



# Waseca Area United Way

P.O. Box 268 Waseca, Minnesota 56093

"Give Once - For All . . . The Unite Way"

## AGENCY REVIEW WORKSHEET

*This report will be used by the Allocation Committee to supplement agency's application for funding.*

Date Jun. 22, 01

Agency: \_\_\_\_\_

Agency contact: \_\_\_\_\_

United Way contact: \_\_\_\_\_

Date of annual review meeting: \_\_\_\_\_

Attendance at annual review meeting: \_\_\_\_\_

### **I. PROGRAM**

This question is intend to learn if the agency is meeting the needs of the community.

What are the primary goals and objectives? \_\_\_\_\_

What services are provided? \_\_\_\_\_

### **II. ORGANIZATION**

This question is intended to explore the organization's board and management (number of board members, terms, etc.)

Structure: \_\_\_\_\_

Key individuals (Names): \_\_\_\_\_

Number of Staff: \_\_\_\_\_

Number of Volunteers: \_\_\_\_\_

**III. FINANCIAL**

*Account for changes in each area (see application and budget form).*

*Review budget (See budget form. Account for variances in income, expenditures, and all United Way funding between years): \_\_\_\_\_*

**IV. RESULTS OF DISCUSSIN CONCERNING ABILITY OF AGENCY TO BECOME SELF-SUPPORTING**

\_\_\_\_\_

**V. HOW DOES THE AGENCY PROMOTE ITS UNITED WAY AFFILIATIONS?**

Logo usage/advertising: \_\_\_\_\_

Campaign kickoff participation - picnic: \_\_\_\_\_

Recognition luncheon: \_\_\_\_\_

Other: \_\_\_\_\_

**VI. ASSESSMENT OF TOTAL PROGRAM**

\_\_\_\_\_

**VII. RECOMMENDATIONS**

*Please include your funding recommendations.*

\_\_\_\_\_