

Dear

For the sixth year, United Way of Williamson County will facilitate the allocations process for the City of Franklin. Each of you, irregardless of whether or not you are a United Way partner, will need to complete the enclosed budget forms and information and deliver them to United Way of Williamson County by Friday, January 29, 2010 no later than 2:30 PM. Please read over the instructions carefully, as there are directions on the required number of copies, etc. If you have any questions in the interim, please contact Pam Bryant at United Way at 771-2312.

We are extremely excited about this partnership between the City of Franklin and United Way. If you have questions about the City's role in the process, please contact Russ Truell in the City's Finance Department

We look forward to working with you and to assisting you in better serving our Williamson County community.

Kindest Regards,

Pam Bryant
Executive Vice President

**CITY OF FRANKLIN
APPLICATION FOR FUNDING
CHECKLIST**

Agency Name: _____ Funding Yr.: 2010/2011

*(Please note that only **ONE COPY** each of the forms below
is required by City of Franklin)*

- ___ 1. 501c3 documentation indicating organization is exempt from federal income tax
- ___ 2. Dates of Board meetings for previous year
- ___ 3. Policy of Non-discrimination in regard to hiring
- ___ 4. Most current annual external audit by an independent CPA if gross revenue is greater than \$300,000, **OR** certified external review for agencies with gross revenue up to \$300,000.
- ___ 5. Copy of Charter of Incorporation
- ___ 6. Copy of current Bylaws
- ___ 7. Copy of most current IRS Form 990 or Form 990EZ. If data is different from the audit, please explain at the bottom of this page or on a separate page inserted behind this page.

(Place this checklist on top of the above seven documents, keeping in order as listed. These 7 documents can be stapled, but do not have to be hole punched.)

NEED:

ORIGINAL

PLUS

16 LEGIBLE COPIES

OF PAGES 3 thru 11 b

**CITY OF FRANKLIN
AGENCY APPLICATION**

For the funding year, July 1, 2010 through June 30, 2011

(Please type)

AMOUNT REQUESTED: \$ _____

Agency: _____

PO Box: _____ City, State: _____ PO Box Zip: _____

Street Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

E-mail: _____ Web Site: _____

Agency Director/President: _____

Director Email: _____ Phone () _____ Fax () _____

Contact Person/Title: _____

Contact's Email: _____ Phone () _____ Fax () _____

Business Hours: _____

Local Service Address (if different from above):

_____ City _____ St _____ Zip _____

This application has been approved for submission by the agency's governing body on

(Signature of Agency Director/President)

(Type Name)

(Title)

(Signature of Board Chair)

(Type Name)

(Title)

AGENCY NARRATIVE PROFILE

Please answer completely the following questions. (Number the question, state question again, then the answer.) Limit response to a maximum of four pages (numbered 7a through 7d).

1. What is your agency's mission statement?
2. Specifically what services did your agency provide last year for which you are requesting funding? What were the objectives and results? (Include description capacity, intensity and duration of services.)
3. What are the eligibility requirements (if any) for your services?
4. Are there procedures in place for measuring the results achieved by your agency? If so, provide detailed data.
5. Has your agency used evaluations to improve its services? If so, explain the process and improvements.
6. Does your agency receive any external quality review or accreditation? If so, provide a copy of certificate or license and please explain.
7. How many volunteers serve in your organization? Describe in what capacities they serve.
8. Do you currently have, or have had in the past year, a waiting list for the services of your agency? Please explain.
9. What other agency in this county provides a similar service?
10. What is the **total** amount spent by your agency in this county?
11. What percent of your local agency budget is your allocation request? Explain specifically how the allocation amount requested would be spent.
12. If you receive less money than requested, what effect would this have upon the individuals served by your agency?
13. What other fundraising activities does your agency engage in during the year?
14. If fees are charged for services supplied by your agency, what provisions are made for clients who are unable to pay full fees?
15. On a separate sheet, please describe all in-kind gifts or services your agency receives if any. **(Number it page "7 In-Kind")**

BOARD MEMBER BIOGRAPHICAL INFORMATION

(Please indicate principal officers with *)

1	Name:	Street:	City:	Zip:	Term:
	Employer:	Email:	Telephone:		
2	Name:	Street:	City:	Zip:	Term:
	Employer:	Email:	Telephone:		
3	Name:	Street:	City:	Zip:	Term:
	Employer:	Email:	Telephone:		
4	Name:	Street:	City:	Zip:	Term:
	Employer:	Email:	Telephone:		
5	Name:	Street:	City:	Zip:	Term:
	Employer:	Email:	Telephone:		
6	Name:	Street:	City:	Zip:	Term:
	Employer:	Email:	Telephone:		
7	Name:	Street:	City:	Zip:	Term:
	Employer:	Email:	Telephone:		
8	Name:	Street:	City:	Zip:	Term:
	Employer:	Email:	Telephone:		
9	Name:	Street:	City:	Zip:	Term:
	Employer:	Email:	Telephone:		
10	Name:	Street:	City:	Zip:	Term:
	Employer:	Email:	Telephone:		
11	Name:	Street:	City:	Zip:	Term:
	Employer:	Email:	Telephone:		
12	Name:	Street:	City:	Zip:	Term:
	Employer:	Email:	Telephone:		
13	Name:	Street:	City:	Zip:	Term:
	Employer:	Email:	Telephone:		
14	Name:	Street:	City:	Zip:	Term:
	Employer:	Email:	Telephone:		
15	Name:	Street:	City:	Zip:	Term:
	Employer:	Email:	Telephone:		

BOARD MEMBER BIOGRAPHICAL INFORMATION

(Please indicate principal officers with *)

16	Name: Employer:	Street: Email:	City: Telephone:	Zip: Term:
17	Name: Employer:	Street: Email:	City: Telephone:	Zip: Term:
18	Name: Employer:	Street: Email:	City: Telephone:	Zip: Term:
19	Name: Employer:	Street: Email:	City: Telephone:	Zip: Term:
20	Name: Employer:	Street: Email:	City: Telephone:	Zip: Term:
21	Name: Employer:	Street: Email:	City: Telephone:	Zip: Term:
22	Name: Employer:	Street: Email:	City: Telephone:	Zip: Term:
23	Name: Employer:	Street: Email:	City: Telephone:	Zip: Term:
24	Name: Employer:	Street: Email:	City: Telephone:	Zip: Term:
25	Name: Employer:	Street: Email:	City: Telephone:	Zip: Term:
26	Name: Employer:	Street: Email:	City: Telephone:	Zip: Term:
27	Name: Employer:	Street: Email:	City: Telephone:	Zip: Term:
28	Name: Employer:	Street: Email:	City: Telephone:	Zip: Term:
29	Name: Employer:	Street: Email:	City: Telephone:	Zip: Term:
30	Name: Employer:	Street: Email:	City: Telephone:	Zip: Term:

TOTAL AGENCY BUDGET SECTION

Seeking funding for calendar year 2010 OR fiscal year July 1, 2010 through June 30, 2011

Agency: _____

Budget Contact Person: _____

Phone: () _____ Email: _____

\$ _____ Previous Allocation (2007) From City of Franklin	\$ _____ Current Allocation (2008) From City of Franklin	\$ _____ Amount Requested (2009) From City of Franklin
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For the following, please use the information from your agency's most recent 990 to complete the previous fiscal/calendar year figures. The information for the next two columns will be based on your best information to date (current) and projection.

Report is: Fiscal Year Calendar Year

	(Previous) FY 2008 or '08/'09	(Current) FY 2009 or ' 9/'10	(Projected) FY 2010 or ' 10/'11
Total Support & Revenue	\$ _____	\$ _____	\$ _____
Total Expenses	\$ _____	\$ _____	\$ _____
Surplus (Deficit)	\$ _____	\$ _____	\$ _____

Administrative (Overhead) Percent: _____ %* _____ %* _____ %*

* (From 990, add lines 14 Management & General and line 15 Fundraising and divide by line 12 Total Revenue to get administrative percent) OR (Give dollar amount from 990EZ, add lines 12, 14, 15 & any expenses in line 16 that qualify)

FTE's (Full-time Employees) (not volunteers) # _____ # _____ # _____

City of Franklin Budget Form - Agency (Local Chapter)

Agency Name:

Please specify the dates of your fiscal year (e.g. July-June):

A. Revenue	FY 2008 or ' 08/'09	FY 2009 or ' 09/'10	FY 2010 or ' 10/'11
City of Franklin Funding			
1c. Government Grants			
All Other contributions			
1d. Contributions (direct and indirect public support): (total of all items in A.)	\$0.00	\$0.00	\$0.00
2. Service Revenue (including government fees and contracts)			
3. Membership dues and assessments			
4. Interest on savings and cash investments			
5. Dividends and Interest from securities			
6c. Net Rental Income			
7. Other Investment income			
8d. Net gain from sales of assets			
9c. Net income from special events			
10c. Gross profit from sales of inventory			
11. Other revenue (please describe):			
12. Total Revenue: (1d.-11.)	\$0.00	\$0.00	\$0.00
B. Functional Expenses			
	FY 2008 or ' 08/'09	FY 2009 or ' 09/'10	FY 2010 or ' 10/'11
22. Grants and allocations			
23. Specific assistance to individuals			
25 & 26. Salaries			
27 & 28. Employee Benefits			
29. Payroll Taxes			
30-32. Professional Fees			
33. Supplies			
34. Telephone			
35. Postage and Shipping			
36. Occupancy			
37. Equipment rental and maintenance			
38. Printing and Publications			
39. Travel			
40. Conferences/meetings			
42. Depreciation			
43. Other expenses (please describe):			
44. Total Functional Expenses:	\$0.00	\$0.00	\$0.00
16. Payments to affiliates (Membership dues)			
C. Surplus (Deficit)	\$0.00	\$0.00	\$0.00
D. # FTEs (Full-Time Equivalents)--not including volunteers			
* Figures in the revenue section should reflect the attached IRS 990/990EZ			
** Figures in the functional expense section should reflect the numbers from Column A in the attached IRS 990/990EZ			

Agency Director/President

Board Chair

City of Franklin Budget Form - Agency (Regional Chapter)

Agency Name:

Please specify the dates of your fiscal year (e.g. July-June):

A. Revenue	FY 2008 or ' 08/'09	FY 2009 or ' 09/'10	FY 2010 or ' 10/'11
City of Franklin Funding			
1c. Government Grants			
All Other contributions			
1d. Contributions (direct and indirect public support): (total of all items in A.)	\$0.00	\$0.00	\$0.00
2. Service Revenue (including government fees and contracts)			
3. Membership dues and assessments			
4. Interest on savings and cash investments			
5. Dividends and Interest from securities			
6c. Net Rental Income			
7. Other Investment income			
8d. Net gain from sales of assets			
9c. Net income from special events			
10c. Gross profit from sales of inventory			
11. Other revenue (please describe):			
12. Total Revenue: (1d.-11.)	\$0.00	\$0.00	\$0.00
B. Functional Expenses	FY 2008 or ' 08/'09	FY 2009 or ' 09/'10	FY 2010 or ' 10/'11
22. Grants and allocations			
23. Specific assistance to individuals			
25 & 26. Salaries			
27 & 28. Employee Benefits			
29. Payroll Taxes			
30-32. Professional Fees			
33. Supplies			
34. Telephone			
35. Postage and Shipping			
36. Occupancy			
37. Equipment rental and maintenance			
38. Printing and Publications			
39. Travel			
40. Conferences/meetings			
42. Depreciation			
43. Other expenses (please describe):			
44. Total Functional Expenses:	\$0.00	\$0.00	\$0.00
16. Payments to affiliates (Membership dues)			
C. Surplus (Deficit)	\$0.00	\$0.00	\$0.00
D. # FTEs (Full-Time Equivalents)--not including volunteers			
* Figures in the revenue section should reflect the attached IRS 990/990EZ			
** Figures in the functional expense section should reflect the numbers from Column A in the attached IRS 990/990EZ			

Agency Director/President

Board Chair

Agency Allocation Financial Data

Revenue:	IRS 990 Part VIII	IRS 990-EZ Part I	Comments
Contributions, Gifts & Grants			
City of Franklin Funding	not listed on 990	Breakout from Line 1	Include all dollars received from City of Franklin in FY 2008-09
Membership Dues	Line 1b	Line 3	
Government Grants	Line 1e	Breakout from Line 1	
All Other Contributions	not listed on 990	Breakout from Line 1	
Total Contributions	Line 1h	Line 1, 3	
Program Services	Line 2g	Line 2	
Investment Income (Dividends & Interest)	Lines 3, 4	Breakout from Line 4	
Royalties	Line 5	Breakout from Line 4	
Net Rental Income	Line 6d	Breakout from Line 4	
Net Gain (Loss) on Sale of Assets Other than Inventory	Line 7d	Line 5c	
Net Income (Loss) from Fundraising Special Events	Line 8c	Breakout from Line 6c	
Net Income (Loss) from Gaming	Line 9c	Breakout from Line 6c	
Net Income (Loss) from Sale of Inventory	Line 10c	Line 7c	
All Other Revenue	Line 11e	Line 8	
Total Revenue	Line 12	Line 9	

Functional Expenses

**IRS 990
Part IX**

**IRS 990-EZ
Part I**

Grants & Other Assistance Organizations and Governments Individuals	Line 1, 3 Line 2	Breakout from Line 10 Breakout from Line 10
Employee Salaries	Line 5, 6, 7	Breakout from Line 12
Employee Benefits	Line 4, 8, 9	Breakout from Line 12
Payroll Taxes	Line 10	Breakout from Line 12
Service Fees	Line 11 a-g	Line 13
Advertising & Promotion	Line 12	Breakout from Line 15
Office Expenses	Line 13	Breakout from Line 14
Information Technology	Line 14	Breakout from Line 14
Royalties	Line 15	Breakout from Line 16
Occupancy	Line 16	Breakout from Line 14
Travel & Entertainment	Line 17, 18	Breakout from Line 16
Conferences & Meetings	Line 19	Breakout from Line 16
Interest	Line 20	Breakout from Line 16
Payment to Affiliates	Line 21	Breakout from Line 10
Depreciation & Amortization	Line 22	Breakout from Line 16
Insurance	Line 23	Breakout from Line 14
All Other Expenses	Line 24 a-f	Include any other expenses not already included
Total Functional Expenses	Line 25	Line 17

City of Franklin Budget Form - Agency (Local Chapter)

Agency Name:

Please specify the dates of your fiscal year (e.g. July-June):

Revenue	FY 2008 or '08/'09 *	FY 2009 or '09/'10	FY 2010 or '10/'11
Contributions, Gifts & Grants:			
City of Franklin Funding			
Government Grants			
All Other Contributions			
TOTAL Contributions	\$0.00	\$0.00	\$0.00
Program Services			
Investment Income (Dividends & Interest)			
Royalties			
Net Rental Income			
Net Gain (Loss) on Sale of Assets Other than Inventory			
Net Income (Loss) from Fundraising Special Events			
Net Income (Loss) from Gaming			
Net Income (Loss) from Sale of Inventory			
All other revenue (please describe):			
Total Revenue:	\$0.00	\$0.00	\$0.00
Functional Expenses	FY 2008 or '08/'09 **	FY 2009 or '09/'10	FY 2010 or '10/'11
Grants & Other Assistance:			
Organizations & Governments			
Individuals			
Employee Salaries			
Employee Benefits			
Payroll Taxes			
Service Fees			
Advertising & Promotion			
Office Expenses			
Information Technology			
Royalties			
Occupancy			
Travel & Entertainment			
Conferences & Meetings			
Interest			
Payment to Affiliates			
Depreciation & Amortization			
Insurance			
All other expenses			
Total Functional Expenses:	\$0.00	\$0.00	\$0.00
Surplus (Deficit)	\$0.00	\$0.00	\$0.00
# FTEs (Full-Time Equivalents)--not including volunteers			

* Figures in the revenue section should reflect the attached IRS 990/990EZ.

** Figures in the functional expense section should reflect the numbers from Column A in the attached IRS 990/990EZ.

Agency Director/President

Board Chair

City of Franklin Budget Form - Agency Regional Chapter)

Agency Name:

Please specify the dates of your fiscal year (e.g. July-June):

Revenue	FY 2008 or '08/'09 *	FY 2009 or '09/'10	FY 2010 or '10/'11
Contributions, Gifts & Grants:			
City of Franklin Funding			
Government Grants			
All Other Contributions			
TOTAL Contributions	\$0.00	\$0.00	\$0.00
Program Services			
Investment Income (Dividends & Interest)			
Royalties			
Net Rental Income			
Other than Inventory			
Net Income (Loss) from Fundraising Special Events			
Net Income (Loss) from Gaming			
Net Income (Loss) from Sale of Inventory			
All other revenue (please describe):			
Total Revenue:	\$0.00	\$0.00	\$0.00
Functional Expenses	FY 2008 or '08/'09 **	FY 2009 or '09/'10	FY 2010 or '10/'11
Grants & Other Assistance:			
Organizations & Governments			
Individuals			
Employee Salaries			
Employee Benefits			
Payroll Taxes			
Service Fees			
Advertising & Promotion			
Office Expenses			
Information Technology			
Royalties			
Occupancy			
Travel & Entertainment			
Conferences & Meetings			
Interest			
Payment to Affiliates			
Depreciation & Amortization			
Insurance			
All other expenses			
Total Functional Expenses:	\$0.00	\$0.00	\$0.00
Surplus (Deficit)	\$0.00	\$0.00	\$0.00
# FTEs (Full-Time Equivalents)--not including volunteers			

Agency Director/President

Board Chair