



United Way of  
Waco-McLennan County

## United Way of Waco-McLennan County Grant Eligibility Checklist

Page 1: Welcome & Instructions

Thank you for your interest in applying for United Way grant funding.

This checklist will help determine your program's eligibility to enter the full United Way grant application process.

*Please note:*

*Grant funding is limited to 501(c)3 Nonprofits in McLennan County who meet additional Eligibility Requirements.*

**\*\*\*Final Submission is Due March 1st.\*\***

### Checklist Overview:

- "Basic Grant Eligibility *requirements*" are indicated throughout the survey.
- Questions indicated as "*preferred*" are preferred for *funding*, but do not adversely affect *eligibility*.
- Questions marked "*info only*" do not affect eligibility.
- *You may provide explanation*, as applicable, for any questions to which you answer "No." This is particularly relevant to any Basic Eligibility questions where your program or organization may have special circumstances you would like considered.

### Checklist Navigation:

- By clicking "Save & Continue" at the bottom of each page, your answers for that page are automatically saved.
- Click the "Previous" button to view or edit previous pages.
- *To Save and Exit:* You may exit the survey to return to finish it at a later time. Please ensure your computer/device's "cookies" are enabled and that you have clicked "Save and Continue" on every page you have begun entry of information. To re-enter the survey where you left off, you must use the same computer/device, and enter via the same weblink posted on the United Way site.
- When you have fully completed the Checklist, click "Submit" on the final "Thank You" page.
- Submission is final. Please be sure to *review your answers*, and *provide any applicable clarification* where noted, *before you click "Submit."*
- A confirmation email with PDF copy of your Checklist will be emailed to you within 2 business days.
- Please refer to the [United Way Impact Framework](#) priority areas for funding, as well as an overview of the Grant Eligibility process [here](#) before you complete the survey. [Frequently Asked Questions \(FAQs\)](#) and a [Glossary of Terms](#) serve as additional resources.

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## Page 2: Basic Information

### Q1 Organization Contact Information

	<b>Sample</b>
Organization Name	
Executive Director Name	xxx
Address	xxx
City/Town	xxx
State	xxx
Zip Code	xxx
Email Address	xxx
Phone Number	xxx

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### Q2 Contact Person for Eligibility Checklist

Name	xxx
Title	xxx
Email Address	xxx
Phone Number	xxx

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**Q3** My organization has a Mission Statement. This is a Basic Grant Eligibility requirement.

\* **Yes**

\* **No**

If yes, please write your Mission Statement here. If no, please explain, as applicable:

xxx

**Q4** I understand that if my program receives United Way funding, we will be asked to make commitments in the following areas: United Way meetings & capacity-building workshops, equity, producing measurable (and meaningful) results, effective use of resources and continuous learning. This is a Basic Grant Eligibility requirement.

\* **Yes**

\* **No**

If no, please explain, as applicable:

xxx

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### Page 3: Organization Information

**Q5** Has your organization been in operation for 12 months or longer? This is preferred for funding.

\* **Yes**

\* **No**

If no, how long have you been in operation?:

xxx

**Q6** Does your organization have a Policy of Non-Discrimination of Services to Clients (on the basis of race, religion, color, sex, sexual orientation, age, national origin, ancestry, citizenship, veteran or (dis)ability status). This is a Basic Grant Eligibility requirement.

\* **Yes**

\* **No**

If No or Other, please explain, as applicable:

xxx

**Q7** The following are in place at my organization for ensuring Cultural Competence of the population/community served (check all that apply). All are preferred for funding, except Volunteer Demographic Data Collection, which is info only.

Orientation on Equity/Cultural Competence

**for Volunteers, for Staff, for Board**

Ongoing Training on Equity/Cultural Competence

**for Volunteers, for Staff, for Board**

Demographic Data Collection

**for Volunteers, for Staff, for Board**

None of the above

**for Volunteers, for Staff, for Board**

**Q8** Per the Cultural Competence question above, please describe or explain your organization's practices, as desired/applicable:

xxx

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**Q9** Please indicate which of the below are true for your organization's Board of Directors (check all that apply). These are Basic Grant Eligibility requirements.

- \* My organization has a formal Board structure (e.g. officer roles)
- \* My organization has a Board of Directors list
- \* My Board has member term limits/a rotation plan
- \* My Board has fiscal responsibilities that include approving and monitoring the organization's budget
- \* My Board conducts an annual review of the organization's CEO/ED
  - \* My Board meets regularly
  - \* None of the above

Please provide explanation, as applicable, for any of the above Board requirements that you did not check:

xxx

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**Q10** If your Board meets regularly, how often does it meet per year? (Meeting a minimum of 4 times per year is preferred for funding).

N/A,  
My Board meets...:  
xxx

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**Q11** Please indicate which of the following documentation your organization has (check all that apply). These are Basic Grant Eligibility requirements.

- \* IRS - 501(c) 3 Determination Letter
- \* Registration as a Charitable Organization through the Secretary of State
  - \* General Liability Insurance
  - \* Organizational/Board bylaws
  - \* Most recent annual IRS 990
  - \* None of the above

**Q12** What is your organization's annual revenue?

\$499,999 and below  
\$500,000 - \$999,000  
\$1,000,000+  
Other (please specify):  
xxx

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**Q13** Per your organization's annual revenue indicated above, please refer to the table below: Are your organization's Annual Financial Statements reviewed at a level that meets or exceeds the minimum requirement level for your corresponding revenue amount? This is a Basic Grant Eligibility requirement. Annual Financial Statement (Minimum Requirement Levels) Annual Revenue Audit \$1,000,000+ Independent Financial Review \$500,000 - \$999,000 Board-Approved Financial Statements \$499,999 and below

\* **Yes, we meet or exceed the minimum requirement level**

\* **No**

If no, please explain, as applicable:

xxx

**Q14** Please indicate which of the following documentation your organization has (check all that apply). These are preferred for funding.

\* **Directors & Officers Liability Insurance**

\* **An Organizational Chart**

\* **An Organizational Strategic Plan**

\* **Employee Handbook/Personnel Policies**

\* **Equal Employment/Affirmative Action Policy**

\* **None of the above**

Please provide explanation, as applicable, for any of the above documentation types that you did not check:

xxx

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## Page 6: Organizational Financial Information

**Q15** Does your organization have an Organizational Budget (e.g. most recent Fiscal Year budget-to-actual)? This is a Basic Grant Eligibility requirement.

\* **Yes**

\* **No**

If no, please explain, as applicable:

xxx

**Q16** What is your organization's annual revenue? (In whole \$).

xxx

**Q17** Is the requested funding amount 50% or less than your organization's total budget? This is a Basic Grant Eligibility requirement.

\* **Yes**

\* **No**

If no, please explain, as applicable:

xxx

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## Page 7: Program 1 - Information

**Q18** Program Name

Sample

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**Q19** What is your program's annual budget? (In whole \$).

xxx

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**Q20** Projected program funding request? (In whole \$).

xxx

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**Q21** Is the requested funding amount 50% or less than your program's total budget? This is preferred for funding.

\* **Yes**

\* **No**

If no, please explain, as applicable:

xxx

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**Q22** To which of the United Way of Waco-McLennan County "pillar" area - goal area - objective area combination(s) does the program align? (You may choose more than one option in the same "pillar." Pillars are Education, Health, Financial Stability and Safety Net Services). This is a Basic Grant Eligibility requirement. For more information on these funding priorities in Education, Health, Financial Stability & Safety Net Services, please refer to our Impact Framework.

Health - Healthy Beginnings - Women's Health Services/Education  
Health - Healthy Beginnings – Prenatal Care  
Health - Healthy Beginnings – Teen Pregnancy  
Health - Healthy Living - Healthy Food Access & Consumption  
Health - Healthy Living - Community Physical Activity  
Health - Healthy Living – Health Services/Education  
Health - Healthy Living - Mental Health Services/Education  
Education - Youth Success - Social/Emotional Development  
Education - Youth Success - Academic & Cognitive Development  
Education - Childhood Success – Quality Childcare  
Education - Childhood Success - Kindergarten Readiness  
Education - Childhood Success - Social/Emotional Development  
Education - Family Engagement - School Connection  
Education - Family Engagement - Parent/Caregiver Support  
Financial Stability - Financial Resiliency - Low/No-Cost Financial Services  
Financial Stability - Financial Resiliency - Financial Education  
Financial Stability - Job Development - Job Skills Training  
Financial Stability - Job Development - Workforce Development Services  
Safety Net Services – Medical Assistance  
Safety Net Services - Trauma Care & Prevention  
Safety Net Services – Legal Services  
Safety Net Services - Food, Clothing, Housing Assistance

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**Q23** Has this program been in operation for 12 months or longer? This is preferred for funding.

\* **Yes**

\* **No**

If no, how long have you been in operation?:

xxx

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**Q24** Description of programming, services or activities for which you are seeking funding. This is a Basic Grant Eligibility requirement.

xxx

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**Q25** If asked, would you be able to speak to how your program's services are delivered in an equitable, culturally competent, and non-discriminatory way to the clients you serve? This is preferred for funding.

\* **Yes**

\* **No**

If No, please explain, as applicable:

xxx

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**Q26** Please indicate which (if any) of the below client demographic data that your program currently collects (check all that apply). This is preferred for funding.

**Age**

**We do not currently collect any demographic data**

**Race/Ethnicity**

**Income**

**Household size**

**Gender/Sex**

Other client demographic data (please specify):

xxx

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**Q27** What percentage of the population served by your program is at or below 200% of the Federal Poverty Level? This is an info only question.

xxx

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**Q28** Please verify: This program is requesting funding to provide services to residents of McLennan County. (Service to clients in McLennan County is a Basic Grant Eligibility requirement.)

\* **Yes**

\* **No**

If no, please explain as applicable:

xxx

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**Q29** Please indicate the McLennan County zip code(s) served by your program (check all that apply).

76524,

76624,

76630,

76633,

76638,

76640,

76643,

76654,

76655,

76657,

76664,

76682,

76684,

76689,

76691,

76701,

76702,

76704,

76705,

76706,

76707,

76708,

76710,

76711,

76712,

76714,

76715,

76798,

**All of the above (all of McLennan County)**

**None of the above**

If you selected "None of the above," please provide further explanation, as applicable:

xxx

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**Q30** Are you able to document clients served by Zip Code? (Do you currently track client Zip Codes? This is preferred for funding.)

\* **Yes**

\* **No**

If no, please explain as applicable:  
xxx

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**Q31** Do you have an additional (second) Program for which you would like to submit an Eligibility Checklist?

\* **Yes**

\* **No**

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Page 11: Thank You

**Q73** Thank you for completing the United Way of Waco-McLennan County Grant Eligibility Checklist. Please note: Submission of this Eligibility Checklist is final. Please go back through the survey and provide any additional clarification as applicable, paying particular attention to Basic Eligibility Requirement questions answered "No," if you have not done so. Any clarifying notes will be considered during the pre-screening process. Indicate via the checkboxes below if you would like to "Save and Return Later" or are "Ready to Submit." If returning at a later time, your "cookies" must be enabled. Then, simply close your Checklist browser window and return via the original Checklist weblink on the United Way site, using your same computer/device. When you click "Ready to Submit" and confirm with the "Submit" button below, your Eligibility Checklist will enter the pre-screening process. A confirmation email with PDF copy of your Checklist will be emailed to you within 2 business days. \*\*Final Submission is Due March 1st.\*\*\* Notifications of Eligibility results will be sent March 11th. If your program(s) is/are eligible, you will receive an invitation to enter the full proposal process at that time.

**Save and Return Later (Please close browser window).**

**Ready to  
Submit**

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