



## **2024-2025 Funded Agency Packet**

*Everything you need to know about your Partnership with Mid-Plains United Way.*

*“Uniting our resources to build a strong, caring community.”*

### **Important Dates:**

- July 2, 2024: 1<sup>st</sup> Quarterly Review Meeting in the Wells Fargo Board Room (North Platte) at 11:00 am
- July 12, 2024 4<sup>th</sup> Quarterly Impact Reports due
- Campaign Kick-off TBD
- October 1, 2024: 2nd Quarterly Review Meeting in the Wells Fargo Board Room (North Platte) at 11:00 am
- October 11, 2024: 1<sup>st</sup> Quarterly Reports due
- January 7, 2025: 3rd Quarterly Review Meeting in the Wells Fargo Board Room (North Platte) at 11:00 am
- January 10, 2025: 2<sup>nd</sup> Quarterly Reports due
- January 2, 2025: United Way fund applications open
- February 6, 2025 : All materials due for 2024-2025 United Way fund applications
- April 1, 2025: 4th Quarterly Review Meeting in the Wells Fargo Board Room (North Platte) at 11:00 am
- April 11, 2025 3<sup>rd</sup> quarterly Report due
- Spring Event: TBD

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### **Quarterly Documents:**

Mid-Plains United Way prides itself on being a financially transparent and responsible institution that donors can trust. To maintain these standards, we ask that all Partner Agencies maintain financial accountability by providing us with the following on a quarterly basis. Please note that United Way funds may not be used for purposes outside of the specific program you requested funds for – requests to use United Way funds outside of the specific program applied for must be presented by written request and approved by the Mid-Plains United Way board.

1. Agency Quarterly Report (included at the end of this document).

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**Agency Attendance:**  
**MID-PLAINS UNITED WAY, INC**

**Agency Attendance Policy**

1. All Agencies must be represented at any Kick-off event, and all agency relations meetings.
2. All Agencies will be advised in advance of any other events at which their attendance is required.
3. All Agencies must have a representative from their organization attend quarterly review meetings. Financial documents including how United Way funds are spent and written quarterly project updates will be due on the 15th of the month in which the quarterly meeting takes place. Checks will be made available 5 business days after quarterly reports have been received by Mid-Plains United Way. Checks may be withheld until completion of tasks if a meeting is missed and/or documents are not submitted when due. If no one from the Agency is available to attend the quarterly meeting, they must request an excused absence from the Mid-Plains United Way executive director. Once the absence is approved, the agency is responsible for scheduling a make-up meeting with the United Way executive director.
4. Agency representatives will be required to help with the annual campaign by soliciting not more than five businesses for contributions.
5. If the agency representative will be unable to attend any of the above mentioned, a volunteer or agency board member may take their place. The Agency should notify Mid-Plains United Way who will be attending the event.
6. One unexcused absence or failure to provide requested documents may result in a reduction of funding, up to 25% of that agency's yearly allocation. Agencies are considered to have an unexcused absence when no communication has been made to the Mid-Plains United Way office 3 days prior to the event or meeting. An excessive amount of unexcused absences or 3 excused absences in a year may also result in reduction of yearly allocation, based on Mid-Plains United Way Board of Trustees recommendation.

The Mid-Plains United Way Board feels the importance of our member agencies attending and participating in the above mentioned events is paramount to the success of our common goal. The display of our agencies' continued support is a vital part in helping with public perception of the Mid-Plains United Way. This attendance policy is not intended to be perceived as a burden on the Mid-Plains United Way member agencies. The Mid-Plains United Way board is simply attempting to be responsible stewards of the public funds we receive.

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**Agreements with Partner Agencies**

Section 1. For the purposes of sharing in the funds raised by the Mid-Plains United Way, each partner agency so sharing agrees as part of its initial membership application as follows:

First: That each agency shall retain its distinct identity, administer its own affairs, establish, maintain and pursue its own internal policy.

Second: The funds necessary for the operation of Mid-Plains United Way, which funds include costs for office administration, campaign expenses and uncollectible pledge allowances, shall be determined by the Board. If the monetary reserves are not adequate to provide the fully pledged amount and preserve the necessary operating expense reserve, each agency’s allocation will be decreased, pro rata, based on each such member agency’s allocation as a percentage of the total allocations for all member agencies.

Third: Each agency shall submit to the Board, a budget request setting forth, in detail, the anticipated income and expenditures for the ensuing year, together with a clear statement fully explaining its program and request. The budget request form shall be provided to the agency member by the Mid-Plains United Way. The request must comply with basic accounting procedures and must include a step-by-step analysis of expenditures and activities. The request must provide proof of the agency’s tax-exempt status, if applicable or requested. The agency budget requests will be reviewed by the Board.

Fourth: Each agency shall keep proper and complete books of account and will prepare an annual report. Each agency shall submit a copy of such report to the Board upon request. Upon request of the Board, an audit may be required of any agency.

Fifth: Each agency shall submit a report of social service activities to the Board upon request.

Sixth: Each agency shall be subject to and comply with such uniform rules, regulations and standards as may from time to time be prescribed by the Board and in accordance with the Agency Agreement which is executed annually. This Agreement shall be binding on a year-to-year basis between each agency and the Corporation, unless sooner terminated for cause upon thirty (30) days written notice as provided in the Agency Agreement. Service upon the President and/or Executive Director shall be considered service upon the Corporation and service upon any active member of the governing body of any agency member shall be considered service upon said agency member.

Section 2. Termination of an Agency Member: In order for the Board to effectuate the permanent termination of the relationship of any partner agency, a two-thirds (b) majority of elected Board members must approve such action at the regular or special meeting of the Board.

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**Fund Distribution:**  
**MID-PLAINS UNITED WAY, INC.**  
**FUND DISTRIBUTION POLICY**

**INTRODUCTION**

The Board of Trustees of the Mid-Plains United Way has the responsibility for balancing the priorities and needs of contributors, member agencies, and people in need of human care services in our community. In the allocation process, the interests of all three of these groups should be considered, without significant preference being given to any. All Board members will participate in the allocation process.

The Board of Trustees will examine all pertinent aspects of agency operations, including fiscal accountability, program, organization, staffing, role of volunteers, etc. The Board of Trustees, has the responsibility of helping agencies improve their operations. It is not the function of the Board to determine the budgets of member agencies, however, the Board must understand how the budgets were developed and how the requested allocations were determined. Because of these responsibilities, the Board does not have the right to become unduly involved in the internal operations of member agencies.

**ANNUAL ALLOCATION PROCESS**

**1. Agencies Submit Requests for Funding for the Next Fiscal Year by February 12.**

Allocation forms requesting program services, organizational and budget information are distributed to any requesting agencies on January 2. Forms are to be completed and submitted to Mid-Plains United Way by February 12.

**2. Site Visits**

Mid-Plains United Way Board teams visit their agencies prior to the allocation meeting. The goal is to do an on-site visit to ensure that the Board of Trustees has a clear picture of program services and facilities.

**3. Allocation Meeting with Agencies**

Each Agency is given 10 minutes to present information to the Board. This meeting gives the entire Board an opportunity to ask additional questions and to get to know the agency representatives.

**4. Approval of United Way Allocations to Agencies**

The Board reviews each Agency and votes on allocation amounts. Each Agency is notified of their allocation amount in writing.

**5. Agency Appeal Process**

An Agency may, following Board action on Allocation distribution, make an appeal for reconsideration to the Executive Director. The appeal shall consist of a written statement which must contain either:

1. New and significant information which was not available at the allocation meetings; or

2. Present the specific hardship that would result.

The Mid-Plains United Way office must receive the agency's written appeal no later than ten (10) business days after notification of anticipated allocations.

Any appeal that is received will be directed to the Board of Trustees for review.

The appealing agency shall be informed of the Board's action in writing.

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## **TERMINATION/REDUCTION OF MID-PLAINS UNITED WAY SUPPORT**

The existence of any one or more of the following conditions may be reason for termination or reduction of Mid-Plains United Way support.

A. Failure of the funded agency to meet management and/or fiscal requirements as stated in the agency agreement.

B. Determination that the program funded in whole or in part by Mid-Plains United Way no longer provides a service appropriate for United Way support.

C. Significant reduction in a program's support from other sources other than the Mid-Plains United Way with the result that United Way's support of the program is insufficient to maintain the services being provided and replacement funds cannot be identified after a reasonable mutually agreed upon time frame.

DATED this \_\_\_ day of \_\_\_\_\_, 2024.

MEMBER AGENCY \_\_\_\_\_

By \_\_\_\_\_ Title \_\_\_\_\_

MID-PLAINS UNITED WAY, INC.,

By \_\_\_\_\_ Title \_\_\_\_\_



# 2024-2025 AGENCY QUARTERLY REPORT FOR MID-PLAINS UNITED WAY

Reporting for:

\_\_\_ 1<sup>st</sup> Quarter (July-Sept)

\_\_\_ 2<sup>nd</sup> Quarter (Oct-Dec)

\_\_\_ 3<sup>rd</sup> Quarter (Jan-March)

\_\_\_ 4<sup>th</sup> Quarter (April- June)

Agency Name \_\_\_\_\_

Program Name \_\_\_\_\_

Person completing report \_\_\_\_\_

Title \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

*Please answer the following questions as they relate to the grant awarded to your agency by Mid-Plains United Way. Please attach additional pages if needed.*

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1. Describe the community targeted:
2. Describe how the funds were used:
3. How many individuals were served by the funds provided this quarter?
4. As per the goals and objectives outlined in your funding application, was this more or less than anticipated? Why?

5. Were there any changes to the type or level of service to your program? If yes, please explain.
  
6. Discuss any partnerships or collaborations your agency has utilized to serve your clients.
  
7. Did your agency experience any significant changes in your program budget previously submitted to United Way? If yes, please explain.
  
8. Has your agency encountered any barriers to the success of your program or observed any unintended outcomes (positive/negative) this quarter? If yes, please explain and advise if there is anything United Way can help with to overcome those barriers or negative outcomes.
  
9. What fundraising activities did your agency conduct this quarter for the funded program and what were the net proceeds?
  
10. What are the main community needs for this program that your organization meets?
  
11. Can United Way help you promote any upcoming programs or services that you are providing in/for the community? Please describe.

12. For each program/service funded by the Mid-Plains United Way in 2024-2025, please complete the following table for the period covered in this report. ***Please provide information specifically on the services funded by the Mid-Plains United Way, not your overall services.***

Program/Service	Goals	Volume of Service (\$ and/or hours spent)	# of Clients Served	Desired Outcomes

**CERTIFICATION**

I certify the above information is accurate, the agency has complied with all conditions of the agency agreement, and all normal ongoing expenses have been paid, including salaries, payroll taxes, and rent.

Executive Director \_\_\_\_\_

**\*Funding for this quarter is contingent upon receiving the agencies quarterly report.**



**Anti-Terrorism Compliance Measures**

In Compliance with the USA PATRIOT Act and other counterterrorism laws, Mid-Plains United Way requires that each partner agency certify the following:

“I hereby certify on behalf of \_\_\_\_\_  
[name of grantee] that all of United Way funds and donations will be used in compliance with all applicable anti-terrorist financing and asset control laws, statutes and executive orders.”

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

In Compliance with the USA PATRIOT Act and other counterterrorism laws, Mid-Plains United Way requires that each partner agency certify the following:

“I hereby certify on behalf of \_\_\_\_\_  
*[name of grantee]* that all of United Way funds and donations will be used in compliance with all applicable anti-terrorist financing and asset control laws, statutes and executive orders.”

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **Instructions for your Allocations Form**

As you know, our goal is to provide the Mid-Plains United Way board with the necessary information to understand your services and programs.

We are going paperless this year. Completed allocation forms are due on February 12, 2024 via e-mail to [unitedway172@gmail.com](mailto:unitedway172@gmail.com) by 5:00 p.m.

Please do not submit additional information such as articles, brochures or folders.

Proposals will be double-checked by the Mid-Plains United Way, and errors or inconsistencies will be brought to your attention for correction.

### **Page by Page Instructions**

Agency Information page 1: This page provides the Mid-Plains United Way with some basic overall information. The “Contact Name” should be the person we can contact regarding allocation requests and to receive additional information on the services provided in the service area for the Mid-Plains United Way.

Please enter the amount of funding that you will be requesting during the allocation process.

Funding is restricted for support of a specific program. This funding provides an opportunity to orient community programs to community needs. Monies cannot be used for a capital building campaign or general operating expenses.

Current Agency Board Roster: We appreciate having your Board lists. The Board of Trustees reviews the list to help determine the quality of the volunteer management of the agency.

### **Assistance in Preparing your Allocation Forms:**

We are happy to answer any questions you have about your allocation packet or to meet with you and help you with the preparation for the various forms. Our goal is to provide the best information possible to the Board of Trustees so that their decisions are based on the merits of your programs and the dollars available, not on the quality of the allocation forms. We are also interested in your input on the format and the procedures for the continual improvement of the allocations process for everyone.

**MID-PLAINS UNITED WAY, INC.**  
**AGENCY ADMISSION POLICY**

To insure a consistent criteria for all organizations applying for admission as a Mid-Plains United Way member agency. Organizations seeking new or continued funding through Mid-Plains United Way must comply with or agree to the following conditions:

**1. Be Incorporated, NOT-FOR-PROFIT AND I.R.S. TAX EXEMPT**

Organizations receiving Mid-Plains United Way dollars must be not-for-profit organizations that have been declared tax-exempt by the Internal Revenue Service and have a 501(c) (3) status.

**2. APPROPRIATE SERVICES:**

Services provided by the organization must:

- a. Be provided for and contribute primarily to human care and health needs, operating and serving individuals in the health, welfare, recreation, youth-guidance and/or character building field, while at the same time not attempting to resolve differences of opinion as to the moral standards of the community.
- b. Be targeted toward an identifiable population and within the North Platte Area.
- c. Improve the well-being of individuals, groups or communities through the provision of services which are appropriate for Mid-Plains United Way support.

A service that is primarily formal education is not appropriate for Mid-Plains United Way support.

A service that is primarily concerned with the arts is not appropriate for Mid-Plains United Way support.

A service that is primarily public relations is not appropriate for Mid-Plains United Way support.

A service that is primarily of a religious or political nature is not appropriate for Mid-Plains United Way support.

**3. NON-DISCRIMINATORY**

Discrimination by gender, age, disability race, color, religion, marital status, veteran's status, national or ethnic origin or sexual orientation, is prohibited. Each organization receiving Mid-Plains United Way funding must have an up-to-date non-discrimination policy.

**4. ACTIVE ROTATING VOLUNTEER LEADERSHIP**

The agency's board of directors or governing board should consist of volunteers who participate in policy making process, represent the community, periodically rotate off the board on a planned basis, and meet at least quarterly.

Policy revised on July 15, 2004 | Revised June 26, 2008

**Mid-Plains Area United Way Community Investment Funding Application**

Part 1. Contact Information & Checklist

Agency: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Name of person to contact regarding site visits \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_ Agency Primary E-mail: \_\_\_\_\_

Website/Social Media: \_\_\_\_\_

Request is for the time period of: July 1, \_\_\_\_\_ to June 30, \_\_\_\_\_.

Agency Fiscal Year: \_\_\_\_\_ to \_\_\_\_\_

TOTAL FUNDING REQUEST: \$ \_\_\_\_\_

Have you filed your current fiscal year 990 form? \_\_\_\_\_ YES \_\_\_\_\_ NO

Have you received a current fiscal year management report from your Auditor? \_\_\_\_\_ YES \_\_\_\_\_ NO

Number of Paid Employees: \_\_\_\_\_ FT \_\_\_\_\_ PT      Number of Volunteers: \_\_\_\_\_

Application Checklist

Please submit original copies  
column:  
of each item in the left-hand column:

One copy of each item in the right-hand

- \_\_\_ Part 1-- Contact Info & Checklist
- \_\_\_ Part 2-- General Information
- \_\_\_ Part 3-- Agency Budget
- Part 4-- Program Budget
- \_\_\_ Part 5-- Geographic Service
- \_\_\_ Part 6-- Board of Directors

- \_\_\_ IRS 501 c 3 Letter of Designation\*
- \_\_\_ Agency By-laws\*
- \_\_\_ Anti-terrorism Compliance Policy
- \_\_\_ Most recent completed 990
- \_\_\_ Most Current Financial Statement

The following documents must be in the agency's files, but not submitted to Mid-Plains United Way. These could be requested by our Board of Trustees if necessary:

- Whistle Blower Policy
- Director's Liability
- Document Retention Policy

The signatures below affirm that the information contained in this application accurately reflects the applicant Agency's financial picture and true program related needs. The Agency Budget provided in this application was considered and approved for submission at the Board of Directors' meeting on \_\_\_\_ / \_\_\_\_ / \_\_\_\_.

Presented to Mid-Plains United Way, Inc.

Date \_\_\_\_\_

\_\_\_\_\_  
(Agency Board Director/Chair)

\_\_\_\_\_  
(Agency Executive Director/Authorized)

## Mid-Plains Area United Way Community Investment Funding Application

### Part 2: General Information

#### **Agency Specific Information**

1. Agency Mission Statement: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Are you affiliated with a National and/or State Organization? Yes\_\_\_ No\_\_\_

3. When and where are your regular board meetings held? \_\_\_\_\_

4. In what month is your annual meeting held? \_\_\_\_\_

7. What geographic area does your Agency serve? Please list counties:

#### **Program Specific Information**

*Please answer the following series of questions for EACH program for which your Agency is requesting funding in this application.*

1. What specific program will your Mid-Plains United Way Community Investment Funding go towards?

2. What are the goals of this program?

3. What key program activities will be essential to ensuring you meet program goals?

4. What key outcomes do you expect to occur because of your activities?

5. How does your program measure its outcomes and/or effectiveness?

6. Program's target population served (age, gender, special interest, etc.)

7. How often is client input solicited?

8. How do you let those most in need of your program know about it?

9. What do you anticipate to be your greatest challenge for the Program for which you are requesting funding in the next fiscal year?

- a. What is your Agency's contingency plan if Mid-Plains United Way funding is not granted at the level requested?

## Mid-Plains Area United Way Community Investment Funding Application

Parts 3 and 4: Agency and Program Budget

### Part 3. Agency Budget

*Please complete this form for your **agency** as a whole.*

Support & Revenue: all sources	2023-2024 Actual	2024-2025 Budget
Investment Funding from UW		
Contributions from other United Ways		
Gifts from Individuals and Businesses		
Gifts/Grants-Gov Agencies & Foundations		
Membership Dues		
Program services, sales of materials		
Investment Income		
In-kind Donations		
Supplementary Fund Raising		
1		
2		
3		
<b>Total Support and Revenue</b>	\$ -	\$ -

Expenses	2023-2024 Actual	2024-2025 Budget
Salaries		
Employee Benefits		
Payroll Taxes, etc		
Professional Fees		
Supplies		
Telephone, postage, shipping		
Occupancy, Maintenance, rental		
Insurance		
Printing, publishing		
Travel, conferences, meetings		
Assistance, Scholarships		
Membership Dues		
Awards, grants		
Payments to affiliated orgs		
In-Kind Donations		
<b>Total Expenses</b>	\$ -	\$ -
<b>Excess (Deficit)</b>	\$ -	\$ -

## Part 4. Program Budget

Please complete this form for the **Program** for which you are requesting funds. If you have multiple programs for which you are requesting funds, please complete one form PER Program.

Support & Revenue: all sources	2023-2024 Actual	2024-2025 Budget
Investment Funding from UW		
Contributions from other United Ways		
Gifts from Individuals and Businesses		
Gifts/Grants-Gov. Agencies & Foundations		
Membership Dues		
Program services, sales of materials		
Investment Income		
In-kind Donations		
Supplementary Fund Raising		
1		
2		
3		
<b>Total Support and Revenue</b>	<b>\$ -</b>	<b>\$ -</b>

Expenses	2023-2024 Actual	2024-2025 Budget
Salaries		
Employee Benefits		
Payroll Taxes, etc		
Professional Fees		
Supplies		
Telephone, postage, shipping		
Occupancy, Maintenance, rental		
Insurance		
Printing, publishing		
Travel, conferences, meetings		
Assistance, Scholarships		
Membership Dues		
Awards, grants		
Payments to affiliated orgs		
In-Kind Donations		
<b>Total Expenses</b>	<b>\$ -</b>	<b>\$ -</b>
<b>Excess (Deficit)</b>	<b>\$ -</b>	<b>\$ -</b>



## Mid-Plains Area United Way Community Investment Funding Application

Part 5: Service Area

**Geographic Service:** List the total number of unduplicated individuals in each of the following counties that were served between January 1 – December 31 of the last year by each program for which you are requesting funding.

COUNTY	Program:	Program:	Program:	TOTAL
Lincoln				
Arthur				
Blaine				
Brown				
Cherry				
Garden				
Grant				
Hooker				
Keith				
Logan				
Loup				
McPherson				
Perkins				
Thomas				
<b>Total Served Each Program</b>				

