

New Applicant Eligibility Checklist - Organizational Information - 2021

For **Sample Agency (118109) - Agency**

1. Organization Contact Information

Organization Name:

Executive Director/CEO Name:

Address:

City/Town:

State:

Zip Code:

Email Address:

Phone Number:

2. Contact Person for Eligibility Checklist

Name:

Title:

Email Address:

Phone Number:

3. My organization is a 501(c)3 organization, that is not a University, College, University or College Foundation, Independent School District (ISD) or ISD Foundation.

- a. Yes
- b. No

4. My organization has a Mission Statement.

- a. Yes
- b. No

If yes, please provide your organization's Mission Statement here. If no, please explain, as applicable:

5. I understand that if my program(s) passes eligibility, completes a full application, and is selected to receive United Way funding, we will be asked to make commitments in the following areas:

1. Attending United Way meetings and capacity-building trainings, maintaining standards of equity, producing measurable (and meaningful) results, using resources effectively (providing budget reports) and participating in continuous learning.

- a. Yes
- b. No

6. Please check which of the following required Basic Eligibility documents your organization currently has on file:

- a. IRS 501(c)3 Letter*
- b. IRS 990 (most recent)*
- c. Audit (for orgs with an annual revenue of \$1,000,000+) or Reviewed Financial Statements with notes (for orgs with an annual revenue of \$500,000 or lower)*
- d. Board of Directors List
- e. Organizational/Board Bylaws
- f. Liability Insurance Acord Form (current)
- g. Policy of Non-Discrimination of Services (to clients) or Statement about Service to a Traditionally Underserved Target Population
- h. Organizational Budget - Current Fiscal Year, Budget-to-Actual
- i. None of the above

*Please note that you will be required to upload your IRS 501(c)3 Letter, most recent IRS 990 and Audit/Financial Statements in the upcoming sections of the Eligibility Package. Any of the other documents listed above are subject to be requested by United Way at any time.

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

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7. Please indicate which of the below are true for your organization's Board of Directors (check all that apply):

- a. My organization has a formal Board structure (e.g. officer roles)
- b. My Board has member term limits/a rotation plan
- c. My Board has fiscal responsibilities that include approving and monitoring the organization's budget
- d. My Board conducts an annual review of the organization's CEO/Executive Director
- e. My Board meets a minimum of 4 times per year at quorum (meeting our bylaw-specified minimum attendance requirements)
- f. None of the above

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

8. What is your organization's total annual budget (annual revenue)? (for informational purposes only)

- a. under \$100,000
- b. \$100,000 - \$249,999
- c. \$250,000 - \$499,999
- d. \$500,000 - \$999,999
- e. \$1,000,000 - \$4,999,999
- f. \$5,000,000 - \$9,999,999
- g. \$10,000,000 and above
- h. We are a new organization (less than 1 year) and our annual budget/revenue is still developing

9. Is the combined total of all your United Way program funding request(s) less than 50% of your organization's total budget (annual revenue)?

- a. Yes
- b. No

If no, please explain, as applicable:

10. Is the combined total of all your United Way program funding request(s) \$150,000 or less? (this is the maximum per organization grant cap)

- a. Yes
- b. No

- 1. Save your responses and Submit this section of the Eligibility Package when you are ready. In the next section(s), you will be asked for more information about the program(s) for which you are seeking funding.**

New Applicant Eligibility Checklist - Program Information - 2021

For **Sample Agency (118109) - Agency**

1. Program Name:

2. Please provide a brief description of the programming for which you are seeking funding (please note funding exclusions):

3. To which primary pillar does your program best align?:

4. To which of the United Way of Waco-McLennan County Pillar - Goal - Objective area combination(s) does the program best align? (Note: only one is required, but you may choose all that apply.)

1. For more information on these funding priorities in Education, Health, Financial Stability & Safety Net Services, please refer to our Impact Framework.

5. If applicable, to which secondary pillar does your program best align? (Note: only one pillar may be chosen per program. This information will assist us in ensuring the best pillar has been chosen for alignment with your program.):

6. If applicable, to which secondary United Way of Waco-McLennan County Pillar - Goal - Objective area combination(s) does the program best align? (Note: only one is required, but you may choose all that apply.)

1. For more information on these funding priorities in Education, Health, Financial Stability & Safety Net Services, please refer to our Impact Framework.

7. Please indicate your projected program funding request in whole \$. (Note: minimum request of \$15,000; maximum request of \$50,000 for Safety Net programs; maximum request of \$75,000 for Health, Education or Financial Stability programs): \$0.00

8. Please verify:

1. This program is requesting funding to provide services to residents of McLennan County. (Note: United Way funding may only be used to service clients in McLennan County)

a. Yes

b. No

If no, please explain, as applicable:

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