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
,	ONE COPY each of the forms below ired by City of Franklin)
1. 501c3 documentation inc federal income tax	licating organization is exempt from
2. Dates of Board meetings f	or previous year
3. Policy of Non-discrimination	on in regard to hiring
	rnal audit by an independent CPA if gross 00,000, OR certified external review for ue up to \$300,000.
5. Copy of Charter of Incorp	oration
6. Copy of current Bylaws	
• •	Form 990 or Form 990EZ. If data is different from the bottom of this page or on a separate page
-	above seven documents, keeping in order as can be stapled, but do not have to be hole

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 Si	te:	
Agency Director/President:			
Director Email:	Phone	()	Fax()
Contact Person/Title:			
Contact's Email:	Phone ()	Fax ()
Business Hours:			
Local Service Address (if differ	ent from above):		
		City	St Zip
This application has been appr			
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(Signature of Agency Director/I	President)	(Type Name)	(Title)
(Signature of Board Chair)		(Type Name)	(Title)

AGENCY DESCRIPTION

Date: Please provide a brief description that relates to the health and human services your agency provides:
Please provide a brief description that relates to the health and human services your agency provides:
agency provides:
agency provides:
Please briefly explain your fee policy, if any:

OPERATIONAL PLAN FOR FUND RAISING INDICATING ALL SOURCES OF REVENUE

Personal second personal designation of the second

DIRECT SERVICE DATA

Population served: Show the <u>unduplicated</u> number of people served in Williamson County during the year. Whether the person was served once or several times during the year, he/she is counted <u>only once.</u> TOTALS for Part 1 and Part 2 Williamson Co. (K, Actual) should be the same number. Part 1 Report is: Fiscal Year Calendar Year AGE WHITE BLACK HISPANIC OTHER GRAND
Part 1 Report is: Fiscal Year Calendar Year
Report is: Fiscal Year Calendar Year
Report is: Fiscal Year Calendar Year
ACE MUITE PLACK HISPANIC OTHER CRAND
AGE WHITE BLACK HISPANIC OTHER GRAND
M F M F M F TOTAL
0-5 YEARS
6-12 YEARS
13-19 YEARS
20-54 YEARS
55 + YEARS
UNKNOWN
TOTAL
Part 2
AGENCY SERVICE DATA
You must include TOTAL persons served for EACH County where you provide services (unduplicated)
Previous Previous Current YR YR YR
Number of persons served from the following counties: Estimate Actual Estimate
a. BEDFORDb. CHEATHAM
c. DAVIDSON
d. DICKSON
e. HUMPHREYS
f. MAURYa. MONTGOMERY
h. ROBERTSON
i. RUTHERFORD
j. SUMNER

TOTAL

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 <u>separate</u> sheet, please describe all in-kind gifts or services your agency receives if any. (Number it page "7 In-Kind")

Agency Schedule of Positions and Salaries
(MUST include <u>TOTAL</u> for Agency Director/President, CEO, COO, CFO
[all executives and upper management] plus Williamson County-specific staff)

Title or Position	(Current) <u>TOTAL</u> Salary 2009 or '09/'10	(Projected) <u>TOTAL</u> Salary 2009 or '10/'11
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		ne e su su anno no como de mesta de la companya de
TOTALS		

Note: ALL information regarding salaries will remain confidential

BOARD MEMBER BIOGRAPHICAL INFORMATION

(Please indicate principal officers with $^{\bigstar}$)

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

BOARD MEMBER BIOGRAPHICAL INFORMATION

(Please indicate principal officers with $^{*})$

			ден — — он	
16	Name:	Street:	City:	Zip:
wn>011454470	Employer:	Email:	Telephone:	Term:
17	Name:	Street:	City:	Zip:
	Employer:	Email:	Telephone:	Term:
200	Name:	Street:	City:	Zip:
MONOCCOMMU	Employer:	Email:	Telephone:	Term:
13	Name:	Street:	City:	Zip:
Maddala and A	Employer:	Email:	Telephone:	Term:
2	Name:	Street:	City:	Zip:
MONEY COME	Employer:	Email:	Telephone:	Term:
21	Name:	Street:	City:	Zip:
en e	Employer:	Email:	Telephone:	Term:
22	Name;	Street:	City:	Zip:
and the state of t	Employer:	Email:	Telephone:	Term:
23	Name:	Street:	City:	Zip:
and the second second	Employer:	Email:	Telephone:	Term:
24	Name:	Street:	City:	:diZ
TS COMMUNIC	Employer:	Email:	Telephone:	Term:
25	Name:	Street:	City:	Zip:
diometric	Employer:	Email:	Telephone:	Term:
26	Name:	Street:	City:	Zip:
	Employer:	Email:	Telephone:	Term:
27	Name:	Street:	City:	Zip:
www.angs	Employer:	Email:	Telephone:	Term:
28	Name:	Street:	City:	Zip:
Marketin and American	Employer:	Email:	Telephone:	Term:
59	Name:	Street:	City:	Zip:
oomes entre	Employer:	Email:	Telephone:	Term:
30	Name:	Street:	Gity:	Zip:
	Employer:	Email:	Telephone:	Term:

TOTAL AGENCY BUDGET SECTION

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

Agency:				44
Budget Contact Person:			***************************************	
Phone: ()	Email:			
\$ Previous Allocation (2 From City of Franklin	\$ CO07) Current Alloca	tion (2008) A	mount Requested (2 From City of Franklir	•
complete the previous f	e use the information from scal/calendar year figure est information to date (es. The information	n for the next two c	olumns
Report is:	Fiscal Year		alendar Year	
	(Previous)	(Current)	(Proje	cted)
	FY 2008or '08/'09	FY 2009 or ' 9/'	10 FY 2010 or	' 10/'11
Гotal Support & Revenue	\$	\$	\$	
Total Expenses	\$	\$	\$	
Surplus (Deficit)	\$	\$.	\$	
Administrative Overhead) Percent:	%'	•	%*	%*
(From 990, add lines 14 Manag administrative percent) OR (Gi		•	by line 12 Total Revenue	•
FTE's (Full-time Employees) (not volunteers)	#	#	_#	

City of Franklin Budget Form - Ager	icy (Local Chapter)	A second and a second and	
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		edikki initidi ini kantan energe esergera perancara medikerbiran kini dan arabugan dan asasa asasa asasa asas S	
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: (1d11.)	\$0.00	\$0.00	\$0.00
12. Total Revenue: (III11.)	φυ.συ	Ψυ.υυ	Ψ0.00
B. Functional Expenses	FY 2008 or ' 08/'09	FY 2009 or ' 09/'10	FY 2010 or ' 10/'11
22. Grants and allocations	1 1 2000 01 007 07	11 2007 01 07/ 10	112010 01 10/ 11
			-
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
77. Total Tunctional Expenses.	Ψ0.00	φυ.συ	φυ.υυ
16. Payments to affiliates (Membership dues)		TELEVISION CONTRACTOR	5975 - 2014 - 2014 - 2014 - 2014 - 2014 - 2014 - 2014 - 2014 - 2014 - 2014 - 2014 - 2014 - 2014 - 2014 - 2014
	The transfer of the second second second		State and the late of the state
C. Surplus (Deficit)	\$0.00	\$0.00	\$0.00
D. #FTEs (Full-Time Equivalents) <u>not</u>			
including volunteers			
* Figures in the revenue section should reflect the attached IRL	5 990/990EZ		Sept Fought and September 1
** Figures in the functional expense section should reflect the nu		ed IRS 990/990F7	40000 3 4 6 4 6 4 6 4 6 4 6 4 6 4 6 4 6 4 6 4
- Same of James only and Voleton Short Inglot Int In	j. o		

City of Franklin	Budget Form - Agenc	y (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	\$0.0
Service Revenue (including government fees and contracts)	V-		
Membership dues and assessments			
Interest on savings and cash investments			
Dividends and Interest from securities			The state of the s
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 inventory11. Other revenue (please describe):			
11. Other revenue (please describe).	·		
12. Total Revenue: (1d11.)	\$0.00	\$0.00	\$0.00
		The principle of the second of	
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			Tribital stadios to Telephonology or a companion of the second constraint of the second constraint of the second constraints.
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. Samba (Daffaix)	00.00	#A AA	
C. Surplus (Deficit)	\$0.00	\$0.00	\$0.00
D # FTF (F 11/F)			
D. #FTEs (Full-Time Equivalents)not			
including volunteers * Figures in the revenue section should reflect the attached IR.			
* Figures in the reneway section should reflect the attached IR	e roadaaarra	re creen, 1997 et est monumbro de la littra de la Reix de la littra de la littra de la littra de la littra de l	

City of Franklin Checklist - 2010/2011 Funding

Agency Application for Funding Checklist

ONE COPY EACH:

Agency: _

Non-Discrimination statement

Board meeting dates

50103

Charter of Incorporation

Bylaws

Audit (Dated:

Original PLUS 16 copies each: Original PLUS 16 copies each: Agency Application (p.3) Agency Description (p.4) Operational Plan for Fund Raising (p.5) Direct Service Data & Agency Service Data (p.6) In-Kind Gifts (p. 7 In-Kind) Agency Schedule of Positions and Salaries (p. 8) Board Member Bios (p. 9a & 9b) Total Agency Budget Section (p. 10) City of Frankin Budget Section (p. 10)	SRAM 2 PROGRAM 3 (if app.)
(if app.) Raising (p.5) ncy Service Data (p.6) Fiscal Calendar 3. 7, 7a, 7b, 7c) ons and Salaries (p. 8) & 9b) m Agency (1 ocal Chanter) (p. 11a)	
Piscal Fiscal (n. 11a)	
Fiscal Transition (n. 11a)	
Piscal Fiscal (n. 11a)	
Fiscal In 11a)	
inter	
refo	
nter.)	
10) nency (Local Chanter)	
City of Franklin Budget Form - Agency (Regional Chapter) (p. 11b)	
(PLEASE NOTE: All UW Budget Forms MUST be signed by both the Director and Board Chair)	

Agency Allocation Financial Data

Comments	Include all dollars received from City of Franklin in FY 2008-09										
IRS 990-EZ Part I	Breakout from Line 1 Line 3 Breakout from Line 1 Breakout from Line 1	Line 2	Breakout from Line 4	Breakout from Line 4	Breakout from Line 4	Line 5c	Breakout from Line 6c	Breakout from Line 6c	Line 7c	Line 8	Line 9
IRS 990 Part VIII	not listed on 990 Line 1b Line 1e not listed on 990 Line 1h	Line 2g	Lines 3, 4	Line 5	Line 6d	Line 7d	Line 8c	Line 9c	Line 10c	Line 11e	Line 12
Revenue:	Contributions, Gifts & Grants City of Franklin Funding Membership Dues Government Grants All Other Contributions Total Contributions	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	Total Revenue

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

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		Particular de la constantina della constantina d	
All Other Contributions			
TOTAL Contributions	\$0.00	\$0.00	\$0.00
Program Services	90.00	Ψ0.00	\$0.00
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			A STATE OF THE STA
Employee Salaries			
Employee Benefits			
Payroll Taxes			
Service Fees			
Advertising & Promotion	ALL THE RESIDENCE OF THE PROPERTY OF THE PROPE		
Office Expenses	·		
Information Technology		**************************************	
Royalties			
Occupancy			
Travel & Entertainment			
Conferences & Meetings			
Interest Payment to Affiliates		And a second desired to the second	
Depreciation & Amortization			
Insurance			
All other expenses			
Total Functional Expenses:	\$0.00	\$0.00	\$0.00
Surplus (Deficit)	\$0.00	\$0.00	\$0.00
			part of the second
# FTEs (Full-Time Equivalents) <u>not</u>			
including volunteers * Figures in the revenue section should reflect the attached IR			

Please specify the dates of your fiscal year			
Revenue	FY 2008 or '08/'09 *	FY 2009 or '09/'10	FY 2010 or '10/'11
Contributions, Gifts & Grants:			NER OPPINIONEMANIA (SANIA) RAMANIA MARIA (MARIA (MA
City of Franklin Funding			
Government Grants			
All Other Contributions			
TOTAL Contributions	\$0.00	\$0.00	\$0.0
Program Services			The state of the s
Investment Income (Dividends & Interest)			
Royalties			
Net Rental Income			
Other than Inventory			
Net Income (Loss) from Fundraising Special Events			TO STATE OF THE POST OF THE PARTY OF THE PAR
Net Income (Loss) from Gaming		, .	
		<u></u>	-
Net Income (Loss) from Sale of Inventory			PROPERTY AND
All other revenue (please describe):	ΦΩ ΩΩ	\$0.00	ድለ በ
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:	112000 01 007 00	11200001 00/10	A A MOLO OI TO, AL
Organizations & Governments			
Individuals			
Employee Salaries			·
Employee Salaries Employee Benefits			
Payroll Taxes			
Service Fees			
Advertising & Promotion			
Office Expenses			A CONTRACTOR OF THE CONTRACTOR
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
Harris managements	# U.		ΨΟ.ΟΟ
Surplus (Deficit)	\$0.00	\$0.00	\$0.00
		70.00	T
# FTEs (Full-Time Equivalents)not			
including volunteers			

Board Chair

Agency Director/President