

I. Summary Information

A. Program Data

1. Please explain the mission of your agency. Attach a copy of the mission statement, if available.

2. Target Population served: (age group, minority, handicapped, special interest, etc.)

3. Number of unduplicated individual units served in the United Way area by Community:

4. Geographic area covered:

5. Programs and/or services provided this year which meet the mission statement:

**6. What criteria are used to assess the effectiveness of these programs/services?
Attach evaluative report(s) from Board of Directors.**

7. If you have received United Way of the Mark Twain Area funding in the past please describe how the funds were used. Use attachments if needed.

Use of Funds	Impact	\$ Amount

8. What new of different programs/services does your agency contemplate providing next year? What are the estimated costs?

9. How will these new services be financed?

10. Please explain any expected unusual increases in “items of expense over the previous year.

11.

Briefly describe supplementary fund-raising activities conducted by the agency or on behalf of the agency the previous year.

Fundraising Activity	Media Used	Net Results	Area Covered	Time Period

12. Briefly describe supplementary fund-raising activities planned by the agency or on behalf of the agency for this coming year.

Fundraising Activity	Planned Media	Net Results	Area Covered	Time Period

13. OPTIONAL. Please describe a success story for a client of your program from the past year: services provided the client using United Way funds, outcomes/benefits to client as a result of your program.

B. Financial Highlights

<u>Financial Highlights</u>	<u>Last Year</u>	<u>This Year</u>	<u>Next Year</u>
Total Expenses (BF 1: Line 35)			
Total Support & Revenue --			

All Sources
 (BF 1: Line 13)
 Excess (Deficit)
 Allocation From This United Way
 Direct to Agency
 Matching Government Grant
 Total
Allocation From Other United Ways to Agency

C. GIFTS IN KIND:

Please list and explain Gifts - In - Kind separately from budget line items.

******* *Per diem cost: per person served per day.* *******

Required -----\$ _____ cost to serve (1) (client, child, person) per day.

*** D. % ADMINISTRATIVE COST PER 990 FORM.----REQUIRED Percentage *******

To compute administrative costs:

The percentage of administrative costs is computed from information on the IRS Form 990 by adding the amount spent on “Management & General” (page 10 #25(C) to “fundraising” (page 10 #25(D) and dividing the resulting total by “total revenue” (page 9 #12(A).

INSERT BUDGET FORM 1

INSERT BUDGET FORM 2

INSERT BUDGET FORM 3

INSERT BUDGET FORM 4

INSERT BUDGET FORM 5