

Thank you for participating in the 2019 Application for Erath County United Way Funding. The Erath County United Way Budget & Allocation Committee will review your application the week of March 4, 2019.

You will be notified by Wednesday, February 13, 2019 of your date and time to appear.

**A representative of your agency will be required to attend this meeting for a 20 minute session, to be scheduled. Failure to send an agency representative to the meeting will disqualify your agency from the 2019 funding cycle. No exceptions.**

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

Lisa Scroggins  
Executive Director  
Erath County United Way  
P.O. Box 1352  
InterBank Building / 150 Harbin Drive / 3<sup>rd</sup> Floor, Suite #309  
Stephenville, Texas 76401

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Office 254-965-4429 / Lisa's Cell 254-967-4465

**SUBMIT ONE ORIGINAL CLEARLY MARKED ORIGINAL  
AND 10 COLLATED,  
ONE SIDED, HOLE-PUNCHED, UNSTAPLED HARD COPIES.**

Applications are due **1:00 pm, Thursday, February 7, 2019.**  
At the Erath County United Way Office  
150 North Harbin Drive, Suite # 309

**Application may not be left anywhere except the E.C.U.W. Office, late, incomplete or emailed applications will not be considered.**

**THERE ARE NO EXCEPTIONS.**

- **Submission of this application is not a guarantee of funding.**

## 2019 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 month, one full calendar year
- \_\_\_\_\_ Copy of the Agency's IRS 501 (c) (3) determination letter, including your agency's Federal EIN (Employee Identification Number)  
Any organization with less than 12 months must apply for special review to be considered as a fund recipient.
- \_\_\_\_\_ Copy of the most recent IRS 990
- \_\_\_\_\_ Copy of registration with the Texas Secretary of State
- \_\_\_\_\_ Copy of Current By-Laws
- \_\_\_\_\_ If approved for funding, agree to sign and return Agency Agreement prior to first allocation
- \_\_\_\_\_ 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 meet at least four times a year, with at least one member residing in Erath County or at least one agency volunteer 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
- \_\_\_\_\_ Pledge to align and support the ECUW's local community fundraising efforts by not competing with those efforts during the ECUW Campaign period, known as the Blackout Period. This signed application supersedes any prior written or verbal agreements to the Blackout Period.  
The Partner Agency is to adhere to the following Blackout Period Rules:
- No community fundraising events during the 2020 Annual Campaign from SEPTEMBER 1, 2019 TO OCTOBER 31, 2019.
  - No promotions, publicity, or invitations from September 1 to October 31 of community fundraising events to occur after the Blackout Period.
  - Pledge to align with and support ECUW's presence in our local community by having all written Agency communications include the ECUW logo and statement "An Erath County United Way Funded Agency" (i.e. website, newspaper and print ads, annual reports, radio, letterhead, posters and signage).
- \_\_\_\_\_ Acknowledgement that failure to comply with the above Blackout Period Rules can result in the reduction or cessation of remaining scheduled funding allocations for the year, and/or possible elimination of agency funding in future funding application cycles.
- NOTE: No guideline can anticipate every scenario that may present. Therefore, the Blackout Period Rules as written are not alone intended to be a substitute for the ECUW's judgement if an Agency's actions are in question of compliance. The ECUW will decide based on this fundamental: Does the Agency's actions lessen the ECUW's ability to raise funds in our local community during the Blackout Period?  
No = Compliance / Yes = Failure to comply

\_\_\_\_\_ 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 no guarantee of funding, partial or complete.

\_\_\_\_\_ ECUW specifically reserves the right to withhold funding for any reason. The right to withhold funding specifically includes, but is not limited to, any question regarding the misuse and/or investigation and/or question(s) as to the use of any funding whether or not such funding was received from ECUW or from any other source(s).

Agency Name: \_\_\_\_\_

Agency EIN#: \_\_\_\_\_

Agency Mailing Address: \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Agency Physical Address: \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Title: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Agency Representative(s) Expected to Attend Required United Way Meeting:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Total Funding Request: \$ \_\_\_\_\_

## Executive Signatures

The undersigned hereby certify:

- The program and budget information in this Application is true and correct to the best of our knowledge.
- This application has been duly authorized and approved by our Board of Directors.

\_\_\_\_\_  
ED / CEO / CFO (print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Email

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone number

\_\_\_\_\_  
Board President/Chairperson (print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Email

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone number

## ANTI TERRORISM COMPLIANCE MEASURES

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

“I hereby certify on behalf of \_\_\_\_\_ [name of agency] that all Erath County 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: \_\_\_\_\_

The Information gathered on this form will be used for publicity and marketing purposes. This form will need to be completed for each program you are applying for.

**Client Success Story:**

Please share a client success story and how it was made possible because of support from the Erath County United Way. Add additional sheet if necessary.

**3 Quick Facts:**

Please share 3 quick facts regarding information about your organization and the service(s) that you can provide because of funding provided by the Erath County United Way. (Example: Your organization provided over 3,000 bags of groceries to individual and families in Erath County.)

1.

2.

3.

## Agency Overview

Briefly answer the following:

1. Mission Statement of your Agency.
  
2. Current short-term goals of your Agency.
  
3. Share any proactive plans your Agency may have for being more self-sufficient and less dependent on ECUW funding over time.
  
4. Complete the following table, indicating Board of Directors' meeting dates for 2018, the total number of Board Members attending each meeting (per your meeting notes), and the total number of Board Members actively serving on your Board at that time. Insert additional lines as needed.

Meeting Date	# Board Members Attending	# Board Members Actively Serving

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

6. What percentage of your Board made an in-kind donation of their personal time to your agency in the last year (excluding board meeting attendance)? \_\_\_\_\_

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

Board Member Name	Office held (if applicable)



## 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

**\* NOTE: Annual salary information is not optional**

## Agency Program Data

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

Program Year	AGES SERVED						TOTAL
	0-5	6-11	12-17	18-29	30-64	65 & older	
2018							
2017							

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

Program Year	COMMUNITY SERVED							TOTAL
	Stephenville	Dublin	Lingleville	Huckabay	Morgan Mill	Bluff Dale	Other*	
2018								
2017								

\* Please note "Other" Communities below:

## 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 any State or 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 for fiscal year 2019 \$ \_\_\_\_\_  
Percentage of 2019 projected budget \_\_\_\_\_%
2. Total amount of funding raised by your organization (excluding ECUW funding) in 2018 \$ \_\_\_\_\_
3. How much of that money was raised within Erath County in 2018? \$ \_\_\_\_\_
4. How much of that money was raised outside of Erath County in 2018?  
\$ \_\_\_\_\_
5. List dates and descriptions of your annual fundraisers with total raised.

Date	Description	Total Raised

## 2018-2019 Agency Budget Detail - Revenue

Revenue	2018 Total Budget	2019 Projected Budget
Erath County United Way Funding		
All other United Ways' Funding		
Government Grants		
Contributions		
Special Events / Fundraiser		
Program Service Fees		
Foundation/Endowment Gifts		
Investment Income		
Associated Organizations		
<b>TOTAL REVENUE</b>		

## 2018-2019 Agency Budget Detail – Expenses

In the following section, please indicate in the highlighted boxes, how revenue received from Erath County United Way during 2018 was spent. In the “2018 Total Budget” column, please indicate all expenses, including ECUW funding itemized in the first column.

<b>Expenses</b>	2018 ECUW Funding	2018 Total Budget	2019 Projected Budget
Salary and Benefits <small>(include payroll tax)</small>			
Professional Fees/Contracts			
Administrative <small>(building, utilities, etc)</small>			
Fixed Assets and Equipment			
Training/Conference/Conventions			
Affiliate Organizations			
Direct Program Supplies			
Savings/Reserve			
Miscellaneous			
Other (explain)			
<b>TOTAL EXPENSES</b>			

## **Supporting Documentation Required**

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

1. **A copy of the agency's IRS 501 (c) (3) determination letter, including your agency's federal EIN (Employer Identification Number). *(If your agency is a church and did not apply for IRS formal recognition as a charitable organization, please provide a signed statement, including your agency's EIN number, and verifying that your agency fulfills all the legal requirements for tax-exempt status per the IRS regulations.)***
2. **Copy of registration with the Texas Secretary of State**
3. **Copy of most current IRS 990**
4. **Copy of signed Patriot Act Anti-Terrorism Compliance form (attached).**
5. **Understand that signed Agency Agreement is due prior to first quarterly allocation.**
6. **Understand that the ECUW reserves the right to withhold allocations when any agency is under investigation**
7. **A copy of your December financial statement, including a balance sheet (statement of financial position), showing year-to-date totals as of December 31, 2018,**
8. **If your agency is requesting \$15,000.00 or more, attach a copy of your most recent professional accountant-prepared financial statement, compilation, review or audit including an income statement (statement of financial activities), and, if available a comparative financial statement.**
9. **Financial Review by third party starting at \$20,000.00**
10. **Full Audit required at \$30,000.00**

**NOTE: "professional accountant" means an entity separate from the Agency, and one that customarily receives compensation for provision of their accounting services.**

***Refer to Exhibit A for an example of an acceptable balance sheet (statement of financial position), to Exhibit B for an example of an acceptable income statement (statement of activities) and to Exhibit C for an example of a comparative financial statement.***

- 11. An overview of your agency that includes information about your services, programs, etc. It may include annual reports, planning reports, newsletter, brochure, etc.**
- 12. A schedule of upcoming agency events for the 2019 calendar year.**
- 13. I understand it is my Agencies responsibility to notify the ECUW of any contact information changes such as, but not limited to agency phone number, mailing, physical, and email address.**

**Exhibit A**  
**Balance Sheet**  
**(Statement of Financial Position)**

**Home4U**  
**Statement of Financial Position**

<u><b>Assets</b></u>		<u><b>Liabilities &amp; Net Assets</b></u>	
Cash & cash equivalents	\$15,600	Accrued expenses	<u>\$ 350</u>
Security deposits	1,400	Net assets	
		Unrestricted net assets	8,650
		Temp restricted net assets	<u>8,000</u>
		Total net assets	16,650
Total assets	<u>\$17,000</u>	Total liabilities & net assets	<u>\$17,000</u>

EXAMPLE

**Exhibit B**  
**Income Statement**  
**(Statement of Financial Activities)**

**National Youth Training and Resources Organization**  
**Statement of Activities**  
**For the Year Ended December 31, 2018**

<b>Changes in Unrestricted Net Assets:</b>	<b>Unrestricted</b>	<b>Temporarily Restricted</b>	<b>Permanently Restricted</b>	<b>Total</b>
Revenues and Gains:				
Public Contributions (net)	\$ 800,000	\$ 165,000	\$ 45,000	\$ 1,010,000
Program Service Revenue	46,000			46,000
Investment Income	42,000	5,000		47,000
Net Assets Released from Restrictions	125,000	(125,000)		0
<b>Total Revenues, Gains, Other Support</b>	<b>\$ 1,013,000</b>	<b>\$ 45,000</b>	<b>\$ 45,000</b>	<b>\$ 1,103,000</b>
Expenses and Losses:				
Program Services	\$ 676,000			\$ 676,000
General Administration	197,000			197,000
Fund-Raising	115,000			115,000
<b>Total Expenses and Losses</b>	<b>\$ 988,000</b>			<b>\$ 988,000</b>
<b>Increase in Net Assets</b>	<b>\$ 25,000</b>	<b>\$ 45,000</b>	<b>\$ 45,000</b>	<b>\$ 115,000</b>
Net Assets at Beginning of Year	300,000	0	600,000	900,000
Net Assets at End of Year	\$325,000	\$45,000	\$645,000	\$1,015,000

EXAMPLE



## Exhibit C Comparative Financial Statement

### National Youth Training and Resources Organization Comparative Statements of Financial Position For the Years Ended December 31, 2017 and 2018

	<u>2017</u>	<u>2018</u>
<b>Assets</b>		
Cash	\$ 200,000	142,000
Pledges Receivable (net)	120,000	65,000
Investments	755,000	700,000
Prepaid Expenses	15,000	13,000
Fixed Assets (net)	220,000	40,000
<b>Total Assets</b>	<b><u>\$ 1,310,000</u></b>	<b><u>\$ 960,000</u></b>
<b>Liabilities and Net Assets</b>		
<b>Liabilities</b>		
Accounts Payable	50,000	60,000
Grants Payable	25,000	
Refundable Advances	20,000	
Long Term Debt	200,000	-
<b>Total Liabilities</b>	<b><u>\$ 295,000</u></b>	<b><u>\$ 60,000</u></b>
<b>Net Assets</b>		
Unrestricted	\$ 325,000	\$ 300,000
Temporarily Restricted	45,000	-
Permanently Restricted	645,000	600,000
<b>Total Net Assets</b>	<b><u>\$ 1,015,000</u></b>	<b><u>\$ 900,000</u></b>
<b>Total Liabilities and Net Assets</b>	<b><u>\$ 1,310,000</u></b>	<b><u>\$ 960,000</u></b>

EXAMPLE