



Spring 2016  
Pay It Forward Project  
The Ohio State University at Marion  
in cooperation with the  
United Way of Marion County



Thank you for interest in partnering with Pay It Forward. Following are instructions to complete this application, which is due to [tibbals.3@osu.edu](mailto:tibbals.3@osu.edu) no later than February 5<sup>th</sup> 2016 at 5 p.m.

This application will be limited to 6 pages without attachments. Each page should have the name of your program and agency at the top and should be numbered and titled as described below:

- Page #1      **Summary Sheet**  
Please complete all blank spaces on the attached form, sign, date and position it as page #1.
- Page #2      **Program Budget and Unit Costs (10 Points)**  
Please complete the provided form to reflect the budget and unit costs for this program. Line items may be changed to better describe your expenses. See following sheets for definitions.
- Page #3      **Documented Need for Program (10 Points)**  
Provide information on the problem you intend to address with this program and why. Include in bulleted format specific data and local statistics that support your case. Include sources.
- Program Goal (5 Points)**  
At the bottom of page #3, copy and complete the following 2 sentences:
- "Our goal with this program is to (choose from Matrix Client Outcomes)."*
- "This program will further United Way's impact area of (choose Education, Income, or Health) because it will deliver a long-term community impact of (choose from Matrix Community Impacts)."*
- Page #4      **Program Design and Methodology (20 Points) See Program Outcome Model for format.**
- INPUTS** - Describe the resources you will dedicate to or use for this program. Examples: staff, volunteers, equipment, facilities, money, etc.
- ACTIVITIES/SERVICES** – Describe in detail the strategies, techniques and types of treatment that comprise this program's methodology. Examples: sheltering, feeding, mentoring, counseling, etc.
- OUTPUTS** – List the volume of work you will accomplish. Examples: number of classes taught, counseling session conducted, participants served, etc.
- Page #5      **Short-term Outcomes, Community Indicators and Measurement (25 Points)**  
Describe in a bulleted format what you expect your short-term outcomes to be using a numeric measurement. Describe how you expect those outcomes to affect the specific community indicator you have chosen from the Matrix and explain your plan to measure it. If you have a survey or other measurement tool, you may attach it to this page.
- Previous Results (25 Points)**  
Restate the outcome measurement you chose for this program last year and provide your results. If not successful, explain why and how you will adjust for future success.
- Page #6      **Target Population (5 Points)**  
Please attach a sheet as page 6 giving details on the demographics for this program as you measure them. (Examples: age, gender, new client, etc.) Include total number of people served in previous year.

## DEFINITIONS - PROGRAM BUDGET LINE ITEMS

### REVENUE

1. **Marion United Way**-Allocations from Marion County United Way for program funding.
2. **Other United Ways**-All revenue received from other fund raising organizations (i.e. State Employees Combined Campaign, Other United Ways, etc.).
3. **Special Events** – Revenue from fundraising events,
4. **Contributions**-Revenue from contributions such as private donors, corporations, memorials, bequests, and trusts
5. **Purchase of Service Contracts**- Contracts with other organizations for your services.
6. **Grants**-Revenue generated for projects from foundations and private grants (i.e., private, corporate).
7. **Membership Drives**-Revenue received from membership dues or fees.
8. **Program Fees**-Fees/Payment received for services delivered by the organization either paid by the client or reimbursed by non-governmental third party sources such as private insurance or fees from non-profit organizations.
9. **Sale of Books, Good, Materials**- Revenue generated by product sales.
10. **Interest – Restricted**
11. **Interest – Unrestricted**
12. **Other**-Revenue that cannot be reported on another line.
13. **Prior Year Carryover**- Income not used, but carried over to the following year.

### EXPENSES

1. **Payroll**-Salaries & wages subject to withholding earned by program's full and/or part-time employees.
2. **Payroll Taxes & Benefits**-Amounts paid and accrued by an agency under its own or other employee health or retirement benefit plans, including voluntary termination or retirement payments outside a formal plan. Includes Social Security (FICA) taxes, worker's compensation, insurance premiums (professional and liability). Unemployment compensation, payable by employers under federal, state, or local laws.
3. **Consultant/Professional Fees**-Fees and expenses of professional practitioners and consultants who are not employees of the agency but are engaged on an independent contract basis.
4. **Cost of Books, Goods, Materials Sold**-Cost to agency of products for sale.
5. **Dues to National Organization**-Dues to statewide or national organization.
6. **Equipment Rental/Purchase**-Cost to rent or purchase business machines.
7. **Maintenance & Repairs**- Cost for maintenance and repair of business machines
8. **Office Supplies** -Cost of materials and other supplies used by the program such as pens and note pads.
9. **Insurance – Liability** – Cost for program liability.
10. **Insurance – Professional** – Cost for director, officer and staff coverage.
11. **Postage**-Cost for postage and mailings associated with program.
12. **Printing**-Costs for printing and other informational materials produced outside the reporting agency.
13. **Travel, Conferences**-Conference and transportation costs for staff and volunteers.
14. **Occupancy**-Expenses incurred from a program's occupancy and use of leased or owned land, buildings, and offices. Includes heat, light, water, maintenance, property insurance, property tax, and mortgage interest.
15. **Other**-All expenses not properly reportable on another line.

## DEFINITIONS - PROGRAM BUDGET LINE ITEMS

### ADMINISTRATION

Administrative costs should not exceed 10 percent of the program's total expenses and may include:

- Salary and benefits dedicated to staff overseeing the program.
- An appropriate portion of Consultant or Professional Fee costs associated with the program, i.e. audit costs
- An appropriate portion of the Dues to National Organization
- Appropriate portions of costs of business machines used for administration of the program– both rental/purchase and maintenance/repairs
- Appropriate portion of Professional Insurance for those individuals administering and governing the program
- An appropriate portion of postage, printing, etc. for program administration
- Travel and conference costs having to do with program administration
- Occupancy expenses related to program administration, i.e., office cost for individual exclusively administering the program

To determine the appropriate portion of above cost figure, you must determine what percentage this program's expenses are of your total budgeted expenses and allocate appropriately.

Example: If your total agency expenses are \$100,000 and this program's total expenses are \$10,000 or ten percent of your total agency budget, then 10% of your audit costs, dues to national, equipment expense, insurance and other such related costs may be included as administration costs for this program.