**United Way of Fairfield County**

Policy on Supplemental Fundraising for Operational Funds/Black-Out Period

The annual campaign of the United Way of Fairfield County (UWFC) endeavors to join people, agencies, and communities together to advocate for a common goal. To focus and maximize support for UWFC and its affiliated agencies, the board of directors has adopted the following policy. The purpose of this policy is to clarify UWFC’s policy on supplemental fundraising during the “black out” period and to apply uniform standards to agencies wishing to undertake supplemental fundraising activities. The blackout period of UWFC is September 1 through November 15 of each year.

**Supplemental fundraising is defined by United Way as:**

* Any effort on the part of an agency or any group affiliated with a United Way agency to supplement its income for operating purposes by means of securing funds from the public other than from fees for services rendered, user membership, government grants, foundations, and trusts, or year-round product sales.

All other supplemental fundraising activities, be they new or traditional, require PRIOR written consent of the United Way Board of Directors. As a general principle, no supplemental fundraising activities will be permitted during the defined blackout period**.** Affiliated agencies are expected to participate fully in the United Way campaign at that time.

**Submission and Review Procedure**

1. Each agency is requested to submit to the United Way of Fairfield County, at the time it turns in its allocation request, Supplemental Fund-Raiding Request forms for EACH fundraising activity it wishes to conduct during the next calendar year. If a supplemental fundraising activity is devised after the budget request is turned in, the agency MUST provide the necessary information to United Way no later than sixty (60) days prior to the commencement of said activity.
2. United Way staff will review all supplemental fundraising requests and submit them, in a timely manner, with staff recommendations to the Executive Committee of the Board of Directors. The Executive Committee will review the requests making recommendations to the full Board for final approval. Agencies will be notified in writing regarding the Board’s decision.
3. Agencies must file with United Way a report of supplemental fundraising activity form within thirty (30) days of completion of each activity.
4. If an agency fails to request permission to conduct a supplemental fundraising activity or conducts one after permission to do so has been denied, the following sanctions may be imposed at the discretion of the United Way Board of Directors:
   1. The United Way allocation for the current year or the subsequent year may be reduced by an amount equal to the gross income from the activity.
   2. Repeated violations of the policy may result in the agency’s being denied future funding by the United Way and in removal as an affiliated agency.

**UNITED WAY OF FAIRFIELD COUNTY**

Supplemental Fundraising Request

1. Agency \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Name of activity:

3. Description of activity (what will you do?):

4. Proposed opening date: Proposed closing date: \_\_\_\_\_\_\_\_\_\_\_

5. Describe when and how the revenue will be used by your agency:

6. Describe target population to be solicited:

7. Who will be conducting this activity? (Your staff, volunteers, or an outside organization)

8. What method(s) of solicitation will be used?

9. Was a similar activity conducted last year?

10. Estimated financial return - Gross income $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

- Expense $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

- Net income $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

11. Additional information you wish to provide:

12: I would like to present to the Board of Trustees regarding this request: yes / no

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency President Agency Director

**UNITED WAY OF FAIRFIELD COUNTY**

Report of Supplemental Fundraising Activities

(Form must be filed within 30 days of activity completion)

1. Agency name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Name of activity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Description of how activity was carried out:

4. Opening date: \_\_\_\_\_ Closing date: \_\_\_ \_\_\_\_\_\_\_\_\_\_

5. Gross amount raised $ \_\_\_\_\_\_\_\_\_\_

6. Net amount raised $ \_\_\_\_\_\_\_\_\_\_\_

7. Income breakdown by sources (if available):

8. Budget of actual costs of activity (please attach):

9. If printed solicitation materials were utilized, please attach samples.

10. Do you feel this was a successful way to raise funds?

11. Additional information:

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency President Agency Director

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_