

MATAGORDA COUNTY UNITED WAY

2025-2027 Application for 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 _____

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 end _____? [Click here to enter text.](#)

What is the total budget of your organization? _____

If the organization provides services outside of Matagorda and Wharton counties, please indicate the total budget for services provided 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? If not, when do you expect to file? Yes No

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.

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 1/1/2012. _____

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 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 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) for this program other than MCUW.

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 on printed and electronic materials, etc.

Yes No If yes, please list.

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 If yes, 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 _____