

**UNITED WAY OF THE NEW RIVER VALLEY**  
**Governance/Partnership/Impact Study Information, 2019**

**Partner Agency/Program:** \_\_\_\_\_

**GOVERNANCE STUDY (General, Volunteer Governing Board & Financial Management)**

The following is a checklist to help the agency/program and UWNRV gain a picture of your agency/program's organizational operations. The majority are considered best practices to have in place for a non-profit; UWNRV has examples to share if needed. *The first five should all be answered "Yes"; if this is not the case, please contact the UWNRV Executive Director for assistance.*

<b>The agency/program (OR its fiscal sponsor) currently:</b>	<b>In</b>			
	<b>Yes</b>	<b>No</b>	<b>Process</b>	<b>NA</b>
1) Has proof of its non-profit status as a 501(c)3 organization as classified by the IRS? (OR, in select cases only, 501(c)4? If so check here: _____)				
2) Files IRS Form 990/990EZ/990-N annually with the IRS?				
3) Files annual Virginia State Corporation Commission report?				
4) Is registered or exempt from registration with the Virginia Department of Agriculture and Consumer Affairs for charitable solicitation? (VDACS)				
5) Has a governing body, i.e. board of directors that serve completely voluntarily? (i.e. board members receive no compensation for their services and paid agency/program staff are excluded from voting board positions)				
6) Has term limits in place for members of the governing body?				
7) Has Director and Officer's liability insurance?				
8) Has general liability insurance?				
9) Has bonding for employees who handle cash and investments to help assure the safeguarding of assets?				
10) Has written personnel policies approved by the governing body?				
11) Has formally adopted a code of ethics for both staff and volunteers?				
12) Has a conflict of interest policy (or it is included in another policy)?				
13) Has 'whistle-blower' protection in place to deal with employee complaints?				
14) Has a Document and Records Retention and Destruction policy in place?				
15) Has a Finance/Audit/Operations committee in place whose membership includes at least one volunteer who is a financial expert (defined as having knowledge of generally accepted accounting principles, preparing or auditing financial statements, applying accounting principles and internal controls)?				
16) Has a Finance/Audit/Investment/Operations committee that's active, regularly reviews financials, and reports to the governing body on a regular basis?				
17) Uses its auditing firm only for auditing services (tax form preparation (990's) is the only acceptable exception using Sarbanes-Oxley as a guide)?				
18) Has the governing body review financial statements (budget, statements of activities, statement of position & cash flow statement) on a regular basis?				
19) Requires the full governing body to review and approve the annual budget?				
20) Requires the full governing body to approve the annual audit/review results?				
21) Has a policy in place for board member review of annual IRS Form 990/990-T before it is submitted to the IRS?				
22) Documents discussion and approval of executive management compensation and benefits in board or committee minutes on an annual basis?				

Board Membership: Minimum number of members: \_\_\_\_\_ Maximum # of members: \_\_\_\_\_  
 Number of Board positions currently filled: \_\_\_\_\_ Number of Elected or Executive Officers: \_\_\_\_\_

**Upload one pdf page** with this document describing how the agency/program **utilizes volunteers**.

What top 3-5 critical issues, challenges, and/or opportunities do you expect your organization/program to be monitoring over the next 3 years? (i.e. political changes, funding sources, program issues, capital projects, etc.)

Item 1:

Item 2:

Item 3:

**SELF-STUDY OF RELATIONSHIP with United Way of the New River Valley (UWNRV)** – Please answer these questions honestly - your answers to these questions will not impact funding decisions.

1. What top 3-5 items does your organization/program value the most about your partnership with the United Way of the New River Valley? (i.e. funding, public relations exposure, etc.)

Item 1:

Item 2:

Item 3:

2. What do you believe the community values about the partnership between UWNRV and your organization/program?

3. Do you see major opportunities for UWNRV to be a better community partner with your organization/program or to improve itself in general as a community partner?

4. What aspirations does your organization have regarding your partnership with UWNRV for the future? (*aspiration = preferred future*)



5. Services/Activities:

a) Describe the services/activities taking place in the current year to achieve community/client effects as stated:

b) Describe the services/activities planned for the next two fiscal years, if different from above, to achieve community/client effects as stated:

6. Outreach Efforts: Describe the method/s used to reach target populations (i.e. at-risk, economically disadvantaged, people eligible for service, etc.) in the UWNRV geographic area.

7. What other agencies/organizations do you work with in implementing this program and how?

8. Describe the specific impact/s United Way funds have on this agency/program? (Attach an extra, labeled page if more space is needed.)

**AGENCY/PROGRAM** \_\_\_\_\_

List position titles and the number of hours spent working with the agency/program. List volunteer positions ONLY if the organization does not have paid staffing OR if volunteers carry out key daily/weekly tasks. Add more rows to the table if needed (see instructions).

FULL-TIME EQUIVALENT (Hours spent with agency/program; see note)

(Check only ONE of the last two columns)

Position Title (*)	Last Year Actual (Hours)	Current Year Projected (Hours)	Next Year Projected (Hours)	Staff Position	Volunteer Position

**TOTAL**

\* Denotes vacant position

NOTE: Full-time staff (35-40 hours/week) note as 1.00, half-time as .50, quartertime as .25, etc.

What is the overall salary increase/decrease per employee projected for the current fiscal year (provide BRIEF explanation)?:

What is the overall salary increase/decrease per employee anticipated for the next fiscal year (provide BRIEF explanation)?:

**BENEFICIARY DATA (COMPLETE IF DATA IS AVAILABLE)****SCHEDULE B**

AGENCY:

PROGRAM:

<b>Please list the unduplicated number and percent of clients served during calendar year 2018 or your 2017/2018 fiscal year.</b>		
<b>LOCATION:</b>	<b>No. Served:</b>	<b>% of Total Clients:</b>
Floyd County residents		
Montgomery County residents		
Radford City residents		
Other New River Valley residents (Pulaski Co. & Giles Co.)		
Other areas/Unknown		
<b>TOTAL</b>		