



## 2019 Application for Funding

United Way of Navarro County (UWNC) has the responsibility to our community and to our donors to identify and address the community's most critical needs. To that end, UWNC conducted a Navarro County Community Needs Assessment in conjunction with UT Arlington School of Social Work. The following have been identified as areas of concern:

- Meeting Basic Needs
- Developing Children and Youth
- Strengthening Families
- Caring for People in Crisis

Please see the Community Assessment reports to identify specific needs within these broad categories. Both the Brief Summary of Findings and the full Final Report are available at the web site at [www.unitedwayofnavarrocounty.com](http://www.unitedwayofnavarrocounty.com). Printed Brief Summary reports are also available at our office.

UWNC seeks to fund Programs that address the most critical needs in the community. Funded Programs should achieve measurable results and meaningful outcomes for our citizens. Therefore, funding priority will be given to Programs that meet the most critical needs. Additionally, UWNC seeks to fund Programs that target addressing root causes, rather than symptoms, of identified needs. **For 2019, each agency must complete a separate Program Funding Proposal for each Program for which funding is requested.**

**Please attach the following:**

- **Latest Form 990 and independent audit, if your revenue is more than \$750,000 per year.**
- **Latest Form 990 and auditor's financial review, if revenue is more than \$100,000 and less than \$750,000.**
- **Latest 990 and internal financial statements if revenue is less than \$100,000.**
- **List of Board of Directors and Officers**
- **Financial best policies and procedures (or answer applicable questions within application)**
- **Proof of Board of Director liability insurance**
- **Copy of the IRS 501(c) (3) determination letter and Agency by-laws.**

**All applications must be submitted by 3:00 p.m. Monday, July 2nd.**

**Incomplete applications and applications received after the July 2, 2018 deadline will not be considered for 2019 funding.**



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

Chief Professional Officer (paid staff) \_\_\_\_\_

Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone/Fax \_\_\_\_\_

Email address \_\_\_\_\_

Web Site \_\_\_\_\_

Chief Volunteer Officer/Title (President of Board) \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone/Fax \_\_\_\_\_

Email Address \_\_\_\_\_

Phone/Fax \_\_\_\_\_

Email Address \_\_\_\_\_

Name of person who prepared this application \_\_\_\_\_

Our agency, staff and board have thoroughly reviewed the criteria and procedures of the application process and have familiarized ourselves with the various terms and conditions associated with United Way of Navarro County funding. Our agency's proposed 2019 submitted budget is accurate and complete. We have reviewed, read and will comply with restrictions and guidelines of the following:

**Blackout Policy \_\_\_\_\_ (initial)      Quarterly Reports \_\_\_\_\_ (initial)**

Agency's board and staff pledge to encourage our employees to support United Way of Navarro County by contributing funds and, if asked, their time to the United Way Campaign. **\_\_\_\_\_ (initial)**

*The signatures below reflect our agency's assurance to abide by all such terms and conditions if accepted for 2018 funding.*

\_\_\_\_\_  
*Signature of Agency Director*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Board President*

\_\_\_\_\_  
*Date*



## UNITED WAY OF NAVARRO COUNTY PROGRAM FUNDING PROPOSAL

*Please complete a separate Program Funding Proposal for each program.*

Program: \_\_\_\_\_

Program Contact (Name and Title): \_\_\_\_\_

Program Category:  Meeting Basic Needs  Developing Children & Youth

Strengthening Families  Caring for People in Crisis

Total Program Budget: \_\_\_\_\_ Amount Requested from UWNC: \_\_\_\_\_

Is the Program:  New  Existing

1. Specify the dates of your fiscal year. \_\_\_\_\_
2. Within the last 5 years, has your organization ended 2 or more fiscal years with an operating deficit?  
**If yes, attach a separate sheet explaining each situation and the strategies employed to eliminate the deficit.**
3. How often does your board of directors meet?
4. Does your board of directors rotate? What is the term and rotation schedule?
5. How often does your board review financials?
6. If you have not attached a copy of your financial best practices & procedures, please explain the following:
  1. Who can sign checks? How many signatures are required?
  2. Who reviews invoices?
  3. What is your cash procedure?
  4. Who reviews your bank statement and monthly reconciliation?
  5. Who makes deposits?
  6. What is your reimbursement procedure (if applicable)?
7. Briefly describe your Program:



8. Describe the community needs your Program addresses (as identified in the Community Needs Assessment):
  
9. Who will be served by this Program (target population)?
10. What are your specific Program goals?
  
11. What actions will you take to implement the Program?
  
12. How will you measure the outcomes of the Program?
  
13. At what period of time will you make an assessment of outcomes? (Weekly, Monthly, Yearly)
  
14. What are the intended qualitative and quantitative outcomes for Program activities?
  
15. If this is a previously funded program, what was the outcome?
  
16. Does your agency charge fees for services from this Program?  Yes  No
17. If yes, what services have fees and how are they assessed?
18. Do any of the services you provide require licensing of your staff or facility?  Yes  No
19. If yes what licenses are required and does your agency staff possess such current licensing?



**PROGRAM DATA SUMMARY**

	TOTAL UNDUPLICATED COUNT OF INDIVIDUALS ASSISTED	Previous Year	Current Year Actual to Date	Projected Next Year
<b>GENDER</b>	Number of Males			
	Number of Females			
<b>ETHNICITY</b>	Number of Caucasians			
	Number of African American			
	Number of Hispanic			
	Number of Asian			
	Other:			
	Other:			
<b>AGE</b>	Number of Infants/Toddlers (Birth to 4)			
	Number of School Aged Children (5 - 12)			
	Number of Teens (13 - 18)			
	Number of Young Adults (19 - 25)			
	Number of Adults (26 - 55)			
	Number of Seniors (56 and up)			

**PROGRAM STAFF DATA SUMMARY**

Total Paid Full Time Equivalent (FTE) Staff Working in Program	
Total Paid Part Time Staff Working in Program	

**PROGRAM COST SUMMARY RATIOS**

Cost Per Unduplicated Individual Served (Total Program Cost/Total Proposed Unduplicated Individuals Served)	
Number of Unduplicated Individuals Served Per Paid FTE Staff Member (Total Unduplicated Individuals Served/Total FTE Staff)	



Previous Year  
(Actual)

Current Year  
(Proposed)

Next Year  
(Proposed)

<b>REVENUE</b>			
Program Fees	\$	\$	\$
Sales	\$	\$	\$
Other Earned Income	\$	\$	\$
Fundraising	\$	\$	\$
Individual Contributions	\$	\$	\$
Grants	\$	\$	\$
Foundations	\$	\$	\$
Membership Dues	\$	\$	\$
United Way of NC	\$	\$	\$
<b>TOTAL REVENUE</b>	\$	\$	\$

<b>EXPENSES</b>			
Salaries	\$	\$	\$
Employee Benefits	\$	\$	\$
Payroll Taxes	\$	\$	\$
Travel & Transportation	\$	\$	\$
Professional Fees	\$	\$	\$
Occupancy	\$	\$	\$
Subcontracting	\$	\$	\$
Supplies	\$	\$	\$
Telephone	\$	\$	\$
Postage & Shipping	\$	\$	\$
Equipment Rental Maint.	\$	\$	\$
Printing	\$	\$	\$
Conventions/Seminars	\$	\$	\$
Membership Dues	\$	\$	\$
Insurance	\$	\$	\$
Misc. (attach detail)	\$	\$	\$
<b>TOTAL EXPENSES</b>	\$	\$	\$
<b>Net Operating Income (Loss)</b>	\$	\$	\$
Debt Reduction	\$	\$	\$
Capital Expenditures	\$	\$	\$
Payment to Affiliates	\$	\$	\$
<b>NET INCOME (LOSS)</b>	\$	\$	\$

Comments:



1. Briefly describe how your agency is unique. Identify services or programs your agency provides that are not offered elsewhere in our county.
  
2. Accessibility: Open  days per week from  to
3. Is your location accessible to persons with disabilities?  Yes  No
4. Does your physical facility meet all applicable state, city and county health and safety regulations?  
 Yes  No If no, explain.
  
5. Does your agency comply with City Ordinance 2021, regarding prohibitions against smoking in public places?  Yes  No If no, explain.
  
6. Please list and explain any anticipated changes in your funding sources.
  
7. If your agency experienced a significant decrease in total funding, what program/staffing elements would most likely be changed and how?
  
8. Describe any significant non-recurring activities which have influenced or will influence your budget. Include any planned expenditure of money shown as reserves on the budget form attached.
  
9. Please list all reserve funds and restricted funds (CD, Money Market accounts, bonds, etc.) and specify the long range or operational uses for which they are designated. Also please designate restricted and non-restricted funds.



10. Are your agency's services targeted to a specific age, sex, race, or religion? If so, how?

11. Geographical service area if known:

% served residing in Corsicana

% served residing in Dawson, Kerens, Frost, Blooming Grove and Rice (Rural Navarro County)

% served residing outside Navarro County

If so what counties \_\_\_\_\_





**AGENCY FINANCIAL INFORMATION**

Please provide data for your Agency's Normal Fiscal Year.

**Previous Year  
(Actual)**

**Current Year  
(Proposed)**

**Next Year  
(Proposed)**

<b>REVENUE</b>			
Program Fees	\$	\$	\$
Interest	\$	\$	\$
Sales	\$	\$	\$
Other Earned Income	\$	\$	\$
Fundraising (Det on p 4)	\$	\$	\$
Individual Contributions	\$	\$	\$
Membership Dues	\$	\$	\$
Prior Year Carryover	\$	\$	\$
United Way of NC	\$	\$	\$
<b>TOTAL REVENUE</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

<b>EXPENSES</b>			
Salaries	\$	\$	\$
Employee Benefits	\$	\$	\$
Payroll Taxes	\$	\$	\$
Travel & Transportation	\$	\$	\$
Professional Fees	\$	\$	\$
Occupancy	\$	\$	\$
Subcontracting	\$	\$	\$
Supplies	\$	\$	\$
Telephone	\$	\$	\$
Postage & Shipping	\$	\$	\$
Equipment Rental Maint.	\$	\$	\$
Printing	\$	\$	\$
Conventions/Seminars	\$	\$	\$
Membership Dues	\$	\$	\$
Insurance	\$	\$	\$
Misc. (attach detail)	\$	\$	\$
<b>TOTAL EXPENSES</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>
<b>Net Income (Loss)</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>
<b>Beginning Reserve</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>
<b>Ending Reserve</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>



**AGENCY FUNDRAISING DETAILS**

	<u>Actual</u>	<u>Actual &amp; Planned</u>	<u>Planned</u>
<b>Government Grants</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

	<b>2017</b>	<b>2018</b>	<b>2019</b>
<b>Private Grants (Foundations / Trusts)</b>			
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

	<b>2017</b>	<b>2018</b>	<b>2019</b>
<b>Corporate Grants</b>			
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

	<b>2017</b>	<b>2018</b>	<b>2019</b>
<b>Special Events (include dates)</b>			
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$



## 2019 Agency Reporting Requirements

**United Way of Navarro County Partner Agencies are asked to adhere to the following reporting requirements during the 2018 funding year:**

- Maintain complete and accurate records, both financial and service, documenting all revenues and expenditures;
- Allow the United Way of Navarro County the right to review Agency books and records;
- Submit quarterly reports the last working day of the month in April, July, October, and January. Late or incomplete reports may affect 2018 funding;
- Assure a complete accounting for all United Way funds received and spent, and agree to promptly return to the United Way any improperly expended United Way funds at the end of the funding period;
- Sign and submit Agency Acceptance of Allocation form and Counterterrorism Compliance by September 30, 2016. (Counterterrorism Compliance form per Executive Order 13224, as amended by the Patriot Act).

Agencies must agree to the following blackout policy: “In order to maintain the integrity of the United Way of Navarro County (UWNC) campaign, member agencies shall refrain from solicitation of funds or any attempt to raise money during the “Blackout Period” of September 1<sup>st</sup> to December 1<sup>st</sup> in order to minimize competition with the annual United Way appeal. Solicitation of funds includes but is not limited to any events, mailings, promotions, concerts, tournaments, dinners, or galas that are specifically designed to raise funds for the member agency.”

Any such actions during the Blackout Period shall be considered a violation of the Member Agency’s Reporting Requirements and can result in being disqualified from obtaining funds, and those actions will be taken into consideration in future funding.

Reasons for exceptions are limited to national fundraisers that agencies must participate in to comply with their membership requirements (e.g. Girl Scout cookie sale, Boy Scout popcorn and wreath sale, Salvation Army bell ringers).” Exceptions to the blackout period will require United Way Board of Directors’ approval.

We acknowledge and agree to the reporting requirements set forth by the United Way of Navarro County:

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Signature

Title of Applicant