

# 2026 United Way of West Ellis County Agency Application

# NONPROFIT AGENCY INFORMATION Agency Name Primary Contact First Name Primary Contact Last Name Primary Contact Email Address Street Address City, State, Zip Code Full Mailing Address (If different from physical address above) Agency Phone Number Agency Website URL Agency EIN



# **REQUIRED DOCUMENTS** Upload all required documents for your agency in the section below.

CACINED DOCONENTS Opioad an required documents for your agency in the section below.
Upload Agency 501(c)(3)
Upload Agency Profit and Loss Statement for the Previous Fiscal Year
Upload Agency Current Balance Sheet
Upload Agency Annual Audit or Financial Review (if applicable)
Upload Agency Anti-Discrimination Policy
Upload Agency's Most Recent 990
Upload Agency's Current Board of Directors List (ensure it includes names, phone numbers and date they joined the board
Upload Agency's Application for Assistance (what individuals must fill out to receive assistance from your agency, if applicable)
Upload Agency's bylaws with the date of the most recent review

Please provide an explanation as to why any of the above documents were not submitted



#### **QUANTIFYING YOUR AGENCY'S IMPACT**

UWWEC's stated mission is: The United Way, in partnership with you, improves health, prosperity and education in our community. *Tell us how your agency's work is directly aligned with our mission.* 

United Way's areas of focus are: Healthy Community (previously health), Youth Opportunity (previously education), Financial Security (previously income), and Community Resiliency (disaster recovery). *In which focus area(s) does your agency align? If multiple, provide a percentage for each focus area.* 

What is your agency's stated mission?

Describe in detail, how your work is accomplishing your mission statement.

How is your agency measuring its outcomes?

How many total individuals did your agency serve during 2025 in Ellis County and what service was provided? Please be as detailed as possible (EX: X individuals were enrolled in Y program, X individuals were assisted with utility bills, X number of counseling sessions/interviews were provided, XYZ lbs of food was distributed, etc.)



### **AGENCY SERVICES AND PROGRAMS**

List all of the services/programs that your agency provides

Provide up to three specific and measurable goals, outcomes or outputs that will be achieved over the next 12 months as a result of the services and programs outlined in this above.

What is the average charge for these services/programs?

How many times can someone receive help in one year?

List your agency's requirements/qualifications for someone to receive help.

Do you provide immediate assistance or is there a waiting period to receive help?

How many individuals were turned down for assistance in the past year? Reason?

If your agency was unable to help an individual, what referral or solution did you provide to them?

Which Ellis County communities does your agency serve?

What is the demographic breakdown served by your agency?



## GOVERNANCE/FINANCIAL OPERATIONS

GOVERNANCE/FINANCIAL OPERATIONS
How many board members does your agency's bylaws require?
How many board members are currently serving on your Board of Directors?
What is the average tenure for a member of your board?
How many Board of Directors meetings did your agency hold in 2024?
At how many meetings were you unable to reach a quorum?
How many people are required to sign checks?
Who has check signing authority?
How often does your board review and approve financial statements?
Does a member of your board review bank statements on a regular basis?
Do you have an internal or external accountant review your books regularly?



#### **CAMPAIGN, FUNDRAISERS and OTHER EVENTS**

Does your agency currently host a UWWEC Giving Campaign with your employees?

How many fundraisers does your agency host per year? Please list all fundraising events/activities and dates.

List all major events/fundraisers that your organization will host in 2026 as well as the dates on which they will occur.

#### **UW PARTNERSHIP**

Does your agency display the United Way of Ellis County logo at your location, on brochures and printed promotional materials?

UWWEC hosted its inaugural fundraiser, A Night United, this September. The goal of this event is to raise additional funds to be able to further support all of our nonprofit partners. By completing this application and becoming a UWWEC Partner Agency, you agree to not have a competing fundraiser with A Night United.



#### **ALLOCATIONS**

In an effort to provide full transparency and data to our generous donors, funded agencies are now required to complete a quarterly report provided by the United Way of West Ellis County. This could include but is not limited to financial statements, number of individuals served that quarter and where UWWEC funding was spent. By typing your name below, you agree to provide these reports within the timeline requested by UWWEC.

What percentage of your agency's Ellis County budget is funded by the UWWEC?

Does your agency use or plan to use the United Way of West Ellis County allocation funding for salaries?

#### **PRIOR YEAR FUNDING**

What was the funding amount received by your agency in 2025 from United Way of West Ellis County?

Describe in detail how your 2025 allocation funding was spent. How many unique individuals were you able to serve with UWWEC funds this year and in what capacity (pay utility bill, provided counseling service, food assistance, scholarship for program, etc). Provide documentation, including an itemized budget.

Provide a testimonial of at least one client whose life was dramatically impacted by the UWWEC contributions you received in 2025.

Upload Your Agency 2025 Itemized Budget



# **REQUEST FOR FUNDING**

Amount Requested for 2026:

Describe in detail how the requested funds will be used

Upload your agency's 2026 itemized budget.