



2020 REQUEST FOR PROGRAM FUNDING

AGENCY _____

ADDRESS _____

PHONE _____ FAX _____

EXECUTIVE _____ E-MAIL _____

We, the undersigned, acting on behalf of _____, submit the attached information as a basis for requesting an allocation in the total amount of \$_____, from the United Way of Parker County (UWPC) for the 12 month period of April 1, 2020 – March 31, 2021.

Submission of this allocation request will serve as an agreement to operate within the spirit and letter of the United Way of Parker County Annual Statement of Agreement provided in this packet.

Executive	_____	_____
	Print Name & Date	Signature

Board President	_____	_____
	Print Name & Date	Signature

Board Treasurer	_____	_____
	Print Name & Date	Signature

P.O. Box 1476 • Weatherford, Texas 76086
817.596.5986



ADMISSION CRITERIA

The applying Agency shall:

- **Agree to comply with the Annual Statement of Agreement between the applying agency and the United Way of Parker County (UWPC).**
- Be incorporated as a not-for-profit 501(C) 3 tax organization and registered with the Texas Secretary of State.
- Have bylaws that clearly define the agency's purpose, duties and authority and the responsibilities of the governing body.
- Have an unpaid Board of Directors who meet at least quarterly, sets policies, has representation from the United Way of Parker County service area, and implements a board term rotation policy.
- Cooperate with other social service agencies in promoting effective, efficient service, with lack of duplication in service delivery system.
- Obtain support, financial and/or in kind, other than United Way funding.
- Provide a valid human service or program available to all Parker County residents that meet a genuine community need and addresses current problems of high priority.
- Have provided the program or service to Parker County residents for the immediate 12 months prior to the submission of funding application.
- Provide the program or service to clients regardless of race, color, national origin, gender, religious affiliation or disability.

Programs ineligible for funding:

- a. Those that are primarily political in nature, including agencies that exist solely as advocates for special interest groups.
- b. Those that provide services only to the members of a particular religious group, or which exist solely to advocate particular religious beliefs.
- c. Those that exist solely as a forum for the presentation of cultural or artistic achievements.
- d. Any others that the United Way of Parker County Board considers inappropriate.

The United Way of Parker County will be responsible for applying the admission criteria fairly and consistently. United Way of Parker County Board decisions are final.



REQUIRED DOCUMENTS

In order to be considered for funding from the United Way of Parker County (UWPC) for the 2020 fiscal year, the following documents must be provided:

1 packet marked "OFFICE COPIES", submitted in a 1" or 1 ½" white 3 ring binder

MUST include the following:

1. Copy of IRS letter granting your 501 (c) 3 status
2. Copy of registration with the Texas Secretary of State
3. Copy of current by-laws
4. Agency Agreement (enclosed, page 4)
5. Annual Statement of Agreement (enclosed, pages 5, 6 and 7)
6. Board of Directors 2020 meeting schedule and list of current board members
7. Anti-Terrorism Compliance Measures. (enclosed, page 8)
8. Program Summary form. (enclosed, page 9)
9. Program Budget form and requested schedules. (enclosed, page 10)
10. Copy of most recent IRS 990
11. Copy of the most recent completed annual financial statements (audit preferred if available)
12. Form A: Service Data (enclosed, pages 13 and 14)
13. Form B: Publicity & Marketing (enclosed, page 15)

16 ALLOCATION COMMITTEE PACKETS, submitted in 16 individual pocket folders (NO BRADS) MUST include ONLY the following:

1. Completed Request for Program Funding form. (enclosed, page 1)
2. Completed Program Summary form. (enclosed, page 9)
3. Completed Program Budget form and requested schedules. (enclosed, page 10)
4. Copy of most recent IRS 990. (pages 1 through 3 only)
5. Copy of the most recent completed annual financial statements (audit preferred if available)

**FAILURE TO INCLUDE ANY OF THIS INFORMATION WILL RESULT IN
REJECTION OF YOUR APPLICATION.**

Application Deadline is FRIDAY, FEBRUARY 7, 2020



Agency Agreement

If accepted as a partner agency of the United Way of Parker County
_____ hereby agrees:

1. To provide health and human care to Parker County residents;
2. To accept the apportionment of funds awarded by the Allocation Committee and approved by the Board of Directors;
3. To be registered with IRS as a 501 (c) (3) organization, and registered with the Texas Secretary of State as a nonprofit organization;
4. To maintain a responsible management, with a qualified board of unpaid directors. The board shall meet at least four times a year and agree to provide the Allocation Committee with quarterly updates on the use of allocated funds. The Executive Board of the United Way is authorized to define the requirements of a "responsible management";
5. To have a financial management system that meets the basic standards of accounting, including (but not limited to) a compiled annual financial report, annual completion of IRS 990; monthly financial reports to the agency board; and to submit to United Way of Parker County such information and in such a form as the Board of Directors and the Allocation Committee may require;
6. To provide services to all residents of Parker County, who meet agency program guidelines;
7. To assist in the annual United Way fundraising campaign; examples: Little Black Dress, Peach Pedal, Parker County United, etc.;
8. To support and promote this United Way partnership by including the United Way logo on all materials disbursed by the partner agency to the general public, on press releases, solicitations, media releases, brochures and advertising;
9. To assure that programs are not primarily religious or political in nature; and to cooperate with other social agencies in promoting effective service, efficiency and economy of administration.
 - A. This agency understands that failure to meet any of these basic standards as stated by the United Way of Parker County may result in reduction or loss of funding.
 - B. This agency understands that by accepting United Way of Parker County funds, UWPC has the right to use your agency's name in our marketing materials.
 - C. Because community needs change and fundraising results cannot be predicted accurately, this agency understands that United Way of Parker County can make no guarantees of ongoing funding and may reduce or withdraw funding at any time.

(Signed) _____
(Title) _____

(Print Name) _____
(Date) _____



ANNUAL STATEMENT OF AGREEMENT

Between
United Way of Parker County
and

For the period beginning
April 1, 2020 through March 31, 2021

The purpose of this agreement is to define a cooperative and mutually beneficial relationship between the United Way of Parker County (UWPC) and its Partner Agencies. This agreement must be signed annually by both parties before allocations may be released. Dispersal of funds will be made based on fund availability.

GENERAL PRINCIPLES

- A. The UWPC and the Agency will work together during the UWPC Annual Campaign. The UWPC will seek the support of the Agency and the Agency will provide assistance as requested examples: Peach Pedal and Little Black Dress.**
- B. The UWPC and the Agency agree to conduct operations based upon sound budget controls and fiscal procedures.
- C. The UWPC and the Agency agree to maintain a policy of “non-discrimination” in compliance with Federal and State guidelines and/or regulations.
- D. A Program is defined as a set of related activities and outputs directed at common or closely related purposes that a meaningful portion of the agency’s resources are dedicated to achieving.
- E. This agreement shall be in effect for one year, commencing on April 1, 2020.

THE UNITED WAY of PARKER COUNTY AGREES:

- A. Approved allocations to the agency for fiscal year 2019 shall be made on a quarterly basis, typically payable in April, August, November, and February pending review of the required quarterly reports from the Agency. UWPC may call meetings with the Agencies during the quarterly review process.
- B. To honor donor-designated pledges to agencies. Designations to UWPC Partner Agencies will be paid as part of their regular allocations divided among payments they receive during the year.
- C. The UWPC Executive Director will hold meetings with Agency Directors, as needed.
- D. To promote and support the Agency and Agency programs/services throughout Parker County.
- E. To extend to the Agency the benefit of UWPC experience and assistance, as requested.
- F. To give the Agency adequate notification and time to prepare quarterly reports, assist with fundraising and the allocation process.

THE AGENCY AGREES:

- A. To maintain “responsible management”. To be governed by a qualified board of unpaid directors, which shall meet at least four times a year. The Executive Committee of the UWPC is authorized to determine “responsible management.”
- B. To operate sound financial practice meeting the basic standards of accounting. Provide when and as requested a compiled annual financial report, including but not limited to: annual IRS 990 and monthly financial reports submitted to the Agency board.
- C. To cooperate with other agencies within Parker County to prevent duplication and promote coordination and efficiency. To offer a program providing health and human service to all eligible residents of Parker County.
- D. The Agency will provide copies of registration with the IRS as a 501 (c) (3) organization and with the Texas Secretary of State as a nonprofit organization.
- E. To display the logo of the United Way on all solicitations, fundraisers and printed materials dispersed to the general public by the Agency. The Agency will be presented as a United Way partner agency in all public presentations.
- F. To notify the UWPC in writing of any major changes to its program or its ability to carry out its mission. This includes the start of new services, especially those that are significantly funded with UWPC dollars.
- G. To present to the UWPC its funding request for that fiscal year together with such background information and materials as required by the UWPC Allocations Committee.
- H. To provide completed UWPC quarterly report forms to the UWPC office. Reports will be due in July, October, January and April on the 15th of the month.
- I. To use no funds allocated to the Agency from the UWPC for any activity, service or program other than that for which it was granted.
- J. Unexpended allocated funds in excess of \$500 will be returned to the UWPC.
- K. To refrain from participating in or planning Agency fund raising events during the UWPC annual fund raising events; examples include Peach Pedal (July) and Little Black Dress (February).**
- L. Requests for exceptions to fund raising blackout should be submitted to UWPC in writing at least 90 days (or as soon as practical) prior to the event. The Agency understands that any fund raising events held during UWPC events may affect the total dollars raised for and during the UWPC annual campaign, potentially affecting funds available for Agency programs.**
- M. Should the Agency receive funds from fund raising events held during the blackout period, the Agency will provide to the UWPC a report listing the amount of funds received.**

THE UNITED WAY OF PARKER COUNTY AND THE AGENCY AGREE:

- A. The UWPC and the Agency agree that in the event the UWPC is unable to meet its fundraising goal, or is otherwise unable to meet its financial obligations, the Agency may or may not receive funding as determined by the UWPC Board of Directors.
- B. To maintain responsible management, a governing board and staff to administer its programs and/or services.
- C. The UWPC will conduct thorough allocation hearings during which citizen volunteers working with the UWPC Board Members will interview each qualified Agency. The number of representatives attending the allocation hearings on behalf of the Agency shall be no more than **four** people. Representatives should be qualified to answer questions regarding the Agency's operation and budget, program features, etc.
- D. The Allocation Committee will recommend to the UWPC Board of Directors the funding level for each Agency to the UWPC Board of Directors. The Allocation Committee's recommendations shall be subject to the approval of the UWPC Board of Directors.
- E. The Agency will appear before the Allocation Committee when requested by the Allocation Committee Chairman.
- F. The spirit of this agreement is one of complete cooperation between the parties in order to best serve all citizens of Parker County, Texas.**
- G. Breach by the Agency of any provisions of this agreement may result in termination of this contract or reduction of allocation by the UWPC.

UNITED WAY OF PARKER COUNTY

AGENCY

_____/_____
President, Board of Directors Date

_____/_____
President, Board of Directors Date

_____/_____
Chairman, Allocations Date

_____/_____
Executive Director Date

UWPC Board Approved 12/09/08



ANTI-TERRORISM COMPLIANCE MEASURES

In compliance with the USA PATRIOT ACT and other counterterrorism laws, the United Way of Parker County requires that each agency certify the following:

“I hereby certify on behalf of _____
that all 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: _____

**UNITED WAY OF PARKER COUNTY
2020 Program Summary**

(Please use 10 point font or greater to complete in the space provided)

Program Name: _____

Organization Name: _____

E.I.N. # _____ **Contact Person:** _____

Title: _____ **Email:** _____

Address _____ **Phone** _____ **Fax** _____

Amount requested for this program for 2020: _____ **% of Total Program Budget:** _____

Estimated # of unduplicated Parker Co. residents to be served 2020: _____

Unit cost per Parker County resident served \$ _____

Check ONLY One Program Area:

☐

Income & Crisis

☐

Education & Youth

☐

Health & Wellness

☐

Seniors/Elderly

Expected Results of this program:

A brief summary of the program is as follows:

This proposal was considered and approved on the _____ day of _____, 2020.

Signed: _____

Signed: _____

Type name: _____

Organization Board Chair

Type name: _____

Organization Executive Director

Date received by United Way: _____

2020 PROGRAM BUDGET FORM

Program Name: _____ Organization Fiscal Year: _____
 Organization Name: _____ Dates of program operation: _____

PROGRAM BUDGET

PROGRAM REVENUE specific to program for which you seek funding	Actual 2018	Y-t-D 2019	Projected Year End	Budgeted 2020
1. United Way Grant				
2. Federal Grants				
3. Government Support				
4. Foundations/Private Grants*				
5. In-Kind Support*				
6. Client/Program Service Fees				
7. Contributions				
8. Other Revenue*				
9. Interest/Investment Income				
TOTAL PROGRAM REVENUE				

* Provide sources on a separate page

PROGRAM EXPENSES specific to program for which you seek funding	Actual 2018	Y-t-D 2019	Projected Year End	Budgeted 2020
1. Salaries (program staff)				
2. Benefits/Taxes (program staff)				
3. Professional Fees				
4. Supplies				
5. Travel				
6. Communication (phone, fax, e/mail)				
7. Occupancy/Utilities				
8. Payment to Affiliates				
9. Major Property/Equipment Acquisition				
10. Conference/Training				
11. Administration (specific to this program)				
12. Other*				
13.				
TOTAL PROGRAM EXPENSES				

*If program runs at a deficit, please explain on separate page.

Units of Service	Actual 2018	Y-t-D 2019	Projected Year End	Estimated 2020
Units of service delivered				
Number of people served by units of service				
Unduplicated count of people served				

VOLUNTEER UTILIZATION	Actual 2018	Y-t-D 2019	Projected Year End	Estimated 2020
# of Volunteers Used in the Program				
# of Volunteer Hours				

From your most current IRS Form 990, what percent of your organization's expenses are administrative costs? _____

Program Budget Form
 UWPC Board Approved 12/09/08



**United Way of Parker County
2020 Quarterly Report Form**

Program Name: _____ Organization Fiscal Year: _____
 Organization Name: _____ UWPC Allocation: _____

One quarterly report form is required for each program receiving United Way funding. You must use this form. Include all revenue from all sources and all expenses **associated with the United Way funded program only**. Incomplete reports will be rejected, resulting in delay of payments to your organization.

Reports are due **July 15, October 15, January 15 and March 15**. No funds will be released until quarterly report is received and reviewed by the Allocations Committee. The Allocations Committee meets quarterly to review reports and grant requests, **thus any reports received after the due date of the 15th**, as well as UWPC funds due to you will be held for review and distribution until the next quarter's meeting.

PROGRAM REVENUE specific to program funded by United Way	quarterly income carryover 2020	April 2020	May 2020	June 2020	Quarter Total
10. United Way Grant					
11. Federal Grants					
12. Government Support					
13. Foundations/Private Grants*					
14. In-Kind Support*					
15. Client/Program Service Fees					
16. Contributions					
17. Other Revenue*					
18. Interest/Investment Income					
TOTAL PROGRAM REVENUE					

* Provide sources on a separate page

PROGRAM EXPENSES specific to United Way funded program	April 2020	May 2020	June 2020	Quarter Total
14. Salaries (program staff)				
15. Benefits/Taxes (program staff)				
16. Professional Fees				
17. Supplies				
18. Travel				
19. Communication (phone, fax, e/mail)				
20. Occupancy/Utilities				
21. Payment to Affiliates				
22. Major Property/Equipment Acquisition				
23. Conference/Training				
24. Administration (specific to this program)				
25. Other				
26.				
TOTAL PROGRAM EXPENSES				

*If program runs at a deficit, please explain on separate page.



United Way of Parker County Quarterly Report Form

Units of Service	April 2020	May 2020	June 2020	Quarter Total
Units of service delivered				
Number of people served by units of service				
Unduplicated count of people served				

VOLUNTEER UTILIZATION	April 2020	May 2020	June 2020	Quarter Total
# of Volunteers Used in the Program				
# of Volunteer Hours				

On additional sheet of paper please report the following information as it pertains to the United Way funded program only.

- 1. Victories:** Report on program successes this quarter. Tell United Way about the accomplishments and success for this program
- 2. Challenges:** Report on barriers to further success. Tell United Way what problems you face.
- 3. Outcomes:** Report outcomes as defined in your United Way application or report on your progress in developing outcome measures.
- 4. Conditions/Requirements/Recommendations:** See your United Way contract for details. There may be special conditions attached to your funding. Use this space to report on what you have done this quarter to respond to these. If no requirements have been placed on your funding, write "None".

Signature: _____ Date: _____

Title: _____

Agency:

Program:

Please tell us the unduplicated total number of clients you serve from each zip code for this program.

Zip Code	2019 Total # Clients served
76008	
76066	
76082	
76085	
76086	
76087	
76088	
76108	
76126	
Not Given	
Total	

Other Relevant Information:

Avg. Monthly Client Count:

of Clients on waiting list:

Families Below the Poverty Level	2019 Total # of Clients Served
All Families	
Families - with children under 18	
Families - single parent female head of household	

Agency:

Program:

Please tell us the total unduplicated number of clients served by this program according to the following categories:

Information pertains to 2019 UWPC funded programs ONLY.

Please share as much information as you are able.

Gender	# of Clients Served
Female	
Male	
Other	
Not Given	

Race/Ethnicity	# of Clients Served
Caucasian	
African American	
Asian	
American Indian	
Hispanic/Latino	
Other	
Not Given	

Age Group	# of Clients Served
Under 5	
Ages 5-9	
Ages 10-14	
Ages 15-19	
Ages 20-59	
Ages 60+	

Education	# of Clients Served
Less than 9th grade	
9th - 12 grade, no diploma	
High School Graduate (or equiv.)	
Some college, no degree	
Associate's degree	
Bachelor's degree	
Graduate or professional degree	

Annual Income	# of Clients Served
Under \$10,000	
\$10,000 - \$19,000	
\$20,000 - \$39,000	
\$40,000 - \$59,000	
over \$60,000	
Not Given	

Publicity & Marketing

Agency Name: _____

Program Name: _____

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 on how someone who received your services was impacted through the work of your organization that was made possible because of support from United Way of Parker County. Add additional sheet if necessary.

3 Quick Facts:

Please share 3 quick facts regarding information about your organization and the service(s) that you are able to provide because of funding provided by United Way of Parker County. (*Example: Your organization provided over 5,000 bags of groceries to individuals and families in Parker County.*)

1.

2.

3.