

# **Third Party Funding Webb County, Texas**

## **Application Guide**

**THE TEXAS CONSTITUTION PROHIBITS A COUNTY FROM MAKING A GIFT OF MONEY OR PROPERTY TO ANY PERSON OR ORGANIZATION. A COUNTY MAY, HOWEVER, CONTRACT WITH A PERSON OR ORGANIZATION TO PROVIDE SERVICES THAT PROVIDE A PUBLIC PURPOSE TO THE COMMUNITY. THE DETERMINATION THAT A SERVICE IS A PUBLIC PURPOSE; AND THE DECISION TO PROVIDE FINANCIAL ASSISTANCE TO AN ORGANIZATION'S MISSION TO THE COMMUNITY, IS EXCLUSIVELY THE DECISION OF THE COMMISSIONERS COURT. THERE IS NO ENTITLEMENT TO COUNTY FUNDS BY ANY ORGANIZATION.**

**THE APPLICATION PROCESS IS INTENDED TO PROVIDE FOR AN OBJECTIVE DETERMINATION OF PUBLIC FUNDING FOR APPROPRIATE COMMUNITY NEEDS.**

### **Eligibility**

Any organization applying for funds must have:

1. Tax exempt status under IRS Section 501 (c)(3); or
2. A Charter from the Secretary of State; or
3. A resolution from its Board of Directors or Governing Body defining its status.
4. An accounting system that is in accordance with generally accepted accounting principles (GAAP).
5. Been in operation (providing services) for at least one year

**Application Deadline is MAY 22, 2015 at 5:00 p.m.**

**All applications must be submitted in duplicate (two originals) by mail or personally delivered to:**

**Marco A. Montemayor  
Webb County Attorney  
1110 Washington St. Ste. 301  
Laredo, Texas 78040**

**All applications not received by the deadline will not be accepted and will result in no allocation of funds to the organization. All applications submitted must be complete. The County Attorney’s office shall determine the completeness of the application and notify the applicant organization if the application is incomplete by issuing a “Notice of an incomplete application”. Any application which has not been completed within seven (7) calendar days of the Chief of Staff “Notice of an incomplete application” shall be rejected for the 2015/2016 funding cycle. Any organization that fails to collect the allocated funds within six (6) months from the date the award letter is mailed forfeits the allocated funds for that funding cycle.**

**NOTE: WEBB COUNTY HAS FUNDED SERVICES PROVIDED BY NON-PROFIT GROUPS AND ORGANIZATIONS THAT ARE NOT RECOGNIZED AS IRS §501(C)(3) NON-PROFIT CORPORATIONS.**

### **Application Instructions**

#### Section 1

#### Applicant Information Form

Fill out the Applicant Information as completely as possible. **Do not leave any blanks.** Any spaces which are not applicable to your organization should be filled in with “N/A”.

Fill in the Resolution certifying the tax status, type of entity, and designating your organizations authorized signatory for purposes of the County’s Third Party Funding.

#### Section 2

#### Historical Narrative

The Historical Narrative is intended to give the reader a synopsis of the mission and history of your organization. First impressions are important - and this section is the first that the reader will see. Some questions to answer are:

- a. Why was the organization founded and by whom?
- b. What are some of the organizations major local accomplishments?
- c. What challenges has the organization overcome?
- d. How has the organization grown and evolved?
- e. What is the number and composition of the organizations membership?

#### Section 3

#### Programs/Services Provided

This section requires detailed description of each of your organization’s programs. In the first column, write the name or title of the program. In the second column, describe the program in as much detail as possible. The description should include:

- a. Who the program serves

- b. What services it provides
- c. When the service is available
- d. Where the service is provided

These questions must be answered for **each** of the organization's programs.

#### Section 4 Goals and Objectives

Each program that is described in the previous section should have specific goals and objectives attached to it. These goals and objectives must be specific and measurable. Do not restate the program description as a goal. For example, if the program description is "provide counseling services to troubled youth", the goal of the program could be to expand number of youth served, or to expand the number or quality of the services. The objective would then be a measurable outcome of the goal. For example, "expand the number of youth served by 20%" or "provide career counseling to youth currently served".

Please make sure that:

- a. The goals and objectives are related to the mission of the organization.
- b. The goals and objectives are clear and focused.
- c. Workload measures are included.

#### Workload Measures

A workload measure is a way for your organization to quantify the work that it does. This type of measure is very simple and basic. Some examples of workload measures could be:

- a. How many clients did your organization serve?
- b. How many pounds of food did you distribute?
- c. How many phone calls did your crisis line handle?
- d. How many people attended your events?
- e. How many seminars did you host?
- f. How many persons have been trained?

Your organization will be required to report quarterly results for the workload measures that you choose. Most organizations have various workload measures that they use to analyze their activities. It is highly recommended that you list multiple workload measures.

#### Section 5 Fee Schedule

For each of your programs, list fees that are charged to clients.

Section 6  
Board of Directors/Governing Board Roster

Please list all of the members of your board of directors/governing board on this sheet. Please include their tenure as a board member, their business affiliation, and their position on the board. (President, Secretary, Treasurer, etc.)

Section 7  
Staff Roster

Please list your entire staff, including volunteers. List the position title, job description and number of employees for that position. Also, list any special skills or exceptional qualifications that any of your staff may have.

Section 8  
Agency Budget Description

*Revenues*

Please separate your organization's revenues by source and list the actual revenues for the 2014/2015 budget, and the estimated revenues for the 2015/2016 budget. Use the categories provided in the application.

*Expenditures*

Please separate your organization's expenditures by source and list the actual expenditures for the 2014/2015 budget, and the estimated expenditures for the 2015/2016 budget. Use the categories provided in the application. Also, list the type and amount of expenditures that the County will be founding if the grant is approved.

Application requesting Third Party Funding  
Submitted By

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**Application Deadline is May 22, 2015 at 5:00 p.m.**

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Section 1  
Applicant Information

Name of Organization: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Website Address: \_\_\_\_\_ E-Mail: \_\_\_\_\_

State Tax Exempt #: \_\_\_\_\_ Employer ID #: \_\_\_\_\_

Board Chair or President \_\_\_\_\_

Executive Director: \_\_\_\_\_

Alternate Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

**Source of Funding Requested**

**General Fund:**

**or**

**Hotel/Motel Fund:**

- \_\_\_\_\_ Health and Welfare
- \_\_\_\_\_ Economic Development
- \_\_\_\_\_ Education
- \_\_\_\_\_ Environment

- \_\_\_\_\_ Historical
- \_\_\_\_\_ Arts
- \_\_\_\_\_ Tourism and Promotion

Amount of Grant Funds Requested: \_\_\_\_\_

How many consecutive years has your organization received Webb County funds? \_\_\_\_\_

“To the best of my knowledge and belief, all information in this application is true and correct. The submission of this application has been duly approved by the Governing Body of the organization, and the organization will comply with all contract requirements. I understand that the signing of this application does not constitute an award of funds. The final award of funds will be authorized and appropriated by the Webb County Commissioners Court 2015-2016 Annual Fiscal Budget.”

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Title

\_\_\_\_\_  
Typed Name of Authorized Representative

\_\_\_\_\_  
Date

**Resolution  
Of**

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This Resolution is executed by \_\_\_\_\_,  
hereafter referred to as "Organization".

The undersigned certifies to be the duly appointed Secretary of the Organization and further certifies:

(1).

- The Organization **is tax exempt** under Internal Revenue Service Code Section 501. Proof of tax exempt status from the Internal Revenue Service is provided as attachment 1.
- The Organization **is not tax exempt** under Internal Revenue Service Code Section 501 and is not a non-profit corporation.
- The Organization is duly organized and existing under the laws of the State of Texas as a **non-profit corporation** as described in the following documents:
  - A. Organization's Article of Incorporation
  - B. Organization's Constitution and/or By-laws
  - C. Organization's Charter from the Secretary of State
  - D. Organization's Purchasing Policies Procedures
- The Organization is duly organized and existing under the laws of the State of Texas as a **for-profit corporation** as described in the following documents:
  - A. Organization's Article of Incorporation
  - B. Organization's Constitution and/or By-laws
  - C. Organization's Charter from the Secretary of State
  - D. Organization's Purchasing Policies Procedures
- A non-profit organization, **which has not been incorporated** under the laws of the State of Texas and **which does not have IRS §501 status.**

(2). At a meeting of the Organization's governing body held on \_\_\_\_\_, 2015, at which a quorum was present and acting throughout, the following resolution was duly adopted, has not been amended and is in full force and effect the date hereof:

**RESOLVED**, that the  President  Executive Director  Other: \_\_\_\_\_ of the Organization, now appointed or hereafter appointed, shall be, and hereby is, authorized to

enter into and execute in the name of and on behalf of the Organization all agreements, contracts, applications for funding, instruments and documents in connection with Webb County's Third Party Funding.

- (3). The office listed below is held by the person whose name is indicated opposite such office, such person has been duly elected/appointed to such office, and the signature opposite his or her name is his or her authentic signature.

<b>NAME</b>	<b>TITLE</b>	<b>SIGNATURE</b>
_____	_____	_____

- (4). The Organization will notify Webb County of any changes to its Organizational Status within 30 days of such change and submit a revised Organizational Status Certification.

All notices required to be given under this certification shall be mailed or personally delivered as follows:

Webb County, Texas  
Marco A. Montemayor, Webb County Attorney  
1110 Washington St. Ste. 301  
Laredo, Texas 78040

IN WITNESS WHEREOF, I have hereunto set my hand of this \_\_\_\_\_ day of \_\_\_\_\_, 2015.

\_\_\_\_\_  
Secretary







Section 4  
Goals and Objectives

Program	Goal	Objective
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Program	Goal	Objective
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Program	Goal	Objective
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Program	Goal	Objective
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Section 4 cont'd  
Workload Measures:

Description	Measure
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_____	_____
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Description	Measure
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Description	Measure
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(\*\*Note – If additional space is required make copies of this page and attach them at the end of this Section 4.)



Section 6  
Board of Directors/Governing Board Roster

List all of the members of your Board of Directors/Governing Board. Include their position on the Board (president, secretary, treasurer, etc.), their term of office, and business affiliation (doctor, lawyer, businessman, banker, law enforcement, city, county, federal etc.).

Title of Officer/Director	Name	Term of Office	Business Affiliation
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
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Section 7, Staff Roster (cont'd)

<b>Position/Title</b>	<b>Name</b>	<b>Salaried or Volunteer</b>	<b>Job Description</b>
_____	_____	_____	_____
			_____
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			_____
			_____
			_____
			_____
			_____

<b>Position/Title</b>	<b>Name</b>	<b>Salaried or Volunteer</b>	<b>Job Description</b>
_____	_____	_____	_____
			_____
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			_____
			_____
			_____
			_____
			_____
			_____

(\*\*Note - Make additional copies of this page as necessary and attach them at the end of this Section 7.)







Attachment Checklist

*Please remember to include the following attachments:*

\_\_\_\_\_ Annual Audit, Review, or Financial Statement

\_\_\_\_\_ Annual Report

\_\_\_\_\_ Approved minutes from the most recent board meeting

\_\_\_\_\_ IRS 501 (c) (3)

\_\_\_\_\_ IRS Form 990

\_\_\_\_\_ A resolution from the Board of Directors or Governing Body detailing the organization's non-profit status and authorized signatory for County Third Party Funding Application and contract.

\_\_\_\_\_ Articles of Incorporation

\_\_\_\_\_ Constitution and/or Bylaws

\_\_\_\_\_ Charter from Secretary of State (Texas);

\_\_\_\_\_ Purchasing Policies and Procedures

\_\_\_\_\_ Certificate of Liability Insurance