

Please note that accuracy is paramount. Revenue and expense totals should be consistent throughout the application. Reviews will be made on originally submitted documents only. Incomplete or late submissions will not be considered.

AGENCY: \_\_\_\_\_

- I. Enclose one (1) complete set (3-hole punched and collated in the order listed below) and email a completed PDF to [marcus@unitedwayabilene.org](mailto:marcus@unitedwayabilene.org), of the following documentation and provided forms:

Stewardship Review Forms 2A, 2B, 2C, 2D, and 2E.

If the applicant, as a local chapter or affiliate of a regional, state, or national organization, received a written review from the parent organization, please provide the most current written review.

Year-to-date financial statements and year-to-date budget comparison. If the fiscal year ends prior to 12/31, include all quarterly financial statements from fiscal year-end to date (please provide data from your local operations only).

Annual audited financial statements for 2021/22 (including auditor's management advisory comment letter, any other required communication from the auditor, and the plans for addressing any issues raised). Agencies with annual revenues of \$500,000 or more are required to provide audited financial statements annually. Agencies with annual revenues of \$100,000 – \$499,999 are required to provide either annual CPA "Reviewed" financial statements or audited financial statements every year. Agencies with annual revenues below \$100,000 are required to provide annual financial statements presented in accordance with U.S. Generally Accepted Accounting Principles. **When submitting financial statements, please provide unbound copies.**

*Include a copy of the Auditor AU- C260 letter*

Annual financial statements for any related entities, such as a foundation or fundraising organization. Is the related entity included in the annual financial statements of the agency:      Yes      No

If the applicant, as a local chapter or local affiliate of a regional, state, or national organization, does not receive a separate independent audit, **the parent organization should provide audited or reviewed financial statements (according to the revenue guidelines above) that include the activities of the local organization. If audited or reviewed financial statements of the parent organization are not available, then explain why and provide either compiled or internally generated financial statements of the local organization.**

IRS Form 990 or 990-EZ for 2022. Include documentation that the IRS Form 990 or 990-EZ was signed and filed with the IRS. If the organization was required to submit Form 990-N, please provide documentation.

IRS Form 990-T for 2022 if the agency was required to file this return. Provide documentation that the IRS Form 990-T was signed and filed with the IRS.

Current Board of Directors roster including officers, employers, and terms. Provide a list of the Board of Directors for any related entity if applicable.

If applicable, Bylaws, Personnel Policies, Executive Director Job Description, Internal Financial Control Procedures, and IRS Determination Letter. Please refer to Form 2C for specific instructions.

Annual agency report or agency brochure (copies may be submitted).

Program budget for each program for which you are requesting funds (please provide local budget only).

A.

Legal Agency Name	
Agency EIN	
Physical Address	
Mailing Address	
Telephone	
Fax	
Contact Email	
Local Exec. Director/President	
Length of Employment with Agency	
Local Exec. Director/President Compensation (if not listed on Form 990)	

B. Is the agency affiliated at a regional, state, or national level?

- If so, explain or describe the relationship or provide documentation under which the affiliate operates.

C. Do you employ the services of private consultants, consulting firms, advertising agencies, or similar business organizations to perform policy-making or decision-making functions?

D. Does the entity have board approved policies in effect governing the following?

- |                                           |   |   |
|-------------------------------------------|---|---|
| • Whistleblower Protection                | Y | N |
| • Document retention/destruction          | Y | N |
| • Conflict of interest and code of ethics | Y | N |
| • Employee expense reimbursement          | Y | N |
| • CEO compensation                        | Y | N |

E. Does the agency carry an insurance policy for the following:

- General Liability? Amount?

- Worker's Compensation? Amount?

- Directors and Officers Liability? Amount?

- Special event? Amount?

F. What additional benefits are provided for employees?

G. Has the agency been cited for any violations or deficiencies by any state, federal, or other oversight agency within the last two years? If so, please attach a statement detailing such actions and how the agency has responded. Note if this is not applicable.

H. Has the agency any pending litigation, criminal or civil? If so, please attach a statement giving a detailed explanation.

I. Has any officer, director, or management staff been convicted of a felony? If so, please attach the public record of conviction and subsequent action.

J. Does the agency have any endowment funds that are either included in the financial statements of the agency or in the financial statements of another organization (such as the Community Foundation of Abilene)? If so, please describe in detail.

K. Did the organization purchase or sell any real estate in the last 12 months? If so, please explain.

L. Is the agency current on all its accounts payable, payroll taxes, and other liabilities? If not, please provide an explanation.

M. If the agency had any fundraising events, list separately each event with its associated gross revenue, gross expenses, and net income on Form 2E.

N. What are the agency's plans for the future? Are there any current/pending capital improvement projects or plans to modify/expand/reduce programming?

AGENCY: \_\_\_\_\_

**We certify that the organization named in this application:**

- approved the 2024 request for funding - Allocations or Request for Continuation of Funding - at a meeting of the Board of Directors where a quorum was present; (Date) [REDACTED]
- approved the 2024 Operating Budget at a meeting of the Board of Directors where a quorum was present; (Date) [REDACTED]
- elected the Officers and members of the Board of Directors in accordance with the bylaws of this organization; (Date) [REDACTED]
- Board of Directors regularly receives and reviews financial statements;
- has all appropriate licenses, insurance, and accreditation documents, and that they are current and on file at the agency office, and available for inspection;
- does not employ the services of private consultants, consulting firms, advertising agencies, or similar business organizations to perform its policy-making or decision-making function;
- has provided to United Way all reports issued by auditors or state/federal agencies since any previous application for investment on financial statements, internal control, management performance, or other compliance-related matters, if applicable.

- has submitted to United Way of Abilene the most recently revised or adopted copies of the documents below. (Note: New applicants must submit each of the documents below. Returning applicants must submit only if revised in the last year. Table of Contents pages are acceptable submissions for Personnel Policies.)

- Bylaws Last date reviewed:
- Personnel Policies Last date reviewed:
- Executive Director Job Description and provision for annual evaluation and compensation Last date reviewed:
- Internal Financial Control Procedures Last date reviewed:
- IRS Determination Letter Indicating Non-Profit Status

Certifying Officials: *We, the undersigned, are authorized to certify and affirm all statements in this application.*

\_\_\_\_\_  
Chief Volunteer Officer Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Treasurer Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Chief Professional Officer Signature

\_\_\_\_\_  
Printed Name

AGENCY: \_\_\_\_\_

**Please provide a brief narrative on a separate page (no more than 2 pages) describing the financial state of the agency. It is suggested that the following information be included:**

- Financial highs and lows of the previous fiscal year,
- The importance of United Way of Abilene funding to the continued operation of the program(s),
- Contingency plans to compensate for any loss of funding,
- Explanation of variances of more than 5% in budgeted and actual revenues and/or expenses,
- Significant monetary trends and patterns for the agency,
- Plans for the future,
- Any other issues that may warrant explanation.

**Should any of the following issues apply to your agency, please address them:**

- If the agency has large unrestricted net assets, please explain why United Way funding is needed.
- If the agency has operations or program delivery in more than one county in the West Central Texas area, please give a general description of the scope of services and allocation of financial resources by area or service office. Include a plan for financial accountability for each site.
- If there were Stewardship Review concerns expressed last year, have they been addressed? How?

**Note:** If the applicant is a local chapter or local affiliate of a regional, state, or national organization, the Executive Summary should pertain only to the local chapter or local affiliate.



Please list all fundraisers. Use additional pages as needed – use Arial font, size 11, or similar.

**AGENCY:** \_\_\_\_\_ **DATE SUBMITTED:** \_\_\_\_\_

EVENT	DATE	DESCRIPTION	GROSS REVENUE	GROSS EXPENSES	PROJECTED NET INCOME
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					