



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.

Matagorda County
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Application for 2018 Funding Check List
(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.

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 three additional copies 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 for Agencies with Annual Budgets of \$20,000 or
- Less Program Budget and Project Budget
- List of names of the organization's actual and/or anticipated five largest donors for the current and next fiscal year (governmental entities, foundations, corporations, businesses, individuals or any other entities) and amount of contribution or pledge of each.
- A list of the members of your organization's governing body, including professional, business and community affiliations.
- A completed, signed Anti-Terrorism Compliance Measures Form
- Most recent 501(c)(3) tax exempt letter
- Most recently filed federal income tax return

**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 _____



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 _____