Please utilize the checklist below to ensure that you have all requested documentation before submitting the funding application to United Way of East/Central Texas. Also outlined are the key dates for the application process, presentation and allocation notification timing.

Timing of Events:

* August 31, 2018 by 4 p.m. – Deadline for 2019 Community Investment Funding Application to be returned to United Way of East/ Central Texas.
* September 17, 2018 – Allocation Committee compiles presentation schedule and notifies agencies of their allotted presentation time.
* October 15, 2018 – United Way of East/Central Texas Board of Directors meets to review 2017 allocation recommendations.
* October 19, 2018 – Allocation Award Notification Letters mailed.

Requirements:

* Minimum grant request $1000.00.
* Submit 1 original and 10 copies of the application. The original needs to be clearly marked.
* Attach 1 complete list of current Board of Directors with email and phone contact information.
* Attach 1 copy of your agency’s 2017, 990 Tax Return.
* Attach 1 copy of your agency’s IRS non-profit 501(c) (3) determination letter.
* Attach 1 copy of your agency’s YTD Financial statements.
* Copy double-sided, collate and punched for three-hole notebooks. DO NOT BIND, STAPLE OR PLACE IN INDIVIDUAL NOTEBOOKS. Complete packets may be mailed to P.O. Box 35, Palestine, TX 75802 or hand delivered to *Richard Jones at 1000 N. Church St., Palestine, Texas 75801* **by the specified deadline of August 31, 2018**. The delivery of this packet is the responsibility of the applicant. No extensions will be granted. Late or incomplete packets will not be accepted. The date for agency presentation to the board will be determined and applicants will be contacted.

Title of Program:

Agency Name:

Federal Tax ID#:

Email Address:

Website:

Contact Person:       Title:

Telephone:       Fax:

Mailing Address:

City/State/Zip:

Physical Address:

City/State/Zip:

Two signatures are required for this application. Signatures should be Chief Professional Officer and one of two Board Members, either the Board Chairman or Board Treasurer. Signatures are an indication that the applicant agency understands the application and the Grant Policies of United Way of East/Central Texas.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Typed Name:

 President/Chief Volunteer Officer

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Typed Name:

 Treasurer/Chief Volunteer Fiscal Officer

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Typed Name:

 Executive Director/Chief Professional Officer

By signing you are affirming that your organization is a 501c(3) nonprofit organization, registered and incorporated in Texas and that your organization will comply with the United Way of East/Central Texas Grant Guidelines sent with this application.

**Funding Request**

**Amount Requested for 2019: $**

**Amount Received in 2018: $**

How does your agency specifically plan to use its United Way Grant?

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**Agency Data and Program Narrative**

**Focus Area** (Please select the primary focus area that your Agency will address.)

**❑ Education — HELPING INDIVIDUALS ACHIEVE THEIR POTENTIAL**

* Improving access to and providing quality, affordable child care.
* 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 obtain employment.
* Alternative education program for youth to prevent unhealthy behaviors during unsupervised times.
* Program providing parenting skills or parent education.
* Program to engage youth to develop good work ethic.
* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**❑ Income — HELPING FAMILIES BECOME STABLE AND INDEPENDENT**

* Supporting basic/emergency needs (housing, financial & utility assistance, food/nutrition, and 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 are 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 preventative care.
* Program providing access to healthcare; i.e. transportation.
* Program on cooking healthy, nutritious foods.
* Program to prevent obesity and promote health.
* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
1. In a narrative format please describe your agency’s mission, the objective of your program, how the program is evaluated and how the success rate of the program is determined.

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1. What are your outcome objectives for the proposed program? Describe how your organization will make a measurable/achievable difference in the lives of the people you serve. (Identify anticipated changes in behavior, situations, conditions or knowledge.)

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1. Target population served

a. No. of individuals served per month

1. Average cost per person served
2. Average age served
3. Number of current volunteers
4. Economic level of clients

      % low income

      % middle income

      % high income

1. Total number of paid staff
2. Staff full time equivalents
3. What programs or services did your agency provide last fiscal year that were specifically funded by

United Way dollars?

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1. Is there a waiting list for services? [ ]  YES [ ]  NO

 If yes: how many people       for how long?

1. Has your organization refused help/service to anyone? If yes, for what reason?

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**Agency Support History**

1. How many years has your agency operated in Anderson, Freestone, Leon or Limestone County?
2. Number year’s your agency has received funding from United Way of East/Central Texas?
3. What percent of your total revenues was received from other United Ways (if any)?      %
4. Please list the total number of people directly served during 2017 in each county:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Anderson | Freestone | Limestone | Leon | Other\_\_\_\_\_\_\_\_ |
| Total |       |       |       |       |       |

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ÷ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ = \_\_\_\_\_\_\_\_\_% for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mgmt. and Gen. + Fundraising Expenses Total Revenue FRA Form 990**

*“Functional Expenses” on Page 10 of the Form 990 “Total Revenue” on Page 9, (Carry out 2 decimal places)* **Fiscal Date/Year**

 *Line 25, Columns C + D*

Note: **Your FRA shall not exceed 25%.** Any application with FRA over 25% will be automatically denied.

1. List the major sources of revenue for your agency outside of state and federal funding:

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1. What percent of your funding was from United Way of East/Central Texas (of total revenue)?      %
2. Does your agency plan to expand services or programs in the coming year? [ ]  YES [ ]  NO

Please explain briefly:

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1. Does your agency obtain any outside financial review?       (If yes, please attach with application)
2. List 2 supplemental fund-raising activities: (Please attach additional sheet if necessary)

Activity:

When:

Where:

Activity:

When:

Where:

1. What are your agency’s plans for financing 2019 programs?

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1. What new sources of non-United Way revenue are projected for next year?

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1. If you have a fee for services, is it based on sliding fee scale or a flat fee?

[ ]  Sliding Fee Scale [ ]  Flat fee

**Long Range Planning**

1. What are your agency’s goals for the coming year?

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1. What new or different programs/services does your agency contemplate providing next year?

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1. What do you expect will be the two or three most critical issues/challenges facing your agency in the next few years?

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**Marketing Support**

Promotion and support of the United Way of East/Central Texas throughout the year and during the annual fund-raising campaign by our agencies is crucial to the success of United Way and the success of our partner agencies. From the list below please check mark what your agency will do in support of United Way of East/Central Texas.

* Participate in campaign kick-offs
* Participate in workplace campaigns
* Partner with United Way of East/Central Texas for a Community Impact Project
* Link your web page to UWECTX’s Facebook page
* Food Packaging Event
* Literacy Festival

Please provide a minimum of one example for each of the following:

(Think of practical examples that might impact a donor’s decision to give generously – for example...)

**Less than $1 per week ($50)** provides a week’s worth of emergency food for xx families

**Less than $2 per week ($100)** provides xx nights of safe housing

**Less than $5 per week ($250)** delivers hot meals to xx senior citizens

**Less than $10 per week ($500)** allows xx at-risk girls to attend an outreach program for 12 mos.

**Less than $25 per week ($1,000)** provides 9 months of after school care for xx at-risk youth

**Less than $1 per week ($50 a year) provides:**

|  |
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**Less than $5 per week ($250 a year) provides:**

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**Less than $10 per week ($500 a year) provides:**

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**Less than $25 per week ($1,000 a year) provides:**

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Please list examples of marketing materials used that include United Way logo. (Attach copies of the materials.)

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### Outcome Success Story

Choose one of the program’s outcomes that you want to illustrate in a success story. State this outcome below as you would want it communicated to the public. Please choose a story that has not yet been published in print if possible. Please include actual data.

Example:

Goal: Readiness to succeed in school. Outcome (Intended Result): Children enter school developmentally on track in the areas of literacy and social, emotional and intellectual skills. Indicator: % of 3 to 5 year olds with 3 of 4 school readiness skills(recognize letters, count to 20 or higher, write their names, read or pretend to read.

Provide a success story based on the above outcome. The story should illustrate your program’s effect on a **single client**. Do not use the client’s real name or provide information that could identify the client. Again, please choose a story that has not already been published. Limit your response to this page.