

KERR COUNTY UNITED WAY
333 Earl Garrett St.
P.O. Box 290561
Kerrville, TX 78029-0561

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2017-2018 GRANT APPLICATION INSTRUCTIONS

“Kerr County United Way applicants must be a non-profit agency in the community that focuses on goals in the areas of education, income, health, and basic needs. Together, we hope to create long-lasting changes that inspire hope and create opportunities for a better tomorrow.”

APPLICATIONS must be received in our office, by noon on April 3rd. Please call 830-895-1555 or 956-313-5331 to make sure someone is available to receive them. If your Application is ready prior to that time, you are welcome to bring it by.

A COMPLETE APPLICATION CONSISTS OF:

One (1) original Application with requested documents in the order below.

Requested documents:

- List of current board members and their addresses and phone numbers.
- Most recent Income Statement. (An audited statement is preferred.)
- Year-End Profit and Loss Statement
- Current Year’s Budget and Proposed Budget for next year for KERR COUNTY only
- New applicants must provide their IRS 501c3 Certification letter.
- Application fee of \$25.00. Checks should be payable to Kerr County United Way

Fifteen (15) copies of the original Application and all requested documents.

PLEASE MAKE COPIES ON THE FRONT AND BACK.

NUMBER ALL PAGES AND DO NOT STAPLE DOCUMENTS.

ALL APPLICATIONS MUST BE 3-HOLE PUNCHED.

Do NOT attach these instructions to your application.

Interviews will be held at the KCUW offices to be determined at a later date.

Thank you, we look forward to working with you to help make our community healthy and strong. Should you have any questions, please do not hesitate to contact us.

Rosalie Reast, Executive Director
KERR COUNTY UNITED WAY

2017-2018 KERR COUNTY UNITED WAY
GRANT APPLICATION

(Application deadline: April 3, 2017)

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 do you measure your program's outcome in any way? Please be specific.
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:

3 years ago _____ 2 years ago _____ Last year _____

_____ **County:**

3 years ago _____ 2 years ago _____ Last year _____

7. Is your agency run by paid staff or volunteer staff?
How many employees are paid by **your agency**? _____
How many employees are paid from **other sources**? _____
How many volunteers work with your agency? _____
8. What is the size of your present Board? _____
When and where does the Board meet? _____

9. Do you keep official minutes of Board meetings? Yes / No

10. What supplementary fundraising activities does the agency conduct?

<i>Activity</i>	<i>Net Dollar Results</i>	<i>Month Conducted</i>

11. Were you required to provide an audit to the United Way for the previous year? Yes / No

12. Is an independent audit performed of your agency's records? Yes / No

13. What does your agency consider to be the greatest need in our community and how does your agency respond to those needs?

14. Describe how the United Way funds will be used. **Please be specific by giving numbers for goals you intend to reach and that can be measured.**

15. Do you charge fees for any of your programs or services? Yes / No
If yes, describe the fee structure (sliding scale, age, etc.):

16. What percentage of your services are free? _____%

17. Are two signatures required on all checks? Yes / No

18. Amount of funds requested from the United Way: \$_____

19. Total Expenses:

2016	2017	2018 (Projected)
\$	\$	\$

20. Allocated by United Way:

2016	2017	2018 (Projected)
\$	\$	\$

21. Percentage: (Divide Line 21 by Line 20)

2016	2017	2018 (Projected)
%	%	%

22. Name of person(s) who prepare(s) and maintains your agency's financial records & audits?

Name: _____ Phone: _____
Address: _____ City/State/Zip: _____
E-Mail: _____

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NON-DISCRIMINATION CERTIFICATE

A meeting of our governing board was held and I certify that we adopted a policy of non-discrimination as follows:

1. No person is excluded from service because of race, ethnic origin, religion, or gender.
2. There is no segregation of persons served on the basis of race, ethnic origin, religion, or gender.
3. There is no discrimination on the basis of race, ethnic origin, religion, or gender with regard to hiring, assignment, promotion or other conditions of staff employment.
4. The 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.
5. There is no discrimination on the basis of race, ethnic origin, religion, or gender in membership on the agency's governing body.

I certify that the practices of this organization conform to the policy of non-discrimination stated above.

Signature of Officer/Director

PARTICIPATING AGENCY AGREES TO:

- A) Allow Kerr County United Way the right to inspect and audit their agency's books and financial records, if it is deemed necessary.

- B) **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 their agency as a United Way participating agency** on letterhead, if possible, and in all publicity and educational efforts in the community.

 - ▶ Have their **agency's staff/board members/volunteers and/or workers actively participate** in the annual United Way Presentations and its ANNUAL FUNDRAISING CAMPAIGN.

 - ▶ Encourage their agency, Board of Directors, staff, and volunteers to pledge to Kerr County United Way.

 - ▶ Provide Kerr County United Way with suggestions for cooperative marketing and publicity.

 - ▶ 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.

REVENUE AND EXPENSES

(The figures for 2017-2018 should be **PROJECTED** figures.)
Please round out your figures to the nearest dollar,
and you may prepare this on an Excel spreadsheet, if desired.

REVENUE	2016	2017	2018
Kerr County United Way			
Allocated by other United Ways			
Contributions/Donations			
Special Events			
Legacies & Bequests			
Organizations			
Government Agencies			
Program Fees			
Net Incidental Revenue			
Sales of Materials			
Investment Income			
Other Revenue			
TOTAL REVENUE			
EXPENSES			
Salaries			
Employee Benefits			
Payroll Taxes, etc.			
Professional Fees			
Supplies			
Telephone			
Postage and Shipping			
Rent			
Rental & Maintenance of Equipment			
Printing and Publication			
Travel			
Conferences & Conventions Meetings			
Specific Assistance to Individuals			
Membership Dues			
Awards and Grants			
Other Expenses			
TOTAL EXPENSES			
NET OPERATING INCOME	\$	\$	\$

Agency: _____

Signature of Officer/Director _____

Date: _____