.

[Upload requirements](#)

Please list how many months of operating reserves you currently have:

Is there a specific reason you are retaining reserves/savings? If you have a written policy, then please provide in the space below.

Does your agency have a foundation with a separate 501 (c) (3) designation?

- YES
- NO

If yes, please submit the most recent audit for the foundation. (Allowed types: jpg, jpeg, png, gif, pdf, doc, docx, xls, xlsx.)

No file selected.

[Upload requirements](#)

What is the agency's percentage of administrative costs?

Use formula from most recent form 990 ("management and general" + "fund raising" divided by "total revenue")

What percentage of the program's revenue is United Way funding?

Is United Way your program's single largest outside donor/funding source?

- YES
- NO

Part IX - Documentation and Other Uploads

Letter of Intent (Required) (Allowed types: jpg, jpeg, png, gif, pdf, doc, docx, xls, xlsx.)

The purpose of L.O.I. is to communicate an interest in becoming or remaining a partner agency with Watertown Area United Way. To view a sample LOI please [click here](#).

No file selected.

[Upload requirements](#)

Upload your program's logo (Allowed types: jpg, jpeg, png.)

No file selected.

If you have another version of your logo you would like to submit, then please email to director@watertownunitedway.org.

Please upload preferably a .png or .jpeg with a minimum of 500 pixels or larger. For example, 500 x 500 pixels or 500 x 750 pixels. If you have multiple versions of your logo you can send additional images to wauwdirector@gmail.com.

[Upload requirements](#)

Upload a list of your program's Board of Directors. (.pdf preferred)

No file selected.

If possible be sure to include the first name, last name, phone, email, and employer if employed for each board member. If your list only has the names of your Board of Directors that is okay. We would prefer to see as much contact information as you can offer.

[Upload requirements](#)

Upload your IRS letter of determination stating you are a 501(c)3 (if applicable). (Allowed types: jpg, jpeg, png, gif, pdf, doc, docx, xls, xlsx.)

No file selected.

[Upload requirements](#)

Upload your most recent 990/990EZ. (Allowed types: jpg, jpeg, png, gif, pdf, doc, docx, xls, xlsx.) [?](#)

No file selected.

[Upload requirements](#)

Upload your most recent W-9 (Allowed types: jpg, jpeg, png, gif, pdf, doc, docx, xls, xlsx.)

No file selected.

[Upload requirements](#)

Upload your most recent audit. (Allowed types: jpg, jpeg, png, gif, pdf, doc, docx, xls, xlsx.)

No file selected.

[Upload requirements](#)

Upload your most recent management letter from your audit firm if applicable. (Allowed types: jpg, jpeg, png, gif, pdf, doc, docx, xls, xlsx.)

No file selected.

[Upload requirements](#)

Statement from Financial Committee describing the financial process (Allowed types: jpg, jpeg, png, gif, pdf, doc, docx, xls, xlsx.)

No file selected.

[Upload requirements](#)

Year End Financial Statements (Allowed types: jpg, jpeg, png, gif, pdf, doc, docx, xls, xlsx.)

No file selected.

[Upload requirements](#)

Plan for conducting audit. When and how often? (Allowed types: jpg, jpeg, png, gif, pdf, doc, docx, xls, xlsx.)

No file selected.

[Upload requirements](#)

SUMMARY OF REVENUE			
**Round to nearest dollar. Do not include any special characters such as commas and periods.			
REVENUE	2024 ACTUAL	2025 BUDGET	2026 PLAN
Watertown Area United Way Allocation	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other United Way Allocations	<input type="text"/>	<input type="text"/>	<input type="text"/>
Program Service Fees	<input type="text"/>	<input type="text"/>	<input type="text"/>
Investment Income	<input type="text"/>	<input type="text"/>	<input type="text"/>
Contributions	<input type="text"/>	<input type="text"/>	<input type="text"/>
Contracts (Total)	<input type="text"/>	<input type="text"/>	<input type="text"/>
"Other" Revenue	<input type="text"/>	<input type="text"/>	<input type="text"/>
REVENUE CONTINUED	2024 ACTUAL	2025 BUDGET	2026 PLAN
Grants	<input type="text"/>	<input type="text"/>	<input type="text"/>
REVENUE CONTINUED	2024 ACTUAL	2025 BUDGET	2026 PLAN
In-Kind Support	<input type="text"/>	<input type="text"/>	<input type="text"/>
REVENUE	2024 ACTUAL	2025 BUDGET	2026 PLAN
TOTAL PROGRAM REVENUE	\$0	\$0	\$0

SUMMARY OF EXPENSES

****Round to nearest dollar. Do not include any special characters such as commas and periods.**

Expenses	2024 ACTUAL	2025 BUDGET	2026 PLAN
Salaries	<input type="text"/>	<input type="text"/>	<input type="text"/>
Benefits/Taxes	<input type="text"/>	<input type="text"/>	<input type="text"/>
Professional Fees	<input type="text"/>	<input type="text"/>	<input type="text"/>
Marketing/Advertising	<input type="text"/>	<input type="text"/>	<input type="text"/>
Program Supplies, Software, Printing, Postage, Etc.	<input type="text"/>	<input type="text"/>	<input type="text"/>
Training	<input type="text"/>	<input type="text"/>	<input type="text"/>
Travel	<input type="text"/>	<input type="text"/>	<input type="text"/>
Insurance	<input type="text"/>	<input type="text"/>	<input type="text"/>
Telephone	<input type="text"/>	<input type="text"/>	<input type="text"/>
Occupancy	<input type="text"/>	<input type="text"/>	<input type="text"/>
Payments to Affiliates	<input type="text"/>	<input type="text"/>	<input type="text"/>
Major Property Equipment Acquisition	<input type="text"/>	<input type="text"/>	<input type="text"/>
Volunteer Expenses	<input type="text"/>	<input type="text"/>	<input type="text"/>
In-Kind Expenses	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other Expenses	<input type="text"/>	<input type="text"/>	<input type="text"/>
TOTAL EXPENSES	\$0	\$0	\$0

SUMMARY OF ASSETS

****Round to nearest dollar. Do not include any special characters such as commas and periods.**

Reserves	2024 Actual	2025 Budget	2026 Plan
Savings Accounts	<input type="text"/>	<input type="text"/>	<input type="text"/>
Checking Accounts	<input type="text"/>	<input type="text"/>	<input type="text"/>
Funds Held in Trust	<input type="text"/>	<input type="text"/>	<input type="text"/>
Receivables	<input type="text"/>	<input type="text"/>	<input type="text"/>
CD's	<input type="text"/>	<input type="text"/>	<input type="text"/>
Property Assets	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other	<input type="text"/>	<input type="text"/>	<input type="text"/>
TOTAL RESERVES/SAVINGS	\$0	\$0	\$0

Part VIII – Additional Questions

Does your organization have a strategic plan?

- YES
- NO

If your agency has a nondiscrimination policy, please state it in the space below? If you do not have a nondiscrimination policy, then please state that in the space provided below.

United Way Partnership: United Way recognizes the importance of continuously highlighting the diverse range of agencies it supports within the community. Please share how your organization has promoted United Way over the past year and how you plan to continue promoting it in the future if funded.

Accept or Deny Partnership

- YES
- NO

Review of the Black Out Policy

The Watertown Area United Way Board of Directors requires all partner agency programs to adhere to the Black Out Period fundraising policy. During the designated Black Out Period—**September 1st through October 31st**—agency programs **are not permitted** to conduct fundraising activities. Instead, agencies are expected to advocate for the United Way campaign, helping to secure the funding that will be allocated to their programs.

If an agency program is selected as the beneficiary of an external fundraiser during this period, prior approval **must** be obtained from the United Way Board of Directors. To request an exception, agencies must submit a **Black Out Request** via email to the Executive Director. This request should outline the details of the fundraiser and the circumstances surrounding it. Submissions are due by the **last Wednesday of the month**, and all requests will be reviewed at the next scheduled Board meeting. If approved, the fundraiser may proceed but will be subject to any restrictions set forth by the Board.

Please ensure compliance with this policy to maintain alignment with United Way's mission and campaign efforts.

Please confirm by checking yes or no that you will adhere to the Black Out Period.

- YES, I AGREE.
- NO, WE WILL NOT FOLLOW.

COUNTERTERRORISM COMPLIANCE

In compliance with the spirit and intent of the USA PATRIOT Act and other counterterrorism laws, the Watertown Area United Way requests that each funded agency ("Organization") certify that it is in compliance with United Way of America's compliance program.


	COMPLY	DO NOT COMPLY
This Organization is not on any federal terrorism "watch lists," including the list in Executive Order 13224, the master list of specially designated nationals and blocked persons maintained by the Treasury Department, and the list of Foreign Terrorist Or	<input type="radio"/>	<input type="radio"/>
This Organization does not, will not and has not knowingly provided financial, technical, in-kind or other material support or resources* to any individual or entity that is a terrorist or terrorist organization, or that supports or funds terrorism.	<input type="radio"/>	<input type="radio"/>
This Organization does not, will not and has not knowingly provided or collected funds or provided material support or resources with the intention that such funds or material support or resources be used to carry out acts of terrorism.	<input type="radio"/>	<input type="radio"/>
This Organization does not, will not and has not knowingly provided financial or material support or resources to any entity that has knowingly concealed the source of funds used to carry out terrorism or to support Foreign Terrorist Organizations.	<input type="radio"/>	<input type="radio"/>
This Organization does not re-grant to organizations, individuals, programs and/or projects outside of the United States of America with out compliance with IRS guidelines.	<input type="radio"/>	<input type="radio"/>
This Organization takes reasonable, affirmative steps to ensure that any funds or resources distributed or processed do not fund terrorism or terrorist organizations.	<input type="radio"/>	<input type="radio"/>
This Organization takes reasonable steps to certify against fraud with respect to the provision of financial, technical, in-kind or other material support or resources to terrorists and terrorist organizations.	<input type="radio"/>	<input type="radio"/>

* In this section, "material support and resources" means currency or monetary instruments or financial securities, financial services, lodging, training, expert advice or assistance, safehouses, false documentation or identification, communications equipment, facilities, weapons, lethal substances, explosives, personnel, transportation, and other physical assets, except medicine or religious materials.

Today's Date 

I certify on behalf of the Organization I am applying on behalf of the forgoing is true.

Electronic Signature

 **RESET**

Print Name:

Title: