

**MATAGORDA COUNTY
UNITED WAY**

Serving Matagorda and Wharton Counties

Application for 2018 Funding (For Agencies with Annual Budgets of \$20,000 or less)

Note: Annual budgets for most recently completed fiscal year and year for which funding is requested must both be \$20,000 or less and organization must be requesting funding for only one program.

Organization Information

Full Legal Name of Organization _____

Mailing Address _____

City _____

State _____

Zip Code _____

Organization Website _____

Physical Address (if different from above) _____

City _____

State _____

Zip Code _____

Name of CEO/ Executive Director _____

Title _____

Phone Number _____

E-Mail Address _____

Name of Contact Person (if different above) _____

Title _____

Phone Number E-Mail Address _____

Total Amount Requested for All Programs _____

Is organization a 501(c)(3)? Yes No

Year Organization was Established _____

Federal Employer Identification No. _____

Organizational Mission Statement

Brief Description of Organization

Organizational Budget:

Total Income _____

Total Expenses _____

Program Information

Name of Program _____

Amount Requested from MCUW for this program _____

Approximately How Many individuals will be served each year by this program. Please count each individual only one time regardless of the number of times served. _____

Describe the Program and its objectives (Attach an additional sheet if necessary.)

Program Budget

Please insert or attach the income and expense budget for the program for which you are requesting funding.

I certify that to the best of my knowledge and belief the information contained in this proposal for funding is true and correct and that I am duly authorized by the governing body of this organization to sign and submit this proposal for funding.

Date _____

Signature _____

Title _____