

KERR COUNTY UNITED WAY
333 Earl Garrett St.
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Kerrville, TX 78029-0561

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2018-2019 GRANT APPLICATION

APPLICATION DEADLINE: noon on April 2nd.

INTERVIEWS: MONDAY - MAY 14th & TUESDAY - MAY 15th

Please call 956-313-5331 to deliver applications.

Information requested is for KERR COUNTY only.

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INSTRUCTIONS

A **complete** application consists of 1 original and 14 copies. Applications must have the following documents attached. **Please do NOT attach these instructions to your application.**

- List of current board members with addresses & phone numbers.
- Most recent Income Statement. An audited statement is preferred.
- Year-End Profit and Loss Statement
- Current Year's Budget & Proposed Budget for next year
- New applicants must provide their IRS 501c3 certification letter.
- \$40.00 application fee made payable to Kerr County United Way

- 1. MAKE COPIES ON THE FRONT & BACK.**
- 2. NUMBER ALL PAGES & SEPARATE APPLICATIONS WITH A DIVIDER OF SOME SORT.**
- 3. DO NOT STAPLE DOCUMENTS.**
- 4. 3-HOLE PUNCH ALL DOCUMENTS.**

Thank you very much. We look forward to serving you. Please do not hesitate to contact us if you have any questions.

2018-2019 KERR COUNTY UNITED WAY GRANT APPLICATION

AGENCY: _____ DIRECTOR: _____

AGENCY PHONE: _____ DIRECTOR'S CELL: _____

AGENCY E-MAIL: _____

MAILING ADDRESS: _____

CITY, STATE, ZIP: _____

PHYSICAL ADDRESS: _____

CITY, STATE, ZIP: _____

1. What is the agency's mission statement? _____
2. What programs/services did your agency provide this year? _____
3. How are your agency programs/services assessed for effectiveness and how do you measure your program's outcome? _____
4. What counties does your agency serve? _____
5. Target population served (age, gender, special interest, etc.): _____

6. Number of **unduplicated** individuals served in:
- Kerr County: 2016: _____ 2017: _____
- Other Counties:
- | | | |
|---------------|-------------|-------------|
| County: _____ | 2016: _____ | 2017: _____ |
| County: _____ | 2016: _____ | 2017: _____ |
| County: _____ | 2016: _____ | 2017: _____ |

7. How many employees are paid by your agency? Full-time: _____ Part-time: _____
8. How many employees are paid from other sources? _____
9. How many volunteers work with your agency? _____
10. What is the size of your present Board? _____
11. When and where does the Board meet? _____
12. What supplementary fundraising activities does the agency conduct?
Activity: _____ Month Conducted: _____
Net Dollar Results: _____
Activity: _____ Month Conducted: _____
Net Dollar Results: _____
Activity: _____ Month Conducted: _____
Net Dollar Results: _____

13. Is an independent audit performed of your agency's records? Yes / No
14. Who performs this audit? _____
15. Do you charge fees for any of your programs or services? Yes / No
16. What percentage of your services are free? _____%
17. Costs of services? _____
18. Amount of funds received from United Way last year: \$_____
19. Funds requesting from United Way: \$_____
20. Describe how these funds will be used. **Please be specific.**

PARTICIPATION AGREEMENT

We agree to allow Kerr County United Way the right to inspect and audit this agency's books and financial records, if it is deemed necessary.

We agree to **participate actively** in the ANNUAL FUNDRAISING CAMPAIGN, and to support Kerr County United Way's efforts throughout the year, including but not limited to:

- ▶ **Identify the agency as a United Way participating agency** on letterhead, if possible, and in all publicity and educational efforts in the community.
- ▶ Have the **agency's staff/board members/volunteers and/or workers actively participate** in the annual United Way Presentations and its ANNUAL FUNDRAISING CAMPAIGN.
- ▶ Encourage the agency, Board of Directors, staff, and volunteers pledge to Kerr County United Way.
- ▶ Attach three (3) client stories that are representative of people helped in the past year. Please change their names and give stories that can be printed and/or placed in social media.

NON-DISCRIMINATION POLICIES

We do not exclude anyone from service because of race, ethnic origin, religion, or gender and there is no segregation of persons served on the basis of race, ethnic origin, religion, or gender.

With regard to hiring, assignment, promotion or other conditions of staff employment we do not discriminate on the basis of race, ethnic origin, religion, or gender.

This agency has a written plan for positive action to achieve equal employment opportunity for all persons in the filling of its staff positions including elements such as contacts with various organizations in the community, including minority group organizations, regarding the agency's employment needs, recruitment advertisements in minority group news media where advertising in the general media is used to fill jobs, identifying the agency as an equal employment opportunity employer in recruitment advertisements, and the use for job referral purposes of only those employment agencies that do not discriminate on the basis of race, ethnic origin, religion, or gender in making referrals.

We do not discriminate on the basis of race, ethnic origin, religion, or gender in membership on the agency's governing body.

The practices of this organization conform to the non-discrimination policy stated above.

AGENCY ADMINISTRATIVE COSTS

Please provide a computation of your agency's percentage of total support and revenue spent on administrative costs. The calculation method to determine administrative costs is as follows:

MANAGEMENT & GENERAL EXPENSES

1. IRS Form 990 – Part IX - Line 25 – Column C \$ _____

FUNDRAISING EXPENSES

2. IRS Form 990 – Part IX - Line 25 - Column D \$ _____

TOTAL EXPENSES

3. Sum of Line 1 and Line 2 \$ _____

TOTAL REVENUE

4. IRS Form – Part VIII - Line 12 – Column A \$ _____

PERCENTAGE OF REVENUE SPENT ON ADMINISTRATION

5. Divide Line 3 by Line 4 _____ %

REVENUE AND EXPENSES

Figures for 2018-2019 should be PROJECTED. Round out to the nearest dollar. You may add or delete categories as needed OR you may attach your own Excel spreadsheet, if desired.

REVENUE	2017	2018	2019
1. Kerr County United Way			
2. From other United Ways			
3. Contributions/Donations			
4. Special Events			
5. Legacies & Bequests			
6. Other Organizations			
7. Government Agencies			
8. Program Fees			
9. Net Incidental Revenue			
10. Sales of Materials			
11. Investment Income			
12. Other Revenue			
13. TOTAL REVENUE			
EXPENSES			
14. Salaries:			
14.a. Full-time			
14.b. Part-time			
15. Employee Benefits			
16. Payroll Taxes, etc.			
17. Professional Fees			
18. Program Supplies/Expenses			
19. Marketing Expenses			
20. Office Supplies/Expenses			
21. Telephone/Internet			
22. Postage & Shipping			
23. Rent			
24. Equipment Rental & Maintenance			
25. Printing & Publication			
26. Travel			
27. Conferences & Conventions			
28. Specific Assistance to Individuals			
29. Subscription/Membership Dues			
30. Other Expenses			
31. TOTAL EXPENSES			
NET OPERATING INCOME	\$	\$	\$

Agency Director's Signature

Date: _____