

Thank you for participating in the 2010 Application for Erath County United Way Funding. The Erath County United Way Budget Committee will review your application and will discuss your submission March 3, 2010.

If you have any questions or need more information, do not hesitate to contact the Erath County United Way office.

Angela Haynes
Erath County United Way
6420 S US Hwy 377
Stephenville, Texas 76401

ecuw@embarqmail.com

254-965-4429

Completed applications are to be submitted in 12 collated, hole-punched, unstapled hard copies.

Applications are due at the Erath County United Way office at 6420 S. US Hwy 377 or Boucher, Morgan and Young at 3020 NW Loop no later than 1:00 pm, Monday, February 1, 2010.

Late, incomplete or emailed applications will not be considered. No exceptions.

Erath County United Way Mission

What Matters is to improve lives in our community
by providing results.

2010 ECUW Application Checklist

Please place a check next to all guidelines to confirm that your agency meets each criterion.

- Must be a 501(c)(3) tax-exempt organization for 12 months preceding the application. Any organization with less than 12 months must apply for special review to be considered as a fund recipient.
- Provide direct services (health and human care, etc.) to Erath County residents without regard to race, color or creed.
- Have an unpaid volunteer Board of Directors who meets at least four times a year, with at least one member residing in Erath County or volunteers residing in the County.
- Provide service programs with clearly defined goals for targeted population in Erath County. Service(s) provided must be available within the County.
- The organization's service(s) must be available to all targeted populations in Erath County.
- Pledge to aid in the fund raising process during the ECUW drive and limit their individual agency fund raising so that there is no direct conflict with the ECUW annual drive. **NO FUNDRAISING WILL BE ALLOWED DURING THE 2011 ANNUAL CAMPAIGN FROM SEPTEMBER 1, 2010 TO OCTOBER 30, 2010.**
- Understand and accept that ECUW allocations are based on criteria mentioned in the application, together with the oral presentation to the committee. ECUW budget committee has the full authority to recommend approval or disapproval of any request in its sole discretion and there is not guarantee of funding, partial or complete.

Agency Name: _____

Agency Address: _____

Agency Phone: _____

Primary Email Contact: _____

Agency Overview

Briefly answer the following:

1. Mission Statement of your Agency.

2. Current short-term goals of your Agency.

3. Complete the following table, indicating Board of Directors' meeting dates for 2009, the total number of volunteers attending (per your meeting notes), and the total number serving on your board at that time. Insert additional lines if needed.

Date	# Attending/ # Serving		Date	# Attending/ # Serving

4. What percentage of your Board made a financial donation to your agency in the last year?

5. List your Board members and identify the officers. Insert additional lines if needed.

Agency Staff/Personnel Information

Complete the following table, list current staff members and note any part-time or contract employees.

Name	Title	Annual Salary	Notes

Agency Program Data

1. List number of clients served in Erath County by age (unduplicated count).

	AGES						
Program Year	0-5	6-11	12-17	18-29	30-64	65 & older	TOTAL
2009							
2008							

2. List number of clients served in Erath County by community (unduplicated count).

	Community			
Program Year	Stephenville	Dublin	All Other	TOTAL
2009				
2008				

3. Estimate the average number of client hours per client per month and average cost per client.

Agency Financial Management Information

Briefly Answer the following:

1. Is any part of your agency operating as a State or Federal agency?
Yes _____ No _____ If yes, please explain.

2. Is your agency receiving and State of Federal Funding?
Yes _____ No _____ If yes, please explain.

3. Are there any pending legal actions, tax liens, claims or disputes against your agency? Yes _____ No _____ If yes, please explain.

4. Did your most recent audit (for the fiscal year ending _____) include any reportable conditions? Yes _____ No _____ If yes, please explain.

Agency Funding Information

1. Total request from Erath County United Way \$_____ Percentage of annual budget _____%
2. Total amount of funding raised in 2009 \$_____
3. Total amount raised in Erath County \$_____
4. List dates and descriptions of your annual fundraisers.

2010 Agency Budget Detail

Revenue	2009 Actual	2010 Proposed
Erath County United Way		
All other United Ways		
Government Grants		
Contributions		
Special Events		
Program Service Fees		
Foundation/Endowment Gifts		
Investment Income		
Associated Organizations		
TOTAL REVENUE		

Expenses	2009 Actual	2010 Proposed
Personnel Salary and Benefits (include payroll tax)		
Professional Fees/Contracts		
Administrative (building, utilities, etc)		
Fixed Assets and Equipment		
Training/Conference/Conventions		
Affiliate Organizations		
Direct Program Supplies		
Savings/Reserve		
Miscellaneous		
TOTAL EXPENSES		

Supporting Documentation Required

Please include the following documentation at the end of this application:

1. Attach a copy of your December financial statement (including a balance sheet), showing year-to-date totals.
2. If your agency is requesting \$5000.00 or greater, attach a copy of your most recent CPA prepared financial report (including a income statement and if available a comparative financial statement).
3. Provide an overview of your agency that includes information about your services, programs, etc. It may include annual reports, planning reports, newsletter, brochure, etc.

Executive Signatures

The undersigned hereby certify:

- The program and budget information in this Application is true and correct to the best of our knowledge.
- If approved for funding we agree to abide by the Erath County United Way's funding blackout dates detailed in the above checklist.
- This application has been duly authorized and approved by our Board of Directors.

Executive Director (print)

Signature

Date

Board President/Chairperson (print)

Signature

Date