

Erath County United Way Partner Agency Application 2025

Thank you for your interest in becoming an Erath County United Way Partner Agency!

Partner Agencies must address one of the following areas to be considered. Agencies that do not address one of these areas WILL NOT be considered. (Examples of these areas can be found on application page 8.)

EDUCATION – HELPING INDIVIDUALS ACHIEVE THEIR POTENTIAL
FINANCIAL STABILITY – HELPING FAMILIES BECOME STABLE AND INDEPENDENT
HEALTH CARE – IMPROVING PEOPLE’S HEALTH

NEW REQUIREMENTS FOR APPLICATIONS DUE FEBRUARY 2025

- **Our auditor has requested more transparency moving forward, all partner agencies must procure their own 501 (c) (3) non-profit EIN number. As opposed to being under an umbrella of a parent organization.**
- **Moving forward we request you acquire this number within the next 2 years, this would be required for all 2025 partner agency applications.**

Agency Name: _____

Amount Requested from the Erath County United Way: \$ _____

Application and copies are due no later than 1:00 p.m. on Thursday, February 6, 2025, at the ECUW Office at 150 North Harbin Drive, Suite 309, Stephenville, Texas.

You must submit one (1) original and nine (9) copies, with 3-hole punches, of the complete application packet. Original and copies must be printed single-sided.

Hard copy original and the required number of application copies can not be delivered anywhere other than the ECUW office location.

Late, incomplete, or emailed applications WILL NOT be considered – THERE ARE NO EXCEPTIONS.

ECUW CONTACT INFORMATION:

Lisa Scroggins, Executive Director
254-965-4429 Email: director@erathcountyuw.org

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I affirm that I have reviewed this application, and the information furnished is true, correct, and complete to the best of my knowledge.

Signature of Board Chair

Signature of ED/CFO/CEO

Printed Name of Board Chair

Printed Name of ED/CFO/CEO

Date

Date

SECTION 1
COMMUNITY PARTNER INFORMATION

Forms Completed Attachments _____ Applicant Initials

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COMMUNITY PARTNER INFORMATION

Organization Name:	
Physical Address:	
Mailing Address:	
Phone Number: Office	
Website:	
Executive Director Name, Email and Cell Number:	
Board Chair Name, Email, and Contact Number:	
Federal EIN:	

For organizations based outside Erath County, please provide contact information for local office below, if applicable.

Local Contact Name and Title:	
Physical Address:	
Mailing Address:	
Office Number: Cell Number :	
Email:	

Organization Mission:

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ORGANIZATION OVERVIEW

1. If your operating budget for your last completed fiscal year shows a surplus, comment on the organization's plan for the use of the surplus.
2. If your operating budget for your last completed fiscal year shows a deficit, state what action has been taken or will be taken by the organization to deal with the deficit. Be specific, such as liquidation of capital, program cutbacks, borrowing from financial institutions, personnel reductions, etc.
3. What is your organization's operating balance reserve as of December 31?
4. Is your organization required by your own by-laws or requirements to maintain reserves? Yes No
If yes, what is the policy?
5. Does your organization have endowment funds? Yes No
If yes, please list the current amount and purpose of each.
6. Please provide an explanation for any line-item expense in your budget where actual vs originally budgeted varied by greater than 10%. **EXPLAIN BELOW**
7. Are there any pending investigations, litigation, claims or assessments against the organization that you are aware of? If yes, please explain below:
8. What percentage of your Board made a financial donation to your agency in the past year?
9. What percentage of your Board made an in-kind donation of their personal time to your agency in the last year? (Do not include board meetings)

ORGANIZATION COLLABORATION AND COMMUNITY INVOLVEMENT

1. Please list your community collaborators, both formal and informal.

2. How has your organization cooperated and worked with the Erath County United Way in the past year? Please check all that apply and expand on any of the identified areas.

- Workplace Campaign Event Volunteer Campaign Speaker Collaborator Other

3. List dates and descriptions of your annual fundraisers with the total raised.

Date	Description	Total Raised
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SECTION 1 ATTACHMENTS

Label each attachment and provide in the order listed.

- Texas Secretary of State Registration
- IRS 501(c)(3) Determination Letter
- Current Organizational Chart
- Current List of Board Members
- Current Agency By-Laws
- Copy of four (4) meeting minutes and sign-in sheet for the meeting held.
- This must include the minutes approving the budget.

SECTION 2

PROGRAM INFORMATION

Forms Completed _____ Applicant Initials

IMPACT AREA AND GOALS

Program Focus Area: (Please select the primary focus area that your program will address.)

Education — HELPING INDIVIDUALS ACHIEVE THEIR POTENTIAL

- Improving access to and providing quality, affordable childcare.
- Partnering with schools and parents to improve graduation rates.
- Providing before and after-school care, recreation, and mentoring programs for at-risk youth.
- Program that will enhance people’s education to help them obtain employment.
- Alternative education programs for youth to prevent unhealthy behaviors during unsupervised times.
- Program providing parenting skills or parent education.
- Program to engage youth to develop a good work ethic.
- _____

Income — HELPING FAMILIES BECOME STABLE AND INDEPENDENT

- Supporting basic/emergency needs (housing, financial & utility assistance, food/nutrition, clothing).
- Increase access to services, support & coordination of care through Information & Referral.
- Helping hardworking people obtain job training, placement, and family-sustaining wages.
- Increasing affordable housing for seniors and families.
- Program on financial education/budgeting.
- Program providing access to employment, i.e., transportation.
- Program to help people get all the tax credits they’re entitled to without paying high fees.
- _____

Health — IMPROVING PEOPLE’S HEALTH

- Increasing access to critical healthcare services.
- Reducing substance abuse, child abuse and domestic violence.
- Increasing health education and preventive care.
- Program providing access to healthcare, i.e., transportation.
- Program on cooking healthy, nutritious foods.
- Program to prevent obesity and promote health.
- _____

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PROGRAM INFORMATION

1. What does this program do and/or provide?

2. Why does your organization feel this program is necessary in Erath County? Please use existing organization data, waiting lists, US Census, or any other dependable research.

3. Are services to clients free of charge or fee-based? Free Fee-Based

If fee-based: flat fee sliding scale

If sliding scale, how is the fee determined?

What is the percentage of your clients who receive free services? _____

What is the percentage of your clients who pay reduced fees? _____

What is the per-client cost to administer this program (program expense divided by the *number of clients*)? _____

What is the average cost for a typical client to participate in your program? _____

PROGRAM SUSTAINABILITY

1. Please list other organizations (foundations, government agencies, etc.) from which you will be seeking funds for this program.

Name of Organization

Amount Requested

Amount/Date of Most Recent Award

2. What percentage of the program budget is from the Erath County United Way? _____%

3. How will your program operate if you only receive a portion of your requested funds? At what point would your program become inoperable?

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SUMMARY OF SERVICES PROVIDED

_____ = **Number of actual clients served in Erath County (*Unduplicated Count)**
 _____ = **Request for Services**

PLEASE COMPLETE THE INFORMATION FOR INDIVIDUAL CLIENTS ONLY

Age Group:	Under 6	
	6 thru 12	
	13 thru 17	
	18 thru 34	
	35 thru 54	
	55 thru 64	
	65 thru 74	
	75 thru 84	
	85 and over	
	Unknown	
TOTAL INDIVIDUALS (*Unduplicated Count):		*
Gender:	Male	
	Female	
	Unknown	
TOTAL INDIVIDUALS (*Unduplicated Count):		*

	NUMBER		NUMBER
Household Income:		Ethnic/Racial Background:	
\$0 thru \$11,999		White	
\$12,000 thru \$14,999		Black or African American	
\$15,000 thru \$24,999		Hispanic or Latino	
\$25,000 thru \$49,999		American Indian or Alaska Native	
\$50,000 thru \$74,999		Asian	
More than \$75,000		Native Hawaiian or Pacific Islander	
Unknown		Unknown	
TOTAL INDIVIDUALS: (*Unduplicated Count):	*	TOTAL INDIVIDUALS (*Unduplicated Count):	*

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SUMMARY OF SERVICES PROVIDED

List total number served in each area. Individuals may be counted in more than one focus area. Please include totals for each category (Education, Financial Stability/Income, and Health Care).

PROGRAMS BY FOCUS AREA	# SERVED
EDUCATION OPPORTUNITIES	
Training	
Clothing	
Parenting Skills / Education	
Life Skills	
Before & After-School Care	
Youth Skills / Work Ethic Level	
Counseling & Support	
Other (Please Explain)	

Programs By Focus Area	# Served
FINANCIAL STABILITY / INCOME	
Basic / Emergency Food	
Basic / Emergency Clothing	
Shelter	
Utility Assistance	
Emergency Protection	
Financial Education	
Tax Preparation Assistance	
Vouchers	
Other (Please Explain)	

PROGRAMS BY FOCUS AREA	# SERVED
HEALTH CARE	
Prescriptions	
Medical Fees	
Physical Fitness / Obesity Prevention	
Medical Equipment	
Dental	
Reduce Substance Abuse	
Reduce Child Abuse	
Reduce Domestic Violence	
Healthy Eating Programs	
Health Education / Preventative	
Transportation	
Other (Please Explain)	

PROGRAM OUTCOMES

This section is a proposal on the impact you hope to make with the funds you are requesting from ECUW.

It is not a report on prior activity. You may list as many bullet points as needed under each category.

Note: All information should be limited to program activities in the ECUW service area.

Inputs	Activities and Services	Outputs	Short and Long-Term Outcomes	Indicators
<i>Describe the funds that will be dedicated to this program in 2025.</i>	<i>What strategies, techniques, and types of service will you use to deliver the proposed program in 2025?</i>	<i>What volume of work do you propose to accomplish? Please list the number of unduplicated clients to be reached in 2025?</i>	<i>What benefits or changes for individuals or populations will occur during or after participating in program activities?</i>	<i>What specific data will you use to track and measure progress in achieving your outcomes?</i>

SECTION 3 FINANCIAL INFORMATION

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PROGRAM FUNDING SOURCES

Please complete the table with the most completed fiscal year financials. *All sources must add up to 100%*

Percentage	Funding Source
%	Government grants (federal, state, county, local)
%	Government contracts
%	Foundations
%	Business
%	Events (include event sponsorships)
%	Individual contributions
%	Fees/earned income
%	Workplace giving campaigns
%	In-kind contributions
%	Other (please explain below)
%	TOTAL (must equal 100%).

Other Contributions:

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AGENCY STAFF / PERSONNEL INFORMATION

In the table below, list current staff members, as well as any part-time or contract employees.

***Annual salary information is not optional and must include any other monetary compensation such as bonuses.**

Name	Title	Annual Salary*	Notes

Use Data from IRS Form 990

All partner agencies, including Erath County United Way itself, shall strive to maintain an administrative rate below 25%. This rate is calculated by dividing the agency's total Management Expenses and Fundraising from **Part 9 of the IRS Form 990**, by the total Revenue listed in Part 8.

In other words **Part 9, Item 25 Columns C+D/ Part 8, Item 12 Column A**

Please list your administrative rate: _____.

If your administrative rate is above 25%, according to the formula, please provide explanation:

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2024 / 2025 AGENCY FUNDING DETAILS

In the following section, please indicate in the how revenue received from Erath County United Way was spent in 2022. In the second column, show how you are projecting to spend ECUW funding in 2024.

	2024 ECUW Funding	
Amount Received from ECUW *		2025 ECUW Projected Funding
Expenses		
Salary and Benefits (include payroll tax)		
Administrative (building, utilities, etc.)		
Direct Program Supplies (Please list)		
Other (explain)		
TOTAL EXPENSES *must equal line 1 amount Agency received from ECUW		

FINANCIAL ATTACHMENTS

***FINANCIAL INFORMATION IS NOT OPTIONAL.
Label each attachment and provide in the order listed.***

BUDGETS. Include revenues and expenses.

- The organization's operating budget for the current fiscal year.
- Minutes from the board meeting when this budget was approved.
- Detailed budget for the upcoming fiscal year, if available.

CURRENT FINANCIAL STATEMENTS.

- 12-month** Statement of Financial Position (Balance Sheet)
- 12-month** Statement of Activities (Income and Expense Statement) through the most recently completed operating month available (must be within the past three months). Provide the Statement of Activities in a budget-to-actual format.

AUDIT AND SOURCES OF INCOME.

- Most recent fiscal year-end financial statements, audited if available. If you have an audit, make sure it has two years of financial information in it for comparison.

THE FOLLOWING DOCUMENTS ARE REQUIRED ACCORDING TO LEVEL OF REQUEST.

- \$1.00 to \$14,999.99:** Most recent financial statement **OR** bank statements with copies of checks, January – December 2023.
- \$15,000.00 to \$19,999.99:** Most recent professional accountant-prepared statement of financial position, compilation, review, or audit including a statement of activities and a comparative financial statement, if available
- \$20,000 to \$29,999.99:** Copy of Financial Review by third party
- \$30,000.00 and above:** Copy of Full Audit

IRS FORM 990

- Most current signed copy

NOTE: "Professional Accountant" means an entity separate from the agency, and one that customarily receives compensation for provision of their accounting services.

NOTE: Provide explanations for items that may raise questions in any of the attached financial documents. The explanations can be written onto the documents themselves or included as an additional page.

SECTION 4

REQUIREMENTS AND ASSURANCES

Forms Completed _____ Applicant Initials

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REQUIREMENTS

The organization agrees to the following:

- Agency with less than 12 months (one full calendar year) operating under 501 (c) (3), must apply for special review to be considered for funding.
- Strive to maintain an organization annual percentage for administration and fundraising expenses at or below 25%. If administrative and fundraising are greater than 25%, give a detailed explanation for consideration. (Refer to IRS Form 990 information provided on page 15)
- Agency adheres to the following BLACK OUT PERIOD, September 1 to October 31 of each calendar year.
 - No Community Fundraising, Promotions, Publicity, or Invitations will be sent during the BLACK OUT PERIOD.
 - Failure to comply with BLACK OUT PERIOD will result in reductions or cessation of remaining allocations for the calendar year and/or **possibly eliminate Agency from future funding cycles.**
- If approved for funding, the agency agrees to sign and return the ECUW Agency Agreement prior to the first allocation. **Funds WILL NOT be disbursed until the agreement has been signed and returned.**
- Support ECUW fundraising by promoting ECUW events on Agency Social Media pages.
- Include **ECUW Partner Agency logo and statement** “An Erath County United Way Partner Agency” on website, newspaper, newsletter, print ads, annual report, letterhead, posters and signage. Failure to comply may result in reductions or cessation of remaining allocations for the calendar year and/or **possibly eliminate Agency from future funding cycles.**
- Assist ECUW with workplace presentations or other areas that promote the United Way and the community we supported agency.
- Display ECUW participating agency/organization sign and poster at the place of business.
- Have an unpaid, volunteer Board of Directors who meet at least four (4) times per year.
- At least one member of the agency’s Board of Directors shall reside in Erath County.
- Complete information below to be listed in the Campaign Brochure.

Organization Name: _____

Phone Number: _____

Website: _____

Executive Director/ CEO/ CFO Signature _____ Date _____

Board President Signature _____ Date _____

APPLICANT ASSURANCES

- We affirm that the information in this application is true to the best of our knowledge.
- We affirm that the program(s) seeking United Way support are open to all eligible citizens regardless of race, color, sex, disability, religious affiliation or national origin.
- We affirm that neither religious education nor worship shall be supported by program funds, if granted.
- We affirm that the Erath County United Way may confer and share information regarding this application with other foundations and funding agencies as it relates to the programs identified within this application.
- We affirm that this Organization takes reasonable steps to certify against any fraud with respect to the provision of financial, technical, in-kind or other material support or resources to terrorists and terrorist organizations.
- 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).

Executive Director/ CEO/ CFO Signature _____ Date _____

Board President Signature _____ Date _____

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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:

- We affirm on behalf of this organization 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.

- We affirm that this Organization is not on any federal terrorism “watch list,” including the list in Executive Order 13224, the master list of specially designated nationals and blocked persons maintained by the Treasury Department, and the list of Foreign Terrorists Organizations maintained by the State Department.

- We affirm that this Organization does not, will not, and has not knowingly provided financial, technical, in-kind, or other material support or resources to any individual or entity that is a terrorist or terrorist organization or that supports or funds terrorism.

- We affirm that this Organization does not, will not, and has not knowingly provided or collected funds or provided material support or resources with the intention that such funds or material support or resources be used to carry out acts of terrorism.

- We affirm that this Organization does not, will not, and has not knowingly provided financial or material support or resources to any entity that has knowingly concealed the source of funds used to carry out terrorism or support Foreign Terrorist Organizations.

- We affirm that this Organization does not re-grant to organizations, individuals, programs, and/or projects outside the United States of America without compliance with IRS guidelines.

- We affirm that this Organization takes reasonable, affirmative steps to ensure that any funds or resources distributed or processed do not fund terrorism or terrorist organizations.

Executive Director/ CEO/ CFO Signature _____ Date _____

Board President Signature _____ Date _____

SECTION 5

APPLICATION NARRATIVE

APPLICATION NARRATIVE

There is a 2-page limit. Use 12-point font with 1-inch margins and include the HEADING provided for each question. It is not necessary to repeat the questions in the narrative.

- 1. ORGANIZATION BACKGROUND.** Tell us about your organization and why was it established. Explain how your goals have changed over time.
- 2. PROGRAM OR PROJECT EXPLANATION. DESCRIBE IN NARRATIVE FORM THE INFORMATION PROVIDED ON PAGE 12.**
 - a) Choose ONE of United Way’s Impact Areas and Goals where your program fits best and state it here. (From page 12 of application)
 - b) Be specific in outlining your objectives for the project and how those objectives will be measured. If the objectives are tied to larger community planning or impact areas, specify how the objectives are to be measured in the community.
 - c) Detail activities to be covered by this funding.
- 3. BOARD/GOVERNANCE.** List your Board Members and describe their role on the board of directors.
- 4. VOLUNTEERS.** Describe how the organization involves volunteers and unpaid personnel (other than the board of directors) within a typical 12-month time period. Include number of volunteers and hours (if tracked by the organization).
- 5. PLANNING.** Describe the challenges and opportunities facing the organization in the next three to five years. Be sure to describe how the organization engages in organizational planning and describe the focus of any current planning efforts.
- 6. SUCCESS STORY.** Include a story of a client you successfully helped with one of your programs or projects or describe how your program is meeting a very important need in your community. Write this portion of the application like a “sales pitch” that could be used to show the importance of your program to others in the community. Please change names of clients to protect their anonymity.