



Matagorda County
United Way
Serving Matagorda and Wharton Counties

POLICY STATEMENT

Matagorda County United Way will consider funding applications from non-profit organizations that meet the following criteria.

The non-profit must:

- Provide cost-effective delivery of high-priority programs and services that provide human care in the areas of health, education, and/or creation of financial stability in Matagorda and/or Wharton counties.
- Demonstrate sound financial and administrative management practices
- Be a 501 (c)(3) tax exempt organization
- Have a “Mission Statement”
- Comply with all applicable laws
- Provide an annual audit if the budget is \$100,000 or more; or a review with outside certification at least once every year, if the budget is less than \$100,000 but more than \$20,000.
- Show that service(s) are not primarily for the benefit of any church or synagogue, or for sectarian religious purposes
- Show that service(s) are not political in nature
- Demonstrate that service(s) are made available to all in the target population regardless of ability to pay when applicable.
- Show management and general administration expenses are less than 25% of the organization’s expenses as verified by the financial statement, the audit and the 990
- Demonstrate community and financial support from sources other than the United Way
- Demonstrate impact through measurable outcomes - in other words, get results



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EVALUATION CRITERIA

In reviewing applications, Matagorda County United Way will take into account:

- Community Need -- Does the program address a recognized health and/or human service need in our community? Is the need consistent with the MCUW mission? How serious is the problem? Are other organizations in the community addressing this need?
- Impact – How well does the program demonstrate a meaningful link between community needs, program activities and outcomes? Will the program provide a meaning volume of services and/or people served? Will United Way funding make a difference?
- Ability and Evaluation – Does the organization have a history of reliability? Are there adequate staff (paid and/or volunteer) and resources to conduct this program? Does the program plan seem sound? Are clear goals and objectives outlined? Are measurable outcomes evident? How well does the organization demonstrate the ability to deliver and measure proposed outcomes of the program?
- Financial Management – Is the financial information presented clearly and accurately? Does the organization have a balanced budget? Does the organization have adequate reserves? Is there diversified funding? Is other funding available? Are overhead expenses a reasonable percentage of total expenses?
- Track Records (not applicable for first year applicants) -- Is there year round commitment to work in partnership with the United Way? Did the organization accomplish its goals and objective last year? Did the organization make a difference with last year's United Way funds?



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DEADLINE FOR FILING AND AVAILABLE ASSISTANCE

FILING DEADLINE -- Complete Applications with all required attachments and check list must be received by the Matagorda County United Way office no later than **5:00 p.m., August 15, 2017**, except that mailed applications must be postmarked by August 15, 2017, AND be received by the Matagorda County United Way no later than August 20, 2017. Late applications will not be considered.

INCOMPLETE APPLICATIONS -- Applicants that have submitted an application by the required deadline will be notified as soon as possible if any information and/or attachment(s) are missing and will have until 5:00 p.m. on the fifth business day following the date of such notice to either submit the missing information and/or attachment(s) or submit a written explanation signed by the executive officer showing good cause why the information and/or attachment(s) cannot be produced. Incomplete applications not made complete in a timely manner following notice that have not shown good cause for not producing the missing information or attachment will not be considered.

APPLICATION TUTORIAL – A tutorial will be held at 3:00 p.m., Thursday, June 29, 2017, at the Matagorda County United Way office, 2417 Avenue G, Bay City, Texas 77414. Attendance is not required but is offered for any agency seeking additional information regarding the application process.

AWARD LETTERS AND CONTRACTS -- Award letters and contracts will be mailed no later than December 19, 2017. Applicants whose programs will not receive funding will also be mailed notices.

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**Application for 2018 Funding Check List
(For Agencies with Annual Budgets Over \$20,000)**

Please use the following checklist to verify the completeness of your proposal and attachments. The listed attachments are required unless otherwise stated below.

Please enclose an original and one copy of the following components of your organization's completed application. Using a three-hole punch, please punch holes on the left side as MCUW will insert these documents in notebooks. Do not submit these documents in a binder or notebook.

- Completed Application for Funding (which included one program request)
- Additional Program Requests (Number of additional program requests attached)
- Organization Budget and Organization Budget Narrative
- Program Budget and Program Budget Narrative for each program request

Attachments – Please attach one copy of each of the following to the original Application for Funding. Using a three-hole punch, please punch holes on the left side of these documents.

- A list of the members of your organization's governing body, including professional, business and community affiliations. Indicate any paid staff members serving on the board
- Organization's most recent IRS form 990 or its equivalent.
- Financial statements (from most recently completed audit or review)
- List of names of five largest donors for the current and next fiscal years (governmental entities, foundations, corporations, businesses, individuals or any other entities) and amount of contribution or pledge of each.
- Management letter and agency response (from the most recently completed audit or review)
- Most recent Annual Report (if applicable)
- General Liability Insurance Policy (cover sheet showing period of coverage and policy limits is sufficient)
- A completed, signed Anti-Terrorism Compliance Measures Form
- Non-Discrimination Policy covering staff, volunteers, contract employees and people served

Attachments – Please place one copy of each of the following documents in a letter size file folder labeled with the name of the organization and "Documents." (Example of label – United Way – Documents). Organizations will not be required to submit copies of these documents with future applications unless the organization amends its Articles/Certificate or Bylaws, revises its Strategic Plan, or it receives an updated copy of its 501(c)(3) letter; or MCUW requests additional copies.

- Organization's By-Laws
- Articles of Incorporation or Certificate of Formation
- Most recent 501 (c)(3) tax exempt letter
- Strategic Plan (if applicable)

MATAGORDA COUNTY
UNITED WAY
Serving Matagorda and Wharton counties

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

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 than above) _____

Title _____

Phone Number _____ **E-Mail Address** _____

Total Amount Requested for All Programs _____

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

Year Established in Matagorda County _____

Year Established in Wharton County _____

Federal Employer Identification No. _____

Total Number of Board Members _____

Total Number of Staff _____

Total Number of Volunteers _____

Organizational Mission Statement

Brief Description of Organization

List All Current Programs of Organization

Population Served by Organization (Include number, age groups, race & ethnicity, income levels, counties of resident, etc.)

Financial Information

When does your organization's fiscal year begin? _____

What is the total budget of your organization? _____

Please indicate the percentage of the total budget used to provide services in Matagorda and Wharton counties.

Matagorda County _____

Wharton County _____

Has the organization filed a form 990 with the IRS for the most recently completed fiscal year?

Yes No If not, when do you expect to file?

What are the organization's administrative/fundraising costs? Calculate using the organization's IRS Form 990 or 990EZ. If you file IRS 990: Add Management and General (Part IX, Line 25, Col C) and Fundraising (Part IX, Line 25, Col D), then divide the total by Total Revenue (Part VIII, Line 12, Col A). Enter below.

If you file IRS 990 EZ: Add Total Expenses (Part I, Line 17) to Program Expenses (Part III, Line 32), then divide the total by Total Revenue (Part I, Line 9). Enter below.

Organization's Admin/Fundraising Costs _____

Is the organization current on all required payroll tax filings and payments?

Yes No If no, please explain.

Is the organization current on all debt payments?

Yes No If no, please explain.

Is the organization in noncompliance with any funding, regulatory or licensing bodies?

Yes No If yes, please explain.

Does the organization have an endowment?

Yes No If yes, how much is in the fund? What is the intent of the fund and how are earnings from the fund used? (Please include any endowment fund which might be a separate entity but exists for the benefit of the organization.)

Does the organization have an operating reserve of cash and/or investments designated for the purposes of operating reserves?

Yes No If yes, what is the amount?

Does the organization have cash or investments not specifically designated as a reserve, but available for use in the event of unforeseen circumstances?

Yes No If yes, in what amount?

Do you expect the organization to have a surplus or deficit at the end of the current fiscal year?

Yes No If yes, please explain how a deficit will be handled or how a surplus will be used.

Is the organization considering, discussing or negotiating a merger or affiliation with any other organization?

Yes No If yes, please identify the other organization and briefly explain.

Does another organization act as your fiscal agent?

Yes No If yes, provide the name and address of the organization, a copy of its 501(c)(3) determination letter and a letter from the agent signed by its CEO approving this application for funding.

Does your organization act as a fiscal agent for any other organization?

Yes No If yes, provide the name and address of each such organization and a copy of any written agreement to act as its fiscal agent.

Are the organization's financial statements prepared in accordance with Generally Accepted Accounting Practices (GAAP)? Yes No

If your organization has revenue of \$100,000, or more, does an independent CPA perform an audit of the organization's financial statements?

Yes No Not Applicable

If your organization has revenue of less than \$100,000, does an independent CPA perform a review of the organization's financial statements?

Yes No Not Applicable

Will the funding you receive from MCUW be used as matching funds to qualify for any additional funding?

Yes No If so, please explain and include the amount of any such additional funding.

Organization Management

Please describe any significant changes in the organization's board or management during the past year.

What is the role of the Board in your organization?

Number of board members prescribed by the bylaws? _____

Number of board members currently on the board? _____

Number of board meetings per year required by the bylaws? _____

Number of board meetings held last year? _____

Average attendance at board meeting? _____

No. of current board members making financial contributions to the organization since the most recently completed fiscal year. _____

Organization Budget

Please insert the income and expense budget for the entire organization, not just the program(s) for which you are requesting funding. Organizations that are national in scope, or serve a geographic area greater than Matagorda and Wharton counties from one central regional or area office, please include the budget for the national organization or the central regional or area office. If you also have a separate budget solely covering Matagorda and Wharton counties, please include that budget as well.

Organization Budget Narrative (Budget for entire organization, not single program only)

Please explain any changes of 10% or more in the revenue line items from the current year's budget to the proposed budget.

If a there is an expense line item of "other revenue" of 10% or more of the organization's total revenue, provide a description of the revenue sources included in this line item.

Explain any changes of 10% or more in the expense line items from the current year's budget to the proposed budget.

If the miscellaneous and/or other expense line item includes 5% or more of the organization's total expenses, provide a description of the expenses included in this line item.

Explain what contributions are included in the in-kind donations.

Program Budget

Please insert the income and expense budget for the program for which you are requesting funding only. If you are requesting funding for more than one program, please prepare a separate Budget and a separate Program Budget Narrative for each program and attach both to the separate you include Program Information for each additional program for which you are requesting funding.

Program Budget Narrative (Budget for program only)

Explain any major changes in the program revenue line items from the current year budget to the proposed budget.

If a there is an expense line item of "other revenue" of 10% or more of the organization's total revenue, provide a description of the revenue sources included in this line item.

Explain any changes of 10% or more in the expense line items from the current year's budget to the proposed budget.

If the miscellaneous and/or other expense line item includes 5% or more of the programs total expenses, provide a description of the expenses included in this line item.

Explain what contributions are included in the in-kind donations.

Explain how you intend to fund any program deficit.

Program Information

Name of Program _____

What United Way initiative(s) does the program address? Education Health Income

Total Program Budget _____

Amount Requested from MCUW for this program only _____

Percent of Total Program Budget _____

Provide the cost per unit of service. (For example, \$5.00 will provide a family of four with after school care for one child.) _____

List Anticipated Sources of Funding (along with amounts anticipated) for this program other than MCUW.

Please indicate whether a request for funding is pending or has already been pledged or paid.

Date Program Established (at your organization) _____

Overall Goal of Program - What are the programs specific objectives?

Program Activities - Describe in detail the distinct program activities and services offered through the program, where and when they will take place, and who will participate.

Staffing - Describe the staffing for the program, including the number of staff, staff to client ratio, and any other pertinent information.

Does the program make use of volunteers? Yes No

If the program does use volunteers, please explain the role of volunteers.

Fee structure - If fees are charged for this program, describe the fee structure, including any subsidies available to clients unable to pay for services.

Assessment of Need - Describe briefly how your organization determined that there was a need for this program in the community to be served.

Outreach - Describe how the organization identifies clients for this program and include methods of outreach, obtaining referrals, and screening.

How do potential clients find out about your organization and its services?

Collaborations - Does the organization collaborate with agencies to meet the goals of the program.

Yes No If yes, please list collaborating agencies and describe collaborative efforts.

Licensing or Accreditation - Describe any licensing or accreditation the organization has secured in order to provide the services of the program.

Compliance - Is the organization in compliance with any licensing and/ or accreditation requirements?

Yes No If no, please explain.

What other programs in the community are similar to this program and/or have similar goals? Please describe how this program differs and why it is also needed in the community.

What would be the impact on this program and the community it serves if MCUW does not fund the program?

How does your organization intend to evaluate the effectiveness of the program in achieving its goals?

Please indicate the unduplicated number of people served by the program during the previous year. (As example, if one person comes to your center five times for meals, count it as one person. Later you can include five meals when counting meals served.) If this is a new program, please estimate the number of people you anticipate serving the first year.)

MATAGORDA COUNTY

Bay City		Midfield	
Blessing		Palacios	
Cedar Lake		Pledger	
Cedar Lane		Sargent	
College Port		Sugar Valley	
El Maton		Van Vleck	
Markham		Wadsworth	
Matagorda		Other (specify)	
TOTAL MATAGORDA COUNTY			

WHARTON COUNTY

Bonus		Lissie	
East Bernard		Louise	
Egypt		New Gulf	
El Campo		Pierce	
Glen Flora		Spanish Camp	
Hillje		Wharton	
Hungerford		Other (specify)	
WHARTON COUNTY TOTAL			

List most recent grants received from the Matagorda County United Way:

Program Success Story

Please share a success story (from the past 24 months) that illustrates how this program is making an impact on Matagorda and/or Wharton counties. Please do not use more than one page.

Partnering with United Way

If you are a previously funded partner, please describe how your organization assisted United Way in the most recently completed campaign by answering the following questions.

Used United Way logo at offices or other facilities and/or on printed and electronic materials, etc.

Yes No If yes, please list places and materials on which it is displayed.

Assisted United Way staff with workplace presentations

Yes No

Conducted internal workplace campaign

Yes No

Encouraged organization staff and board members to give to MCUW

Yes No

Participated on MCUW's Day of Caring

Yes No

Participated in other MCUW projects and/or events.

Yes No

Created and regularly updated a page in the "Get Connected" virtual volunteer center on MCUW's website.

Yes No If no, please explain.

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 _____



Anti-Terrorism Compliance Measures

In compliance with the USA PATRIOT Act and other counterterrorism laws, the *Matagorda County United Way* requires that each agency certify the following:

“I hereby certify on behalf of _____ (*name of grantee*) that all United Way funds and donations will be used in compliance with all applicable anti-terrorist financing and asset control laws, statutes and executive orders.”

Print Name: _____

Title _____

Signature: _____

Date: _____

Agency mailing information (for receipt of funds)

Agency Name _____

Address _____

City _____

State _____

Zip _____

Agency contact information

Name _____

Phone _____

Email _____