

**KERR COUNTY UNITED WAY
BOX 290561
KERRVILLE, TEXAS 78029-0561**

2010-2011 FUNDING QUESTIONNAIRE

The Kerr County United Way Board of Directors, at the suggestion of the United Way of America, has adopted the attached "Guidelines for Annual Funding of Local United Way Agencies." All United Way organizations are being asked to have a written admissions policy, which this attachment represents.

NAME OF AGENCY/ORGANIZATION: _____

MAILING ADDRESS: _____

WEB SITE ADDRESS: _____

NAME OF PERSON FILLING OUT QUESTIONNAIRE: _____

Telephone: _____ **Fax:** _____

Email: _____

NAME OF CONTACT PERSON FOR YOUR AGENCY (if different from above): _____

Telephone: _____ **Fax:** _____

Email: _____

DO YOU HAVE A BOARD OF DIRECTORS OR OTHER GOVERNING BOARD? Y N

If "Y" (Yes), please list the names of Kerr County residents on the board: _____

President/Chairman: _____

Vice President/Chairman: _____

Secretary: _____

Treasurer: _____

Do the persons listed above serve without compensation? Y N (Please note any exceptions):

How often does the board normally meet? _____

IS YOUR AGENCY INCORPORATED AS A NON-PROFIT CORPORATION UNDER TEXAS LAW? Y N

DOES THE AGENCY HAVE A LETTER OF TAX EXEMPTION AND TAX DEDUCTIBILITY AS A PUBLICLY SUPPORTED CHARITABLE ORGANIZATION UNDER SECTION 501 (c) (3) OF THE INTERNAL REVENUE CODE? Y N (Please attach a copy of your most recent IRS 501(c)3 determination letter)

DOES THE AGENCY HAVE A MISSION/VALUE STATEMENT FOR PARENT AND/OR LOCAL ORGANIZATION? Y N (Please attach a copy of the mission/value statement)

EXPLAIN THE PURPOSE OF THE AGENCY: _____

WHAT ARE THE NEEDS IN THIS COMMUNITY THAT GIVE RISE TO AN ORGANIZATION WITH THE PURPOSE AS STATED ABOVE? _____

ARE THERE OTHER AGENCIES OR ORGANIZATIONS IN KERR COUNTY THAT HAVE THE SAME PURPOSE OR THAT ADDRESS THE SAME COMMUNITY NEEDS? Y N

IF SO, WHAT ARE THESE ORGANIZATIONS AND DO YOU CONSULT OR COOPERATE WITH THEM IN ANY WAY? IF YES, IN WHAT WAYS? _____

WHAT, IN YOUR OPINION, IS THE MOST IMPORTANT CONTRIBUTION THIS AGENCY HAS MADE TO THE HEALTH, WELFARE AND/OR RECREATIONAL NEEDS OF THIS COMMUNITY DURING THE PAST YEAR? _____

LIST THE NAME AND ADDRESS OF THE PERSON RESPONSIBLE FOR KEEPING YOUR AGENCY'S FINANCIAL RECORDS: _____

ARE YOUR FINANCIAL RECORDS AUDITED ON A REGULAR BASIS? Y N IF SO, HOW OFTEN AND BY WHOM? _____

ARE THE PROGRAMS OFFERED BY THIS AGENCY AVAILABLE TO THE CITIZENS OF KERR COUNTY WITHOUT REGARD TO GENDER, AGE, RACE, NATIONAL ORIGIN, OR POLITICAL CREED? Y N

WHAT STANDARDS OR GUIDELINES DO YOU HAVE THAT DEFINE WHO MAY PARTICIPATE IN YOUR PROGRAMS OR AVAIL HIM/HERSELF OF YOUR AGENCY'S SERVICES? _____

HOW MANY CLIENTS WERE SERVED BY YOUR AGENCY IN 2009 (UNDUPLICATED)? _____

HOW MANY OF THESE CLIENTS ARE FROM KERR COUNTY (UNDUPLICATED)? _____

HOW MANY OF THESE CLIENTS ARE FROM GILLESPIE COUNTY (UNDUPLICATED)? _____

HOW MANY DAYS DOES THE AVERAGE CLIENT RECEIVE SERVICES? _____

IF YOU RECEIVED FUNDING FROM THE KERR COUNTY UNITED WAY LAST YEAR, HOW
WAS THE MONEY USED? _____

LIST THE NAMES AND ADDRESSES OF ALL PAID PERSONNEL. PLACE AN * BY ANY
PERSON WHOSE SALARY IS PAID IN WHOLE OR PART BY UNITED WAY FUNDS: _____

Signature: _____

Date: _____