

# MATAGORDA COUNTY UNITED WAY

2025-2027 Application for Funding (For Agencies with Annual Budgets  
of \$20,000 or less)

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## Organization Information

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**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** \_\_\_\_\_

**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 people will be served each year by this program.

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

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## 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 \_\_\_\_\_