



**United Way
of Central New York**

**2011 – 2014
Community Program Fund
Monitoring Manual**

Table of Contents

Part 1 General Information	3
Introduction.....	4
Reporting Basics.....	4
Addressing Problems	5
Compliance	5
Provisional status levels.....	6
Notification	7
Part 2 Required Reporting	8
Six-Month Agency Report Form	9
Six-Month Program Report Form	11
Six-Month Collaborative Report Form	15
Year-End Agency Report Form	19
Year-End Program Report Form	24
Year-End Collaborative Report Form	29
Qualified Status Report Form	34
Agency Fiscal Audit & IRS Form 990	37
Excel Workbook Instructions	38
Part 3 Supplemental Information	39
Negotiation Form	40
Memorandum of Understanding	42
Glossary of Selected Terms	44
Sample Logic Model.....	46
Target Issues, Outcomes, and Indicators by Focus Area.....	47
Output – Outcome Performance Tracking Form	55
Client/Consumer Characteristics Form	56
SAMPLE BUDGET FORMS	57
Agency Actual Income	58
Agency Actual Expense.....	59
Program Actual Income	60
Program Actual Expense.....	61

Part 1

General Information

Introduction

United Way of Central New York provides stewardship of community charitable investments by strategically investing donor gifts to have a positive impact on human-care conditions in Onondaga County. The primary means of investing these gifts is through the United Way's Community Program Fund, which supports programs in four priority areas, called Focus Areas. The 2011-14 Focus Areas are Education, Health, Income and Safety Net.

United Way supports an array of broad-based services within the four Focus Areas that serve people from various economic and geographic sectors, and target low-income, at-risk families and individuals.

This Monitoring Manual was developed to ensure effective communication and oversight between United Way and its funded agencies and programs. It provides an introduction to the monitoring process and includes samples of required reporting tools. Only information relevant to United Way accountability standards is requested.

Reporting Basics

Community Program Fund recipients are required to share information related to agency oversight and evaluation of program services. The required information includes Six-Month and Year-End Reports, as well as the agency's annual financial audit, Management Letter and agency response, and IRS Form 990. These documents enable United Way to routinely evaluate program and agency effectiveness and efficiency in order for us to communicate with our donors about the impact of their gifts throughout the community.

To submit information please use United Way's format through Microsoft Word and Excel Workbook templates. You can obtain these templates from United Way's website at www.unitedway-cny.org or by contacting United Way's Community Impact Division at 315.428.2211.

REPORTING CALENDAR

Reports are due as follows:

- Six-Month Agency and Program Reports are due **January 31st** for the period of July 1- December 31. (*If this day falls on a holiday or weekend, reports are due on the next business day.*)
- Year-End Agency and Program Reports are due **August 15th** for the period of July 1- June 30. (*If this day falls on a holiday or weekend, reports are due on the next business day.*)
- Agency Fiscal Audit, Management Letter and agency response, IRS 990, and if applicable, the OMB Circular A -133 within 6 months following the agency's fiscal year end.
- Qualified Status Reports are due as agreed upon.
- Conditional Status Reports are due as required.

NOTE: Agencies and/or programs needing additional time to complete reports should contact United Way immediately.

Reports may be submitted electronically to United Way's Community Impact Division at ciadmin@unitedway-cny.org; however, an original signed cover sheet must also be submitted by the appropriate deadline at the United Way offices.

Addressing Problems

During the course of the allocation cycle, agencies/programs may experience problems that have, or could have, a negative impact on United Way funded programs. United Way encourages agencies/programs in these situations to contact Community Impact staff promptly to see if United Way may be able to assist in the successful solution of the problem.

Compliance

United Way will fulfill, and expects all funded agencies/programs to comply with, the agreements and conditions outlined in the Memorandum of Understanding. Agencies are judged to be in compliance when all applicable reporting requirements listed within the 2011 – 2014 Community Program Fund Memorandum of Understanding have been satisfied. In the event a United Way agency/program does not comply with the minimum requirements or report deadlines, United Way will take action to ensure agencies/programs are continuing to operate with sound fiscal and management practices as well as provide acceptable services until the deficiencies have been addressed.

Should agencies anticipate that they would be unable to comply with specific requirements, they are required to submit written notification requesting an extension or exemption from United Way. Extension/exemption requests should identify the requirement in question; describe the agency's need for extension/exemption; provide a timeframe within which compliance will be attained; and must have original signatures from both the agency's Executive Director and Board President.

LATE REPORTING

The consequences of non-compliance with reporting deadlines are:

- Identification of non-compliance will result in immediate withholding of allocations until all reporting requirements are met, or until United Way approves the extension/exemption documentation.
- Non-compliance persisting more than 30 days will be examined by the Community Impact Cabinet. Additionally, should non-compliance continue longer than 30 days, United Way may consider action to reduce or revoke specific monthly allocation payments based on the agency/program compliance history and nature of the non-compliance issue.
- Non-compliance persisting more than 90 days will result in the forfeiture of the specific aged monthly allocation payment and require placing the agency/program on Qualified or Conditional Status. United Way may also consider action to reduce or revoke the total agency/program allocation, or specific monthly allocation payments not already forfeited.
- On-going non-compliance occurring more than twice in a given funding cycle, or appearing to indicate a more serious issue will result in United Way placing the agency/program on Qualified or Conditional Status. Furthermore, this information will be reported to the Community Program Fund allocation review teams in the subsequent allocation cycle.
- Continual non-compliance with contract requirements will lead to the discontinuation of United Way funding.

Provisional status levels

When problems arise, it may become necessary for United Way to increase the frequency of required reporting and monitoring. The following provisional status reporting requirements may be implemented to enable this higher level of oversight. United Way strives to support agencies in meeting reporting requirements and provides two provisional status qualifications to work effectively with agencies to address shortcomings while continuing to ensure that donor gifts are invested appropriately. *Because of the serious nature of provisional status, and recognizing United Way's fiduciary responsibility and accountability to donors, it may sometimes be necessary to allow the public release of this information.*

QUALIFIED STATUS

Qualified Status is applied when an agency/program requires a measure of increased communication and oversight to address unique concerns identified during the allocation cycle.

Areas that may require Qualified Status oversight include, but are not limited to:

- Weaknesses in agency Board involvement and oversight
- Lapses in fiscal accountability (i.e. significant/recurring deficits, material weaknesses noted in the audit, management letter issues, budgeting issues)
- Management issues (i.e. continuity, operational oversight, long-term planning)
- Problems with program methodology/capacity to deliver the program
- Program evaluation process issues (i.e. appropriateness, data collection, use of outcome information)
- Questions of appropriate utilization of United Way funds

Within 12 months of placing an agency/program on Qualified Status, United Way will make one or more of the following recommendations:

- Continuation of Qualified Status
- Removal of agency and/or program from Qualified Status
- Placement of agency on Conditional Status
- Discontinuation of agency/program United Way funding. *Discontinuation of United Way funding requires final action by the United Way Board of Directors.*

Qualified Status Reports are due on a schedule determined by United Way in consultation with the agency.

CONDITIONAL STATUS

If an agency/program on Qualified Status is unable within 12 months to resolve the issues that led to the provisional status, or when an agency/program demonstrates significant administrative problems, Conditional Status may be assigned. Significant problems may be defined as those that appear to be unsolvable without the institution of a process that enables close, ongoing dialogue and planning between the agency and United Way. Problem areas that may require Conditional Status oversight include, but are not limited to, those outlined under Qualified Status above.

When a significant problem is identified, United Way's Community Impact Cabinet will consider the matter and may recommend to the United Way Board of Directors that the agency be placed on Conditional Status. The United Way Board of Directors may adopt or modify Cabinet recommendations as deemed appropriate.

The Board options for Conditional Status may include, but are **not** limited to, the following actions:

- Placement of the agency on Conditional Status for a period not to exceed two (2) years
- Withholding of funds allocated to the agency
- Discontinuation of agency/program United Way funding. *Discontinuation of United Way funding requires final action by United Way's Board of Directors.*

Conditional Status reporting requirements are determined by the United Way Board of Directors and are due as determined by United Way.

Notification

All communication regarding non-compliance issues, changes in provisional status, and related matters will be sent directly to the agency's Executive Director and copied to its Board President.

Part 2

Required Reporting

This section contains samples of necessary reporting forms and instructions. These forms are available as individual Microsoft Word templates and this manual is available as a PDF file. To download these materials, please visit the “Partners Tool Box, Agency Tools” section of United Way’s website at www.unitedway-cny.org or contact United Way’s Community Impact Division at **315.428.2211** for assistance.

Six-Month **Agency** Report Form

Due on January 31*
(If this day falls on a holiday or weekend, due on the next business day)

REPORTS MUST BE SUBMITTED WITH AN ORIGINAL SIGNED COPY OF THIS COVER SHEET

Period covered: July 1, [type here] - December 31, [type here]	
Agency Name:	[type here]
Address (Main Office):	[type here]
Telephone:	[type here] Fax: [type here]
Web Site:	[type here]
Executive Director:	[type here]
Executive Director telephone:	[type here]
Executive Director e-mail:	[type here]
Board President:	[type here]

*Reports may be submitted electronically to United Way's Community Impact Division at ciadmin@unitedway-cny.org; however, an original signed cover sheet must also be received by the deadline at the United Way offices.

By signing below I affirm that I have reviewed and approved all sections of this report and that, to the best of my knowledge, this report is complete and accurate.

EXECUTIVE DIRECTOR SIGNATURE

BOARD PRESIDENT SIGNATURE

DATE

DATE

Please provide complete responses to the requests for information below.

AGENCY OVERVIEW

- Provide information regarding changes or vacancies in Board positions and attach a revised Board roster if appropriate.

[type here]

- Discuss any significant changes or vacancies in any agency senior management positions.

[type here]

- Describe any factors that have or will impact the agency's provision of service over the next six to 12 months, including (but not limited to) agency staff changes or restructuring, collaborative efforts, legislative impacts, federal/state/local funding, and/or other community factors.

[type here]

AGENCY FUNDING INFORMATION

- Identify significant changes or shifts in agency income and/or expense during the past six-months and discuss any potential impact on United Way funded programs.

[type here]

- Please describe any potential or current plans for capital projects or other significant fundraising initiatives.

[type here]

Six-Month Program Report Form

Due on January 31*

(If this day falls on a holiday or weekend, due on the next business day)

REPORTS MUST BE SUBMITTED WITH AN ORIGINAL SIGNED COPY OF THIS COVER SHEET

Period covered: July 1, [type here] - December 31, [type here]	
Agency Name:	[type here]
Program Name:	[type here]
Program Contact Person **	[type here]
Contact Telephone:	[type here]
Contact e-mail:	[type here]
Alternative names under which the program receives funding:	[type here]
Number of program sites:	[type here]
Site Location(s) (address / telephone #):	[type here]

*Reports may be submitted electronically to United Way's Community Impact Division at ciadmin@unitedway-cny.org; however, an original signed cover sheet must also be received by the deadline at the United Way offices.

**United Way will direct communications to the Program Contact identified. The agency bears responsibility for internal dissemination of information.

Please check below to indicate that the necessary attachments are included.

*The **Outputs/Outcomes Reporting Worksheet** is part of the Community Program Fund Excel Workbook. The workbook is available on the United Way's website at www.unitedway-cny.org in the Partners Toolbox Section.*

Output/Outcomes Reporting Worksheet

By signing below I affirm that I have reviewed and approved all sections of this report and that, to the best of my knowledge, this report is complete and accurate.

EXECUTIVE DIRECTOR SIGNATURE

BOARD PRESIDENT SIGNATURE

DATE

DATE

Please provide complete responses to the requests for information below.

PROGRAM OVERVIEW

- Discuss any observable shifts or changes in program clients, inputs, or methodology (including changes in community conditions, significant staff changes or program restructuring, and/or implementation of new or revised methodology).

[type here]

PROGRAM OUTPUTS

Any significant changes to program outputs, such as the addition or deletion of outputs, must first be brought to Community Impact staff for review.

The 6-month Actual Output numbers need to be reported in the Excel Worksheet which is part of the Community Program Fund Excel Workbook. You can find this on the United Way website at www.unitedway-cny.org in the Partners Toolbox Section.

- Provide six-month output data in the Excel Worksheet. Please define the output unit. The output unit is the phrase used to describe what's being measured, such as *# of children served*.
- If program six-month output numbers indicate that the anticipated year-end output numbers are on track to be greater or less than negotiated,
 - Explain what factors were considered when determining any revised attainment number(s) (i.e. changes in target population, inputs, methodology, and/or activities).

[type here]

- Outline any program measures to address the anticipated variances.

[type here]

PROGRAM OUTCOMES

Any significant changes to program outcomes, such as the addition or deletion of outcomes or the rephrasing of outcomes, must first be brought to Community Impact staff for review.

For 6-month reporting, Outcome numbers do not need to be recorded in the Community Program Fund Excel workbook (only the following narrative question needs to be answered):

- Briefly discuss the program's **ability to achieve** the outcome targets, focusing on the strengths or concerns with data gathering/management/analysis, shifts in programmatic inputs, target populations, methodology, and/or activities.

[type here]

PROGRAM FUNDING INFORMATION

- Discuss any major changes or shifts in program income and/or expense during the past six-months, July 1 to December 31, including grants new/lost/expired, as well as additional significant new income or expense.

[type here]

PROGRAM SUCCESS STORY

Reflecting on clients served within the program over the past 12 months, please share a program success story that best illustrates one of the program's outcomes. The story should demonstrate the program's effect on a single individual or family. Please limit the story to one page. Selected success stories may be highlighted in United Way materials.

Agency Name:	[type here]
Program Name:	[type here]
Program Contact Person:	[type here]
Contact Telephone:	[type here]
Contact E-mail:	[type here]
Exemplified Outcome:	[type here]
Story:	[type here]

United Way of Central New York 2011 – 2014 Community Program Fund

Six-Month Collaborative Report Form

Due on January 31*

(If this day falls on a holiday or weekend, due on the next business day)

REPORTS MUST BE SUBMITTED WITH AN ORIGINAL SIGNED COPY OF THIS COVER SHEET

Period covered: July 1, [type here] - December 31, [type here]	
Collaborative Name/Group Name:	[type here]
Lead Agency Name:	[type here]
Collaborative Contact Person**:	[type here]
Contact Phone:	[type here]
Contact e-mail:	[type here]
Alternative names under which the Collaborative receives funding:	[type here]
Number of sites:	[type here]
Site Location(s) (address / telephone #):	[type here]

*Reports may be submitted electronically to United Way's Community Impact Division at ciadmin@unitedway-cny.org; however, an original signed cover sheet must also be received by the deadline at the United Way offices.

**United Way will direct communications to the Contact identified. The agency bears responsibility for internal dissemination of information.

Please check below to indicate that the necessary attachments are included. The **Outputs/Outcomes Reporting Worksheet** is part of the Community Program Fund Excel Workbook. The workbook is available on the United Way's website at www.unitedway-cny.org in the Partners Toolbox Section.

Output/Outcomes Reporting Worksheet

By signing below I affirm that I have reviewed and approved all sections of this report and that, to the best of my knowledge, this report is complete and accurate.

Lead Agency Executive Director
Signature / Date

Lead Agency Board President
Signature / Date

Participating Agency Executive Director Signature / Date

Participating Agency Board President Signature / Date

Please provide complete responses to the requests for information below.

COLLABORATIVE OVERVIEW

- Discuss any observable shifts or changes in program clients, inputs, community conditions, or methodology, and/or implementation of new or revised methodology.

[type here]

- Discuss any significant staff changes or program restructuring.

[type here]

COLLABORATIVE OUTPUTS

Any significant changes to program outputs, such as the addition or deletion of outputs, must first be brought to Community Impact staff for review.

The 6 month Actual Output numbers need to be reported in the Excel Worksheet which is part of the Community Program Fund Excel Workbook. You can find this on the United Way website at www.unitedway-cny.org in the Partners Toolbox Section.

- **Provide six-month output data in the Excel Worksheet. Please define the output unit. The output unit is the phrase used to describe what's being measured, such as *# of children served*.**
- If program six-month output numbers indicate that the anticipated year-end output numbers are on track to be greater or less than negotiated,
 - Explain what factors were considered when determining any revised attainment number(s) (i.e. changes in target population, inputs, methodology, and/or activities).

[type here]

- Outline any program measures to address the anticipated variances.

[type here]

COLLABORATIVE OUTCOMES

Any significant changes to program outcomes, such as the addition or deletion of outcomes or the rephrasing of outcomes, must first be brought to Community Impact staff for review.

For 6-month reporting, Outcome numbers do not need to be recorded in the Community Program Fund Excel workbook (only the following narrative questions need to be answered):

- Briefly discuss the program's **ability to achieve** the outcome targets, focusing on the strengths or concerns with data gathering/management/analysis, shifts in programmatic inputs, target populations, methodology, and/or activities.

[type here]

- Explain how the Collaborative will work to address any concerns raised above regarding its ability to achieve outcome targets prior to the Year-End Report. Note the role each Collaborative partner will take.

[type here]

COLLABORATIVE FUNDING INFORMATION

- Discuss any major changes or shifts in program income and expense during the past six-months, July 1 to December 31, including grants new/lost/expired, as well as additional significant new income or expense.

[type here]

- Discuss the steps the Collaborative will take to make-up any loss or expired grants, as well as additional new income or expense, prior to the Year-End Report. Note the resources each Collaborative partner will invest.

[type here]

COLLABORATIVE SUCCESS STORY

Reflecting on clients served within the program over the past 12 months, please share a program success story that best illustrates one of the program's outcomes.

- Demonstrate the program's effect on a single individual or family.
- Discuss key successes the Collaborative has had in working together in overcoming a specific challenge or meeting a goal.

Please limit the story to two pages. Selected success stories may be highlighted in United Way materials.

Collaborative Contact Person:	[type here]
Contact Telephone:	[type here]
Contact E-mail:	[type here]
Exemplified Outcome: [type here]	
Story: [type here]	

Year-End Agency Report Form

Due on August 15*
(if this day falls on a holiday or weekend, due on the next business day).

REPORTS MUST BE SUBMITTED WITH AN ORIGINAL SIGNED COPY OF THIS COVER SHEET

Period covered: July 1, [type here] – June 30, [type here]			
Agency Name:		[type here]	
Address (Main Office):		[type here]	
Telephone:	[type here]	Fax:	[type here]
Web Site:		[type here]	
Executive Director:		[type here]	
Executive Director Telephone:		[type here]	
Executive Director E-Mail:		[type here]	
Board President:		[type here]	

*Reports may be submitted electronically to United Way's Community Impact Division at ciadmin@unitedway-cny.org; however, an original signed cover sheet must also be received by the deadline at the United Way offices.

Please check below to indicate that necessary attachments are included. Excel Workbooks are available from United Way's website at www.unitedway-cny.org. Samples are included in Part 3 of this manual.

- Board roster
- Board meeting schedule
- Annual report (if available)
- Long-term plan (including updates)
- Agency Actual Income Worksheet (Agency's Fiscal Year)
- Agency Actual Expense Worksheet (Agency's Fiscal Year)

By signing below I affirm that I have reviewed and approved all sections of this report and that, to the best of my knowledge, this report is complete and accurate.

EXECUTIVE DIRECTOR SIGNATURE / DATE

BOARD PRESIDENT SIGNATURE / DATE

Please provide complete responses to the requests for information below.

AGENCY OVERVIEW

Please include the following as attachments:

- current agency Board roster, including member's names, affiliations, and Board tenure
- a list of Board meeting dates/times/places for the most recently reported calendar year
- a copy of the agency's most recent annual report

- Provide a 25-word statement describing the agency's primary activities within the last 12 months.

[type here]

- Provide information regarding changes or vacancies in Board positions within the last 12 months.

[type here]

- Discuss any significant changes or vacancies in any agency senior management positions within the last 12 months.

[type here]

- Describe any factors that have or will impact the agency's provision of service over the next six to 12 months, including (but not limited to) agency staff changes or restructuring, collaborative efforts, legislative impacts, federal/state/local funding, and/or other community factors.

[type here]

AGENCY PARTICIPATION WITH UNITED WAY

Please attach examples of the use of the United Way's logo, such as newsletters or other documentation demonstrating the agency's support for United Way's annual campaign and United Way sponsored activities.

- Describe the agency's participation with United Way, including participation in Speaker's Bureau, and any public recognition of United Way, etc.

[type here]

- Identify additional supports or resources provided by United Way that were utilized during the report period (e.g. Gifts-In-Kind, 1-800-Volunteer.org, Technical Assistance, etc.)

[type here]

AGENCY PLANNING AND DEVELOPMENT

Please include the following attachments:

- Agency's long-term plan (including updates)

- Describe the agency's process for reviewing agency and program United Way monitoring information; include the frequency of review and the role of any relevant committee(s) in the review process.

[type here]

- Discuss the agency's strategy to maintain mission focus and viability in both financial planning and program planning processes.

[type here]

AGENCY FUNDING INFORMATION

Using the Excel workbook available at www.unitedway-cny.org, please include the following attachments for the most recently completed agency year.

- Agency Actual Income Worksheet
- Agency Actual Expense Worksheet

Please answer the following questions or indicate not applicable (N/A):

- Discuss any deficits/surpluses between actual agency income and actual agency expense.

[type here]

- Identify significant changes or shifts in agency income and expense during the past 12 months.

[type here]

- Please describe any potential or current plans for capital projects or other significant fundraising initiatives.

[type here]

- Detail the management letter recommendations or findings from the most recent agency financial audit (if applicable) and discuss internal changes to address the identified areas of improvement. Please note if a management letter was not issued.

[type here]

- Discuss significant changes/improvements to the agency's financial processes.

[type here]

MEMORANDUM OF UNDERSTANDING COMPLIANCE

Please indicate your agency’s compliance with the following provisions as laid out in the 2011 - 2014 Memorandum of Understanding between United Way of Central New York and the agency. Answers should reflect the funding-year time period.

Indicate Yes or No with an “x” in the appropriate area. **Any “No” response requires an explanation.** Please attach any responses, numbered appropriately to correspond with the question.

AGENCY MANAGEMENT	
1. Agency has maintained status as a 501(c)(3) tax-exempt organization in compliance with federal, state, and local laws.	YES () NO ()
2. Agency is governed by an active, rotating volunteer structure which is representative of the community and which meets at least quarterly.	YES () NO ()
3. Agency complies with applicable Federal and New York State nondiscrimination laws.	YES () NO ()
4. Agency complies with applicable Federal PATRIOT Act laws.	YES () NO ()
5. Agency provides services in Onondaga County or to residents of Onondaga County.	YES () NO ()
6. Agency directs United Way dollars into the specific United Way funded program(s).	YES () NO ()
AGENCY/PROGRAM REPORTING	
7. Agency submitted a Six-Month Agency/Program(s) Report. Date of most recent Six-Month Report: [type here] Period Covered: [type here]	YES () NO ()
8. Agency submitted most recent Annual Audit with management letter and agency response. Date of most recent Audit: [type here] Period Covered: [type here]	YES () NO ()
9. Agency submitted Internal Revenue Service Form 990. Date of most recent 990: [type here] Period Covered: [type here]	YES () NO () Not Required by IRS ()
10. Agency/Program submitted most recent Qualified Status Reports (if applicable). Date of most recent Qualified Status Report: [type here] Period Covered: [type here]	YES () NO () N/A ()
11. Operating budget and delivery systems for United Way funded programs remain consistent with those agreed upon at initiation of funding in July 2011 or subsequently negotiated with United Way.	YES () NO ()

AGENCY PROMOTION & FUNDRAISING PARTICIPATION	
12. Agency participated in the promotion of United Way through the display of the United Way logo on all written communications and print materials related to funded programs.	YES () NO ()
13. Agency publicly displayed United Way logo signage.	YES () NO ()
14. Agency participated in Speakers Bureau training and presentations (as requested and feasible) during most recent campaign.	YES () NO ()
15. Agency provided United Way with testimonials/success stories for programs funded.	YES () NO ()
16. Agency recognized United Way at all public events.	YES () NO ()
17. Agency conducted an annual United Way campaign among the agency's employees during the most recent United Way campaign.	YES () NO ()
18. Agency participated in United Way events and activities (kick-off, achievement celebration, special events) during the period covered.	YES () NO ()
19. Agency refrained from payroll deduction solicitation as a fundraising method beyond the community campaign administered through United Way.	YES () NO ()
20. Agency opened bidding for any building and renovation projects to qualified bidders including building contractors who employ union labor building trades.	YES () NO () N/A ()
21. Agency provided & updated volunteer opportunity information to United Way's Volunteer Center.	YES () NO ()

Year-End Program Report Form

Due on August 15*

(if this day falls on a holiday or weekend, due on the next business day).

REPORTS MUST BE SUBMITTED WITH AN ORIGINAL SIGNED COPY OF THIS COVER SHEET

Period covered: July 1, [type here] – June 30, [type here]	
Agency Name:	[type here]
Program Name:	[type here]
Program Contact Person:**	[type here]
Contact Telephone:	[type here]
Contact E-Mail:	[type here]
Alternative names under which the program receives funding: [type here]	
Number of program sites: [type here]	
Location(s) & Telephone numbers: [type here]	

*Reports may be submitted electronically to United Way's Community Impact Division at ciadmin@unitedway-cny.org; however, an original signed cover sheet must be received by the deadline at the United Way offices.

** United Way will direct communications to the Program Contact identified. The agency bears responsibility for internal dissemination of information.

Please check here to indicate that necessary attachments using Community Program Fund Excel Workbooks (Available from United Way and on its website www.unitedway-cny.org) are included.

- Output/Outcomes Reporting Worksheet
- Client Characteristics Form
- Program Actual Income Worksheet (July 1 – June 30)
- Program Actual Expense Worksheet (July 1 – June 30)

By signing below I affirm that I have reviewed and approved all sections of this report and that, to the best of my knowledge, this report is complete and accurate.

EXECUTIVE DIRECTOR SIGNATURE / DATE

BOARD PRESIDENT SIGNATURE / DATE

Please provide complete responses to the questions below.

PROGRAM OVERVIEW

Please include the following attachments

- Output/Outcomes Reporting Worksheet
- Client Characteristics Form

Answers to the following questions should be based on the program logic-model. Please include a revised/updated Logic Model if significant changes have occurred.

- Describe any changes in the program target population over the past 12 months. These changes may reflect changes in the severity of need, be the result of community factors, and/or caused by other influences.

[type here]

- Detail any significant changes in the listed programmatic inputs. Include changes in staff, community partners, necessary equipment, or other resources.

[type here]

- Discuss any modifications to the selected methodology and listed activities as influenced by the changes described above, critical research analysis, or other community factors.

[type here]

- Looking forward, discuss any anticipated program adjustments (potential shifts within the Logic Model) as a result of factors such as program growth/development, legislation, funding, collaborative efforts, and/or other community factors.

[type here]

- Would the program consider hosting volunteers or donors for a site visit or on-site presentation? Which program sites are possible hosts?

[type here]

PROGRAM OUTPUTS

Any changes to program outcomes, such as the addition or deletion of outcomes or rephrasing of outcomes, must be approved by Community Impact staff prior to any changes being made.

Provide year-end Output data on the Output/Outcomes Reporting Worksheet which is part of the Community Program Fund Excel Workbook. You can find this on the United Way website at www.unitedway-cny.org in the Partners Toolbox Section.

- Enter the year-end output data into the Output/Outcomes worksheet. Please define the output unit. The output unit is the phrase used to describe what's being measured, such as *# of children served*.
- If program year-end output numbers differ from the negotiated year-end output numbers,
 - Explain what factors were considered when determining any revised attainment number(s) (i.e. changes in target population, inputs, methodology, and/or activities).

[type here]

- Outline any program measures to address the anticipated variances.

[type here]

PROGRAM OUTCOMES

Changes to program outcomes (i.e. the addition, deletion or the rephrasing of outcomes), must be approved by Community Impact staff prior to the changes being made.

Provide year-end Outcomes data on the Output/Outcomes Reporting Worksheet which is part of the Community Program Fund Excel Workbook. You can find this on the United Way website at www.unitedway-cny.org in the Partners Toolbox Section.

- Using the Output/Outcomes Excel Worksheet, review the list of program outcomes, indicators, targets, and attainments and enter the year-end attainment numbers.
- Please add additional outcomes or indicators as appropriate.
- If actual year-end outcome attainment differs from the target attainment (greater or lesser than expected),
 - Describe how changes in target population, inputs, methodology, and/or activities have affected this attainment. Identify adjusted targets as appropriate.

[type here]

- Explain what factors were considered when determining the new attainment number(s) and how the proposed number(s) were arrived at.

[type here]

- Outline measures used to address attainment variances and/or adjust outcome targets.

[type here]

- Identify changes to outcomes or indicators and provide rationale for change.

[type here]

PROGRAM MEASUREMENT METHODOLOGY

- Describe program data collection and analysis. If this process was not completed as outlined in the application or negotiation form, describe any modifications to data collection and analysis methods, attaching data collection tools that reflect these changes.

[type here]

PROGRAM FUNDING INFORMATION

Using the Excel workbook available at www.unitedway-cny.org, please include the following attachments:

- Program Actual Income Worksheet (July 1 – June 30)
- Program Actual Expense Worksheet (July 1 – June 30)

- Discuss any deficits/surpluses between actual program income and actual program expense.

[type here]

- Discuss any major changes or shifts in program income and expense during the past 12 months, including grants new/lost/expired.

[type here]

PROGRAM LESSONS LEARNED

- Describe any program changes that occurred as a result of client feedback or outcomes measurement.

[type here]

- Describe any unintended program outcomes, including additional populations affected, program components that worked better than expected, and/or unexpected process or client issues.

[type here]

Year-End Collaborative Report Form

*Due on August 15**
(If this day falls on a holiday or weekend, due on the next business day)

REPORTS MUST BE SUBMITTED WITH AN ORIGINAL SIGNED COPY OF THIS COVER SHEET

Period covered: July 1, [type here] – June 30, [type here]	
Collaborative Name/Group Name:	[type here]
Lead Agency Name:	[type here]
Address (Main Office):	[type here]
Phone: [type here]	Fax: [type here]
Website:	[type here]
Collaborative Contact Person**:	[type here]
Contact Phone: [type here]	Contact Email: [type here]
Alternative names under which the Collaborative receives funding: [type here]	
Number of sites:	[type here]
Location(s) & Telephone numbers:	[type here]

*Reports may be submitted electronically to United Way's Community Impact Division at ciadmin@unitedway-cny.org; however, an original signed cover sheet must also be received by the deadline at the United Way offices.

**United Way will direct communications to the Contact identified. The agency bears responsibility for internal dissemination of information.

Please check here to indicate that necessary attachments using Community Program Fund Excel Workbook (Available from United Way and on its website www.unitedway-cny.org) are included.

- Output/Outcomes Reporting Worksheet
- Client Characteristics Form
- Program Actual Income Worksheet (July 1 – June 30)
- Program Actual Expense Worksheet (July 1 – June 30)

By signing below I affirm that I have reviewed and approved all sections of this report and that, to the best of my knowledge, this report is complete and accurate.

Lead Agency Executive Director
Signature / Date

Lead Agency Board President
Signature / Date

Participating Agency Executive Director
Signature / Date

Participating Agency Board President
Signature / Date

Please provide complete responses to the requests for information below.

COLLABORATIVE OVERVIEW

- Please include the following attachments
 - Output/Outcomes Reporting Worksheet
 - Client Characteristics Form

Answers to the following questions should be based on the program logic-model. Please include a revised/updated Logic Model if significant changes have occurred.

- Describe any changes in the program target population over the past 12 months. These changes may reflect changes in the severity of need, be the result of community factors, and/or caused by other influences.

[type here]

- Detail any significant changes in the listed programmatic inputs. Include changes in staff, community partners, necessary equipment, or other resources.

[type here]

- Looking forward, discuss any anticipated program adjustments (potential shifts within the logic model) as a result of factors such as program growth/development, and/or community factors.

[type here]

- Discuss how the Collaborative will work together to address anticipated program adjustments. Note the role each Collaborative partner will take.

[type here]

- Would the program consider hosting volunteers or donors for site visits or on-site presentation? Which program sites are possible hosts?

[type here]

COLLABORATIVE OUTPUTS

Any significant changes to program outputs, such as the addition or deletion of outputs, must be approved by Community Impact staff prior to any change being made.

Provide year-end Output data on the Output/Outcomes Reporting Worksheet which is part of the Community Program Fund Excel Workbook. You can find this on the United Way website at www.unitedway-cny.org in the Partners Toolbox Section.

- Enter the year-end output data into the Output/Outcomes worksheet. Please define the output unit. The output unit is the phrase used to describe what's being measured, such as # of children served.
- If program year-end output numbers differ from the negotiated year-end output numbers,
 - Explain what factors were considered when determining any revised attainment number(s) (i.e. changes in target population, inputs, methodology, and/or activities).

[type here]

- Outline any program measures to address the anticipated variances.

[type here]

COLLABORATIVE OUTCOMES

Changes to program outcomes (i.e. the addition, deletion or the rephrasing of outcomes), must be approved by Community Impact staff prior to the changes being made.

Provide year-end Outcomes data on the Output/Outcomes Reporting Worksheet which is part of the Community Program Fund Excel Workbook. You can find this on the United Way website at www.unitedway-cny.org in the Partners Toolbox Section.

- Using the Output/Outcomes Excel Worksheet, review the list of program outcomes, indicators, targets, and attainments and enter the year-end attainment numbers.
- Please add additional outcomes or indicators as appropriate.
- If actual year-end outcome attainment differs from the target attainment (greater or lesser than expected),
 - Describe how changes in target population, inputs, methodology, and/or activities have affected this attainment. Identify adjusted targets as appropriate.

[type here]

- Explain what factors were considered when determining the new attainment number(s) and how the proposed number(s) were arrived at.

[type here]

- Outline measures used to address attainment variances and/or adjust outcome targets.

[type here]

- Identify changes to outcomes or indicators and provide rationale for change.

[type here]

- Outline measures used to address attainment variances and/or adjust outcome targets. Note the role each Collaborative partner has played in making these decisions.

[type here]

- Identify changes to outcomes or indicators and provide rationale for change. Note the role each Collaborative partner has played in identifying changes to outcomes and indicators. Neglecting to do so will result in the return of this Report Form.

[type here]

PROGRAM MEASUREMENT METHODOLOGY

- Describe program data collection and analysis. If this process was not completed as outlined in the application or negotiation form, describe any modifications to data collection and analysis methods, attaching data collection tools that reflect these changes.

[type here]

- Explain how the Collaborative will work to address any modifications to data collection and analysis methods mentioned above. Note the role each Collaborative partner will take in this process.

[type here]

COLLABORATIVE FUNDING INFORMATION

Using the Excel workbook available at www.unitedway-cny.org, please include the following attachments:

- Program Actual Income Worksheet (July 1 – June 30)
- Program Actual Expense Worksheet (July 1 – June 30)

- Discuss any deficits/surpluses between actual program income and actual program expense.

[type here]

- Discuss any major changes or shifts in program income and expense during the past 12 months, including grants new/lost/expired, as well as additional significant new income or expense.

[type here]

- Discuss the steps the Collaborative will take to make up any loss or expired grants as well as additional new income or expense mentioned above. Note the resources each Collaborative partner will invest.

[type here]

COLLABORATIVE LESSONS LEARNED

- Describe any program changes that occurred as a result of client feedback or outcomes measurement.

[type here]

- Discuss how the Collaborative worked to determine program changes mentioned above. Note the role each Collaborative partner took in implementing changes.

[type here]

- Describe any unintended program outcomes, including additional populations affected, program components that worked better than expected, and/or unexpected process or client issues.

[type here]

- Discuss the steps the Collaborative took to address any unintended program outcomes mentioned above. Note the role each Collaborative partner took.

[type here]

Qualified Status Report Form

Due per agreement/as required by United Way

REPORTS MUST BE SUBMITTED WITH AN ORIGINAL SIGNED COPY OF THIS COVER SHEET

Period covered: July 1, [type here] – June 30, [type here]			
Agency Name:		[type here]	
Address (Main Office):		[type here]	
Telephone:	[type here]	Fax:	[type here]
Web Site:		[type here]	
Executive Director:		[type here]	
Executive Director Telephone:		[type here]	
Executive Director E-Mail:		[type here]	
Program Name (if appropriate):		[type here]	
Alternative names under which the program receives funding (if appropriate):		[type here]	
Number of program sites (if appropriate):		[type here]	
Agreed Report Cycle* (weekly, monthly, quarterly, etc.): [type here]			

**This cycle must be determined in cooperation with United Way staff.*

Reports may be submitted electronically to United Way's Community Impact Division at ciadmin@unitedway-cny.org; however, an original signed cover sheet must also be received by the deadline at the United Way offices.

By signing below I affirm that I have reviewed and approved all sections of this report and that, to the best of my knowledge, this report is complete and accurate.

EXECUTIVE DIRECTOR SIGNATURE

BOARD PRESIDENT SIGNATURE

DATE

DATE

AGENCY/PROGRAM PLAN

The initial Qualified Status Agency/Program Plan must be completed in cooperation with United Way of Central New York Community Impact staff. Updates and modifications may be made to the plan in subsequent reporting periods; however, any modifications of Issue or Objective fields must be approved by the United Way.

Issue 1:	[type here]		
Objective:	[type here]		
Action Steps:	1. [type here]	Date Achieved:	[type here]
	2. [type here]		
	3. [type here]		
Resolution:	[type here]	Date Achieved:	[type here]
Issue 2:	[type here]		
Objective:	[type here]		
Action Steps:	1. [type here]	Date Achieved:	[type here]
	2. [type here]		
	3. [type here]		
Resolution:	[type here]	Date Achieved:	[type here]

- Provide a time-line for the achievement of the objectives

[type here]

- Identify a Qualified Status report cycle (quarterly, weekly, etc.) that will allow the agency/program to effectively provide updates. *This cycle must be determined in cooperation with United Way staff.*

[type here]

AGENCY/PROGRAM NARRATIVE STATUS REPORT

Please update the Agency/Program Plan and report on the following items in narrative for each subsequent report.

- Detail agency/program progress toward achieving the identified Action Step(s) in regard to the stated objectives.

[type here]

Qualified Status Report 2011-14

Agency Name: [insert name]

Program Name: [insert name]

- Please specify any additional issues, objectives, and/or action steps that may have been identified.

[type here]

- Describe any unanticipated outcomes or lessons learned for the reporting period.

[type here]

- Provide any additional information that you feel may be important to United Way in evaluating the need for continuation of Qualified Status.

[type here]

Agency Fiscal Audit & IRS Form 990

SUBMISSION REQUIREMENTS

All United Way agencies are required to submit one copy of each of the following by the last day of the sixth month following the agency's fiscal year end (i.e. June 30th for agencies operating on a calendar year):

- The agency's annual audit conducted by an independent public accountant.
- Any management letter included in the audit or auditor's statement that no letter was issued.
- The agency's action plan to address items identified in any management letter.
- OMB Circular A-133, if required
- IRS 990

These submissions must be in compliance with all of the following criteria:

INDEPENDENT AUDITOR QUALIFICATIONS

The audit must be conducted by an independent public accountant who is certified to practice in New York State. The auditor must be able to demonstrate that all continuing professional education requirements of the American Institute of Certified Public Accountants (AICPA), New York State, and Government Auditing Standards, if applicable, have been met.

AUDIT SCOPE AND REPORTING

The audit must be performed in accordance with generally accepted auditing standards (GAAS) as set forth by AICPA and in accordance with their Industry Audit Guide, "Audits of Voluntary Health and Welfare Organizations" including any subsequent AICPA Statements of Position.

Entities subject to Office of Management and Budget (OMB) Circular A-133, "Audits of Institutions of Higher Education and Other Nonprofit Institutions," must have their audits performed in accordance the most recent version Government Audit Standards issued by the Comptroller General of the United States.

MANAGEMENT LETTERS

Any management letters must be included with the agency audit. In the event that a management letter or other report on the agency's internal accounting controls is not issued, a letter must be submitted from the agency's auditor stating that no such reports were issued. The agency's auditor must state the status of all prior year's management letter comments, or other internal control report comments, in the current year's reports. When a management letter has been issued, the agency must submit a plan of action to United Way that includes the status of corrective actions that address issues cited in the management letters.

Any management letter plan for action must be sent to United Way no later than 45 days after submission of the audit. Agencies that are not required by the Federal government to file Form 990 should contact United Way staff.

Please contact United Way for clarification of any of these requirements.

Part 3

Supplemental Information

Negotiation Form

2011 – 2014 Community Program Fund Program Acceptance / Negotiation Form

Agency Name:
Program Name:
Allocation:

Acceptance Form

- | |
|--|
| <input type="checkbox"/> <i>⟨Agency name⟩</i> accepts the 2011 – 14 Community Program Fund allocation for <i>⟨Program name⟩</i> |
| <input type="checkbox"/> <i>⟨Agency name⟩</i> declines funding for <i>⟨Program name⟩</i> |

- | |
|--|
| <input type="checkbox"/> Revised Outputs and/or Outcomes are being submitted with this form. |
| <input type="checkbox"/> Revised Outputs and/or Outcomes are NOT being submitted with this form. |

Executive Director Signature / Date

⟨name⟩, Executive Director

Board President Signature / Date

⟨name⟩, Board President

Return to the UWCNY offices no later than **Friday, May 27th, 2011**

- this Acceptance Form **with original signatures** of the Agency Executive Director and the Agency Board of Directors President; and
- the Negotiation Form (pg. 2 of this document) with (A) the adjusted Outputs and/or Outcomes entered into the tables and (B) the narrative rationales for any changes to be negotiated in Outputs, Outcomes or other Program elements.

All revisions are subject to negotiation. Failure to attach revised information will constitute acceptance of the submitted application as the basis for program monitoring and evaluation throughout the 2011-14 Community Program Fund allocation cycle.

Negotiation Form

This form will also be sent to the Agency Executive Director via email. This will allow you to fill it out, return it to us electronically and print a hard copy for submission with the Acceptance Form (pg. 1) no later than Friday, May 27th.

Agency Name:
Program Name:

A. ADJUSTMENTS TO ANNUAL OUTPUT AND OUTCOME PROJECTIONS

Please complete the tables below and answer the questions if your Outputs and/or Outcome numbers will need to change as a result of a differential in the funding request and the allocation awarded. Feel free to expand the tables if you need more rows for your Outputs.

Outputs List Description of unit of service to be counted	# served as submitted on your application Projected Outputs 2011-14	REVISED # served to be negotiated Projected Outputs 2011-14

OUTCOME	Description of Outcome / Indicator (Put an asterisk next to your UW identified Outcome)	TOTAL # to be served annually	GOAL: target # for attainment
Outcome 1:			
Indicator 1 A			
Indicator 1 B			
Indicator 1 C			

Outcome 2:			
Indicator 2 A			
Indicator 2 B			
Indicator 2 C			

Outcome 3:			
Indicator 3 A			
Indicator 3 B			
Indicator 3 C			

B. NARRATIVE RATIONALES FOR ADJUSTMENTS

In a separate narrative, briefly describe any changes to the submitted program application necessitated by the allocation offered:

1. Rationale for any proposed increase or decrease in Outputs.
2. Rationale for any proposed changes in the Outcomes/Indicators or Outcome target numbers.
3. Any other programmatic changes that will result from a differential in the funding request and the allocation awarded.

Memorandum of Understanding
THE UNITED WAY OF CENTRAL NEW YORK, INC.
COMMUNITY PROGRAM FUND

Between _____ (hereafter referred to as United Way Funded Agency) and The United Way of Central New York, Inc. (hereafter referred to as UWCNY)

- I. Both the UWCNY and the United Way Funded Agency agree to:
 - a. Cooperate and coordinate actively with each other in addressing the health and human service needs in Onondaga County.
 - b. Recognize and respect each other's autonomy while working cooperatively in the best interests of each other and the community.

- II. The United Way Funded Agency agrees to:
 - a. Maintain status as a 501(c) 3 tax-exempt organization in compliance with federal, state, and local laws.
 - b. Be governed by an active, rotating volunteer structure which is representative of the community and which meets at least quarterly.
 - c. Comply with applicable Federal and New York State laws, including nondiscrimination laws.
 - d. Provide services with UWCNY funds within Onondaga County or to residents of Onondaga County.
 - e. Direct UWCNY dollars into specific UWCNY funded program(s).
 - f. Comply with all provisions within the *Monitoring Manual*.
 - g. Submit a six-month agency/program(s) report, a year-end agency report, a year-end program progress report for each funded program, an annual audit with management letter (if applicable) and agency response, Internal Revenue Service Form 990, Office of Management and Budget Circular A-133 (if applicable) and carry out Qualified and Conditional Status conditions and reports (if applicable). Reporting forms and due dates will be included in the *Monitoring Manual*.
 - h. Make no major changes relative to the operating budget or delivery system for UWCNY funded programs without prior negotiation with UWCNY Community Impact Cabinet.
 - i. Participate in the promotion of United Way through the display of the United Way logo on all written communications and print materials related to funded programs, public display of the United Way logo signage, completion of Speakers Bureau training and/or presentations, public recognition of United Way at all events during the funding cycle and, wherever possible and appropriate, assist in identifying inspiring testimonials from staff, volunteers and individuals who have been helped by UWCNY funded programs.
 - j. Support UWCNY fundraising activities and participate in the annual campaign for the duration of the funding cycle, by conducting a robust annual UWCNY campaign among the agency's employees and enlisting the participation of its constituency, members, and staff in speaking and other supportive activities.
 - k. Refrain from payroll deduction solicitation as a fundraising method except for the community campaign administered through UWCNY. If the agency wishes to use this technique internally, approval will be considered on a case-by-case basis.
 - l. Open up bidding, for building and renovation projects, to all qualified bidders including building contractors who employ union labor building trades. The agency is encouraged to consider purchasing locally made and union made goods and services whenever reasonably available.

- m. Provide and, when appropriate, update agency/program(s) and volunteer opportunity information for UWCNY's Volunteer Resource Division.
- III. The United Way of Central New York agrees to:
- a. Mail allocations checks on the 5th day of each month or the next business day if the 5th falls on a weekend or holiday.
 - b. Share agency and program names, program descriptions, success stories, and program outputs/outcomes information with the public.
 - c. Organize, direct and conduct an aggressive annual UWCNY fundraising campaign seeking maximum community support and leadership involvement.
 - d. Conduct a comprehensive and consistent Community Program Fund decision-making process; including the Community Needs Assessment, Agency Fiscal and Management Review and Program Application Review.
 - e. Provide one-on-one technical assistance regarding fiscal and management and programmatic matters.
 - f. Monitor funded agencies/programs on a semi-annual basis. If the agency/programs are on qualified or conditional status, monitoring will be conducted more frequently.
 - g. Promote the United Way Funded Agency's program(s) through UWCNY's annual development activities, including United Way's annual campaign.
 - h. Make available the Gifts-In-Kind program and the Revolving Loan Fund, subject to the criteria thereof.
 - i. Recruit community volunteers through the Volunteer Resources Cabinet.
 - j. Notify the United Way Funded Agency of all UWCNY funding opportunities.
- IV. Factors that would change, reduce, or eliminate UWCNY funding:
- a. Funding levels in years 2 and 3 of this cycle are subject to adjustment based on yearly campaign results and collection of pledges.
 - b. United Way Funded Agency's failure to comply with this Memorandum of Understanding.
 - c. Failure to comply with UWCNY standards noted in the *Monitoring Manual*.
 - d. Failure to maintain agency fiscal and management standards.
 - e. Misuse of funds, whether intentional or unintentional.
 - f. Falsification of program statistics or reports.
- V. Additional Understandings:
- a. The term of this Memorandum will commence July 1, 2011 and will end on June 30, 2014.
 - b. Monthly allocation check(s) will be held until appropriate monitoring requirements are submitted.
 - c. United Way of Central New York or the United Way Funded Agency may terminate this agreement. Official written notification of desire to terminate is required. Prior to termination, an opportunity will be provided for both parties to discuss the specific reasons for termination and potential resolutions of the issues identified. If no acceptable resolution is determined, an official letter will be issued indicating the date on which funding will be terminated, which will not be less than two weeks from date of mailing.
 - d. For Collaborations, the Lead Agency will serve as the primary liaison with United Way and will be responsible to ensure all "United Way Funded Agency" responsibilities described throughout this Memorandum of Understanding are adhered to. Further, the Lead Agency agrees to submit any additional information about the activities of the collaboration to United Way that may be requested.

Glossary of Selected Terms

A Program is a set of related activities and outputs directed at common or closely related purposes that a meaningful portion of the agency's resources are dedicated to achieve.

A Subcontracting Relationship is when a primary contracted agency establishes a formal relationship with another agency to undertake some or all of the obligations of the primary contract.

Activities are what a project does, the services it provides, to fulfill its mission. Examples are educating the public, providing adult mentors for youth, collecting research data. Activities result in outputs (see output definition below).

Collaboration a formal partnership between multiple agencies, programs or groups that work together toward a common mission through shared decision-making, resources, and accountability.

Cooperation an informal effort between multiple agencies, programs, or groups that work toward a common mission.

Community Needs Assessment every three years United Way of Central New York conducts a review of the needs of the Onondaga County community. It examines feedback from surveys distributed throughout the community; carries out a best practice scan of other United Ways nationally, and collects statistical data for the county, New York State, and the United States. The information gathered helps determine how to best maximize community investments through the Community Program Fund.

Cultural Competency the skills and practices that create an environment that is respectful of, and compatible with, the cultural beliefs, practices and languages of those receiving services.

Focus Areas United Way of Central New York's four core issue areas for community change. The Focus Areas allow United Way to address community needs, disadvantaged populations in a holistic manner. The Focus Areas provide a structure to communicate United Way's vision of change to donors. *See pages 45 - 52 for a listing of the four Focus Areas.*

Inputs are resources a program uses to achieve its objectives.

Literacy National Literacy Act of 1991) is an individual's ability to read, write, and speak in English, and compute and solve problems at levels of proficiency necessary to function on a job, and in society, to achieve one's goals, and develop one's knowledge and potential.

Logic Model is a visual representation of a program's structure; outlining the resources leveraged to create replicable activities leading to quantifiable/predictable results that imply community change. This tool can be used to demonstrate the interconnectedness of program descriptor categories as well as to evaluate program process changes and development.

Outputs are products of the program's activities, such as the number of surveys completed, classes taught, brochures distributed, or participants served. Another term for "outputs" is "units of service". A program's outputs should produce the desired outcomes (see outcome definition below).

GLOSSARY

Outcomes are benefits or changes for participants or the community during the funding period. Outcomes may relate to knowledge, skills, attitudes, values, behavior, condition, or status. Examples of outcomes include greater knowledge of nutritional needs, improved reading skills, project development. For a particular program there can be various “levels” of outcomes with initial (short-term) outcomes leading to longer-term ones.

Outcome Indicators are the specific items of information that track a program’s success on outcomes. They describe observable, measurable characteristics or changes that represent achievement of an outcome.

Outcome Targets are numerical objectives for a program’s level of achievement toward outcomes. A Program may use findings to set targets for the number and percent of participants expected to achieve desired outcomes. It also can set targets for the amount of change it expects participants to experience.

Partnership a cooperative effort based on the shared goals of two or more agencies, programs or groups that integrates services or other organizational functions.

Target Issue a strategic goal in a particular Focus Area.

Sample Logic Model

Program: PROGRAM NAME			
Problem Statement: DEFINITION OF THE PROBLEM THAT THE PROGRAM ADDRESSES, IDENTIFYING THE COMMUNITY SYMPTOMS, GEOGRAPHIC SCOPE, AND IMPACT THE PROBLEM IS HAVING ON THE COMMUNITY			
Community Conditions: DESCRIPTION OF THE TARGET POPULATION, INCLUDING: <ul style="list-style-type: none"> • RISK FACTORS • TRENDS: EITHER IN PARTICIPATION DATA OR DEMOGRAPHIC CHARACTERISTICS 			
Inputs: RESOURCES A PROGRAM USES TO ACHIEVE ITS OBJECTIVES <i>Constraints on the program:</i> LAWS, REGULATIONS, FUNDERS' REQUIREMENTS	Activities: WHAT A PROGRAM DOES WITH ITS INPUTS – THE SERVICES IT PROVIDES TO ACHIEVE ITS OBJECTIVES OUTCOME MEASUREMENT: THE PROCESS BY WHICH A PROGRAM MEASURES OR TRACKS IS PROGRESS TOWARDS THE STATED OUTCOMES	Outputs: PRODUCTS OF THE PROGRAM'S ACTIVITIES, SUCH AS THE NUMBER OF CLASSES TAUGHT, OR PARTICIPANTS SERVED – ANOTHER TERM FOR OUTPUTS IS "UNITS OF SERVICE"	Outcomes/Indicators: OUTCOMES – BENEFITS OR CHANGES FOR PARTICIPANTS, OR THE COMMUNITY DURING THE FUNDING PERIOD RELATED TO KNOWLEDGE, SKILLS, BEHAVIOR, OR CONDITION INDICATORS – THE SPECIFIC ITEMS OF INFORMATION THAT TRACK A PROGRAM'S SUCCESS ON OUTCOMES DESCRIBING OBSERVABLE, MEASURABLE CHARACTERISTICS OR CHANGES THAT REPRESENT ACHIEVEMENT OF AN OUTCOME.
Methodology: A SET OR SYSTEM OF METHODS, PRINCIPLES, AND RULES FOR REGULATING A GIVEN PROGRAM			

Target Issues, Outcomes, and Indicators by Focus Area

EDUCATION: Educating community members to achieve their potential

Program Outcomes *measure a minimum of one per program proposal within Focus Area*

Outcome Indicators *measure a minimum of one per program proposal within target issue*

Systems Level Outcomes *requires United Way approval prior to submission*

TARGET ISSUE: Readiness to achieve in school

Outcome 1: All children and youth are prepared to improve academically

Indicator 1A: # and % of children/youth will advance to the next grade

Indicator 1B: # and % of parents that are assisted to attend parent-teacher meetings or other school activities of their children

Outcome 2: Provide supports to individuals so they can graduate from high school or attain a GED

Indicator 2A: # and % of participants will demonstrate advancement toward completion of high school or graduation

Indicator 2B: # and % of participants who receive a secondary school diploma or GED

Outcome 3: Children and youth make progress towards age-appropriate physical, emotional, social, and cognitive skills at major developmental milestones

Indicator 3A: # and % of children and youth show improvement in at least two measurable characteristics in areas such as cooperation, empathy, assertion, self-control, responsibility, aggression, sadness, anxiety, fidgeting, and impulsive acts

Indicator 3B: # and % of children entering school developmentally on track in terms of literacy, social, emotional, and intellectual skills

**Outcome 4
(Systems Level):** Improved quality of child care

Indicator 4A: # and % of agencies or programs represented at educational opportunities to improve quality of community child care services

Indicator 4B: # and % of child care staff who become accredited as a Child Development Associate (CDA) and/or required 30 hours of recertification every 2 years

TARGET ISSUE: Productive and engaged individuals

Outcome 1: Young adults are prepared to make a successful transition to work life

EDUCATION

Indicator 1A: # and % of young adults in career planning workshops who are able to set and achieve five short-term goals, and articulate a plan to achieve one long-term goal

Indicator 1B: # and % of young adults who will complete their work apprenticeship/internship

Outcome 2: Young adults are prepared to make a successful transition to higher education

Indicator 2A: # and % of young adults who demonstrate the skills necessary to apply for college (e.g. college visits, admission application, financial aid application)

Indicator 2B: # and % of young adults who are admitted to college

Outcome 3: Individuals increase skills for independent living

Indicator 3A: # and % of individuals indicate they are working towards and making progress towards functional independence (communication, computer literacy, reading literacy, daily living skills, etc.)

Indicator 3B: # and % of individuals demonstrate ability to apply critical thinking/problem solving skills presented within the program

TARGET ISSUE: Increased knowledge/awareness

Outcome 1: Parents demonstrate improved parenting knowledge and skills

Indicator 1A: # and % of parent(s) will demonstrate an improved level of interaction and use of positive parenting skills

Indicator 1B: # and % of parent/caregiver(s) who can identify at least three ways in which they are able to more effectively support their children's social development

Outcome 2: Increased awareness of community issues relating to disabled populations

Indicator 2A: # and % of community workers that receive, in addition to specialized knowledge and skills, comprehensive information concerning the social, nutritional, medical, educational and vocational needs of people with disabilities

Indicator 2B: # and % of presentations to ensure that current information is available to people with disabilities, their families and professionals regarding programs and services, legislation, institutions, expertise, aids and devices, etc.

Outcome 3 (Systems Level): Providers of education services increasingly leverage resources and create greater efficiency in their strategies through collaboration

Indicator 3A: # of collaborative meetings

Indicator 3B: # of action plans are developed to address community needs and the initial steps of the action plans are accomplished

INCOME: Promoting financial stability and economic self-sufficiency

Program Outcomes *measure a minimum of one per program proposal within focus area*

Outcome Indicators *measure a minimum of one per program proposal within target issue*

Systems Level Outcomes *requires United Way approval prior to submission*

TARGET ISSUE: Workforce development and training

Outcome 1: Individuals access tools and strategies that help improve their job skills and advance their careers

Indicator 1A: # and % of individuals who are connected with affordable and effective basic education, occupational training, or career technical education programs to increase reading, math, comprehension and work-related skills

Indicator 1B: # and % of individuals who are connected with career and technical education programs, apprenticeships, internships, and school-to-work programs

Outcome 2: Individuals attain job readiness/retention skills

Indicator 2A: # and % of individuals who gained at least 2 new job readiness/retention skills (e.g. working papers, resume writing, interview skills, etc.)

Indicator 2B: # and % of individuals will develop a career/vocational plan

TARGET ISSUE: Gaining and sustaining assets

Outcome 1: Individuals/families establish and maintain savings or checking accounts and have money saved for emergencies

Indicator 1A: # and % of individuals/families who establish and maintain a checking or savings account for at least 6-months

Indicator 1B: # and % of individuals/families with a checking or savings account that contains a minimum of three months of their current living expenses

Outcome 2: Individuals/families obtain/maintain stabilized housing

Indicator 2A: # and % of individuals/families who are in transitional or long-term supportive housing

Indicator 2B: # and % of individuals/families who gain the skills/tools to transition into non-subsidized housing

Outcome 3: Individuals/families access financial education that enables them to manage their financial resources

Indicator 3A: # and % of individuals/families connected to financial education on budgeting, spending, and credit that can help them to stay within their monthly budgets

and % of individuals/families connected to long-term savings

Indicator 3B: programs such as homeownership, purchasing reliable transportation, children's savings accounts, lifelong learning accounts, or college savings plans

TARGET ISSUE: Increase economic self-sufficiency

Outcome 1: Individuals are able to function at an increased level of economic self-sufficiency

Indicator 1A: # and % of individuals who demonstrate increased knowledge of community resources pertaining to issues such as budget management, homeownership, and building assets

Indicator 1B: # and % of individuals that show a decrease in overall personal debt

Outcome 2 (Systems Level): Providers of financial stability services increasingly leverage resources and create greater efficiency in their strategies through collaboration

Indicator 2A: # of collaborative meetings

Indicator 2B: # of action plans are developed to address community needs and the initial steps of the action plans are accomplished

HEALTH: Improving people's overall well-being

Program Outcomes *measure a minimum of one per program proposal within focus area*

Outcome Indicators *measure a minimum of one per program proposal within target issue*

Systems Level Outcomes *requires United Way approval prior to submission*

TARGET ISSUE: Maternal health and infant well-being

Outcome 1: Parents-to-be improve their ability to identify and accomplish goals relating to health

Indicator 1A: # and % of clients who demonstrate increased knowledge and basic parenting skills regarding maternal and infant health

Indicator 1B: # and % of clients who report they avoid risky behaviors* and/or receive prenatal care

Outcome 2: Children experience a decrease in incidence or risk of abuse and neglect

Indicator 2A: # and % of clients will demonstrate an increased understanding of what constitutes neglect and physical/sexual abuse, how to identify it, and how to ask for help

Indicator 2B: # and % of mandated reporters who increase their knowledge of their role

TARGET ISSUE: Seniors

Outcome 1: Seniors increase their personal safety/well-being

Indicator 1A: # and % of seniors who demonstrate new skills to live safely at home and/or in the community

Indicator 1B: # and % of seniors who report feeling less isolated

TARGET ISSUE: Healthy youth and adults

Outcome 1: Youth and adults demonstrate positive alternatives to risky behaviors*

Indicator 1A: # and % of youth/adults who report a decrease in risky behavior

Indicator 1B: # and % of youth/adults who stop engaging in risky behaviors (or report a maintenance of none)

Outcome 2: Individuals demonstrate positive growth in areas of behavior and social development

Indicator 2A: # and % of clients who indicate learning a new method for dealing with social or behavioral problems

Indicator 2B # and % of clients who increase their ability to problem solve

Outcome 3: Individuals/families increase their safety/well-being

Indicator 3A: # and % of clients who develop a family safety or well-being plan

Indicator 3B # and % of clients who show improvement in their daily functioning

Outcome 4 Increased awareness of community issues relating to mental health,
(Systems Level): chemical dependency or domestic violence

Indicator 4A: # of presentations/programs made to the community

Indicator 4B: # and % of participants identifying an increase in knowledge relating to mental health, chemical dependency, or domestic violence issues

Outcome 5 Providers of community health services increasingly leverage resources and
(Systems Level): create greater efficiency in their strategies through collaboration

Indicator 5A: # of collaborative meetings

Indicator 5B: # of action plans developed to address community needs and the initial steps of the action plans are accomplished

* Measuring Health:

- Are not involved in violence
- Do not use tobacco
- Do not use drugs
- Do not abuse alcohol or drive drunk
- Practice abstinence or safe sex
- Have good overall health

SAFETY NET: Providing support services to meet basic community needs

Program Outcomes *measure a minimum of one per program proposal within focus area*

Outcome Indicators *measure a minimum of one per program proposal within target issue*

Systems Level Outcomes *requires United Way approval prior to submission*

TARGET ISSUE: Emergency housing

Outcome 1: Homeless individuals/families receive shelter

Indicator 1A: # of bed nights individuals/families receive shelter

Indicator 1B: # and % of clients who remain in the shelter three or more consecutive days and utilize services

TARGET ISSUE: Food assistance

Outcome 1: Individuals/families in need of food receive assistance

Indicator 1A: # of meals served

Indicator 1B: # of individuals receiving food assistance

TARGET ISSUE: Crisis prevention

Outcome 1: Individuals increase the knowledge and skills necessary to manage/prevent crisis

Indicator 1A: # and % of individuals who develop a plan to manage/prevent future crisis

Indicator 1B: # and % of individuals who can identify at least one resource to assist in resolving a future crisis

TARGET ISSUE: Increased independence

Outcome 1: Individuals and families experiencing emotional or behavioral crisis demonstrate an improved level of functioning

Indicator 1A: # and % of clients who have developed a treatment/service plan

Indicator 1B: # of individual that show an improvement in their overall level of functioning/quality of life

Outcome 2: Individuals/families experiencing emotional or behavioral crisis are able to function independently or maintain independence in the community

Indicator 2A: # of individuals who increase their knowledge and attain specific skills to maintain their independence

Indicator 2B: # of individuals/families who are able to function independently and/or maintain their level of independence in the community

**Outcome 3
(Systems Level):** Improved quality of community safety net services

Indicator 3A: # and % of agencies or programs represented at educational opportunities to improve quality of community safety net services

Indicator 3B: # and % of staff/volunteer who participate in training aimed at improving safety net services

Outcome 4 (Systems Level): Providers of community safety net services increasingly leverage resources and create greater efficiency in their strategies through collaboration

Indicator 4A: # of collaborative meetings

Indicator 4B: # of action plans are developed to address community needs and the initial steps of the action plans are accomplished

Output – Outcome Performance Tracking Form

United Way of CNY: Community Program Fund 2011-14
 Program Performance Tracking Form

Agency Name: _____
 Program Name: _____

Report period: _____

Listing of Outputs (Units of Service i.e. # to be served)

Expand the Output table as needed. To insert a table row, select the row below where you want the added row to appear, go to the Home tab, the Cells section, the Insert command and press "insert sheet rows".

Description of output unit of service to be tracked (ex.: # children served)	Negotiated annual total # served	Year 1 reporting: 2011-12			Year 2 reporting: 2012-13			Year 3 reporting: 2013-14		
		Actual 6 mo 12/31/11	Projection for 6/30/12	Actual Yr End 6/30/12	Actual 6 mo 12/31/12	Projection for 6/30/13	Actual Yr End 6/30/13	Actual 6 mo 12/31/13	Projection for 6/30/14	Actual Yr End 6/30/14

Please note any revisions to the contents or numbers associated with the Outputs listed and the date of the change(s):

Listing of Outcomes, Indicators and Tracking results

Outcome Data entered for Year-end Report only

Copy and paste the table format below for any additional Indicators or Outcomes/Indicators you have identified for this program.

Be sure to mark in the first column with "UW" or "Agency" to indicate if the Outcome and Indicator are UW identified Outcomes or Indicators or Agency Identified.

UW or Agency	The UW Outcome/Indicator IDs and Descriptions are listed on the 2nd tab of this Excel Workbook.				
OUTCOME:					
INDICATOR:					
Unit counted: (output)					
	Annual output #	target	% of neg. output	% of actual output	Notes &/or revisions to outcomes, indicators or their associated #s. Date each entry.
	Negotiated #s	attainment	#DIV/0!	#DIV/0!	
	Actual Yr1 - 6/30/12		#DIV/0!	#DIV/0!	
	Actual Yr2 - 6/30/13		#DIV/0!	#DIV/0!	
	Actual Yr3 - 6/30/14		#DIV/0!	#DIV/0!	

Client/Consumer Characteristics Form

AGENCY NAME: _____

PROGRAM NAME: _____

REPORTING PERIOD: July 1, _____ - June 30, _____

Specific Instructions for Household Income and Ethnicity/Racial Background:

If client information is collected, please provide either the actual client count, or an estimated percent of the client population served in each category. If the program does not collect Household Income or Ethnicity/Racial Background information, simply indicate with an "X" the primary/majority household income and/or ethnicity.

Attach a brief narrative explaining any areas left blank.

Household Income: % of Total Number Served	
< 100% Federal Poverty	
100% to 185% Federal Poverty (Food Stamps, WIC)	
186% to 250% Federal Poverty (Childcare Subsidy, CHIPS)	
> 250% Federal Poverty	
Unknown	
PROGRAM TOTAL	

Age Group	# Females	# Males	TOTAL
0 to 4			
5 to 9			
10 to 15			
16 to 17			
18 to 20			
21 to 34			
35 to 59			
60 to 64			
65 to 74			
75 to 84			
85 and over			
Unknown			
PROGRAM TOTAL			

Ethnicity/Racial Background: % of # Served	
American Indian	
Asian	
Black/African American	
Caucasian	
Hispanic/Latino	
Multi-Racial	
Other Ethnicity	
Unknown	
PROGRAM TOTAL	

Zip Code	Number	Number	Number
ONONDAGA COUNTY	13027	13110	CITY OF SYRACUSE
	13029	13112	
	13030	13116	
	13031	13120	
	13039	13135	
	13041	13138	
	13057	13152	
	13060	13159	
	13063	13164	
	13066	13209	
	13078	13211	
	13080	13212	
	13082	13214	
	13084	13215	
	13088	Other	
	13090	Unknown	
	13104		
13108			
	TOTAL		
			TOTAL

PROGRAM TOTAL: _____

BUDGET FORM EXAMPLES

Agency Actual Income

Agency Actual Expense

Program Actual Income

Program Actual Expense

Agency Actual Income

Please report for the Agency's fiscal year

Agency Name: _____

Agency Fiscal Year: _____

	Category	Amount	Narrative Attachment Required
A.	United Way of CNY Allocation	\$	
	Subtotal	\$ -	
B.	Support from the Public:		
(1)	Contributions	\$	
(2)	Foundation Support	\$	<i>If Foundation Support exceeds 10% of the Agency Income, please list the three largest grants (including dollar amounts)</i>
(3)	General Fundraising	\$	
(4)	Capital Campaign Fundraising	\$	
(5)	Allocation(s) from Other United Ways	\$	
(6)	Legacies/Bequests	\$	
(7)	Contributions by Associate Organizations	\$	<i>Identify organizations & dollar amounts</i>
(8)	Other:	\$	<i>List and explain</i>
	Subtotal	\$ -	
C.	Government Fees/Grants/Contracts	\$	<i>Please list the three largest grants (including dollar amounts). Also list any grant using United Way funds as a match -- detail the total grant amount and United Way funds used as match</i>
	Subtotal	\$ -	
D.	Agency Fees and Dues		
(1)	Membership Dues and Assessments	\$	
(2)	Agency Service Fees	\$	
(3)	Other:	\$	<i>List and explain</i>
	Subtotal	\$ -	
E.	Other Income:		
(1)	Sales to the Public	\$	
(2)	Interest and Investment Income	\$	
(3)	In-Kind	\$	<i>Describe the basis of the valuation and where it is included in the Actual Agency Expense</i>
(4)	Other:	\$	<i>List and explain</i>
	Subtotal	\$ -	
F.	GRAND TOTAL AGENCY INCOME	\$ -	

Agency Actual Expense

Please report for the Agency's fiscal year

Agency Name: _____

Agency Fiscal Year: _____

	Category	Total Expenses	Narrative Attachment Required
A.	PERSONNEL EXPENSES:		
(1)	Administrative Salaries	\$ -	<i>Please give the number of Full Time equivalents</i>
(2)	Program Staff Salaries	\$ -	<i>Please give the number of Full Time equivalents</i>
(3)	Employee Benefits	\$ -	
	Subtotal	\$ -	
B.	NON-PERSONNEL EXPENSES:		
(1)	Professional Fees & Contract Service Payments	\$ -	<i>Please explain</i>
(2)	General Fundraising Expense	\$ -	
(3)	Supplies, Printing, and Postage	\$ -	
(4)	Telephone	\$ -	
(5)	Occupancy:		
(6)	Rent	\$ -	
(7)	Utilities	\$ -	
(8)	Taxes & Insurance	\$ -	
(9)	Building & Grounds Maintenance	\$ -	
(10)	Rental & Maintenance of Equipment	\$ -	
(11)	Travel and Conferences:		
(12)	Staff Mileage Reimbursement	\$ -	
(13)	Professional Development	\$ -	
(14)	Specific Assistance to Clients	\$ -	
(15)	Payments to National/State Organization	\$ -	
(16)	Subscriptions	\$ -	
(17)	Professional Liability Insurance	\$ -	
(18)	Other:	\$ -	<i>List and explain</i>
	Subtotal	\$ -	
C.	GRAND TOTAL AGENCY EXPENSES:	\$ -	

Program Actual Income

Program Name: _____

Agency Name: _____

Reporting Period: July 1, _____ - June 30, _____

	Category	Amount	Narrative Attachment Required
A.	United Way of CNY Allocation	\$ -	
	Subtotal	\$ -	
B.	Support from the Public:		
(1)	Contributions	\$ -	
(2)	Foundation Support	\$ -	<i>Please identify foundations and corresponding dollar amounts</i>
(3)	General Fundraising	\$ -	
(4)	Allocation(s) from Other United Ways	\$ -	<i>Identify other United Ways & corresponding dollar amounts</i>
(5)	Legacies/Bequests	\$ -	
(6)	Contributions by Associate Organizations	\$ -	<i>Identify organizations & dollar amounts</i>
(7)	Other:	\$ -	<i>List and explain</i>
	Subtotal	\$ -	
C.	Government Fees/Grants/Contracts	\$ -	<i>Please list and indicate United Way funds applied toward match</i>
	Subtotal	\$ -	
D.	Program Fees and Dues		
(1)	Membership Dues and Assessments	\$ -	
(2)	Program Service Fees	\$ -	<i>Explain, attach fee scale as appropriate</i>
(3)	Other:	\$ -	<i>List and explain</i>
	Subtotal	\$ -	
E.	Other Income:		
(1)	Sales to the Public	\$ -	<i>Describe</i>
(2)	Interest and Investment Income	\$ -	
(3)	In-Kind	\$ -	<i>Describe the basis of the valuation and where it is included in the Actual Program Expense; please note if the amount tends to be consistent from year to year</i>
(4)	Other:	\$ -	<i>List and explain</i>
	Subtotal	\$ -	
F.	GRAND TOTAL PROGRAM INCOME	\$ -	

Program Actual Expense

Program Name: _____

Agency Name: _____

Reporting Period: July 1, _____ - June 30, _____

	Category	Total Expenses	Narrative Attachment Required	Distribution of UWCNY Funds
A.	PERSONNEL EXPENSES:			
(1)	Administrative Salaries	\$ -	List staff positions included in this category and number of Full Time Equivalents	\$ -
(2)	Program Staff Salaries	\$ -	List staff positions included in this category and number of FTEs	\$ -
(3)	Employee Benefits	\$ -		\$ -
	Subtotal	\$ -		\$ -
B.	NON-PERSONNEL EXPENSES:			
(1)	Professional Fees & Contract Service Payments	\$ -	Please explain	\$ -
(2)	General Fundraising Expense	\$ -		\$ -
(3)	Supplies, Printing, and Postage	\$ -		\$ -
(4)	Telephone	\$ -		\$ -
(5)	Occupancy:			
(6)	Rent	\$ -	Explain how rent costs are calculated to the program, include any formulas for cost distribution	\$ -
(7)	Utilities	\$ -		\$ -
(8)	Taxes & Insurance	\$ -		\$ -
(9)	Building & Grounds Maintenance	\$ -		\$ -
(10)	Rental & Maintenance of Equipment	\$ -		\$ -
(11)	Travel and Conferences:			
(12)	Staff Mileage Reimbursement - Program Related	\$ -		\$ -
(13)	Professional Development	\$ -		\$ -
(14)	Specific Assistance to Clients	\$ -	Explain	\$ -
(15)	Payments to National/State Organization	\$ -	Explain benefits gained by your program	\$ -
(16)	Subscriptions	\$ -		\$ -
(17)	Professional Liability Insurance	\$ -		\$ -
(18)	Other:	\$ -	List and explain	\$ -
	Subtotal	\$ -		\$ -
C.	GRAND TOTAL PROGRAM EXPENSES:	\$ -		\$ -