



REQUEST FOR PROGRAM FUNDING

AGENCY _____

ADDRESS _____

PHONE _____ FAX _____

EXECUTIVE _____ E-MAIL _____

We, the undersigned, acting on behalf of _____, submit the attached information as a basis for requesting an allocation in the total amount of \$ _____, from Parker County for the 12 month period of July 1, 2025 – June 30, 2026.

Submission of this allocation request will serve as an agreement to operate within the spirit and letter of the Parker County Annual Statement of Agreement provided in this packet.

Executive _____
Print Name & Date _____ Signature _____

Board President _____
Print Name & Date _____ Signature _____

Board Treasurer _____
Print Name & Date _____ Signature _____

PO Box 2740
Weatherford, TX 76086

PARKER COUNTY ADMISSION CRITERIA

The applying agency shall:

- **Agree to comply with the Annual Statement of Agreement between the applying agency and Parker County.**
- Be incorporated as a not-for-profit 501(C) 3 tax organization and registered with the Texas Secretary of State.
- Have bylaws that clearly define the agency's purpose, duties and authority and the responsibilities of the governing body.
- Have an unpaid Board of Directors who meet at least quarterly, sets policies, has representation from the Parker County service area, and implements a board term rotation policy.
- Obtain support, financial and/or in kind, other than Parker County funding.
- Have provided the program or service to Parker County residents for the immediate 12 months prior to the submission of funding application.
- Provide the program or service to clients regardless of race, color, national origin, gender, religious affiliation or disability.

Programs ineligible for funding:

- a. Those that are primarily political in nature, including agencies that exist solely as advocates for special interest groups.
- b. Those that provide services only to the members of a particular religious group, or which exist solely to advocate particular religious beliefs.
- c. Those that exist solely as a forum for the presentation of cultural or artistic achievements.
- d. Any others that the Parker County Board considers inappropriate.

Parker County will be responsible for applying the admission criteria fairly and consistently. Decisions made by Parker County are final.

PARKER COUNTY REQUIRED DOCUMENTS

In order to be considered for funding from Parker County for the 2025 fiscal year, the following documents must be provided:

1 packet marked “OFFICE COPIES”, submitted in a 1” or 1 ½” white 3 ring binder
MUST include the following:

1. Copy of IRS letter granting your 501 (c) 3 status
2. Copy of registration with the Texas Secretary of State
3. Copy of current by-laws
4. Agency Agreement (enclosed, page 4)
5. Annual Statement of Agreement (enclosed, pages 5, 6 and 7)
6. Board of Directors 2025 meeting schedule and list of current board members
7. Anti-Terrorism Compliance Measures. (enclosed, page 8)
8. Program Summary form. (enclosed, page 9)
9. Program Budget form and requested schedules. (enclosed, page 10)
10. Copy of most recent IRS 990
11. Copy of the most recent completed annual financial statements (audit preferred if available)

4 ALLOCATION COMMITTEE PACKETS, submitted in 4 individual pocket folders (NO BRADS) MUST include ONLY the following:

1. Completed Request for Program Funding form. (enclosed, page 1)
2. Completed Program Summary form. (enclosed, page 9)
3. Completed Program Budget form and requested schedules. (enclosed, page 10)
4. Copy of most recent IRS 990. (pages 1 through 3 only)
5. Copy of the most recent completed annual financial statements (audit preferred if available)

**FAILURE TO INCLUDE ANY OF THIS INFORMATION WILL RESULT IN
REJECTION OF YOUR APPLICATION.**

Application Deadline is Tuesday, May 31, 2025
Interviews as needed – June 2025

PARKER COUNTY AGENCY AGREEMENT

If accepted as a partner agency of Parker County _____ hereby agrees:

1. To fund programs designed to enhance child safety, health, or nutrition, including child abuse prevention and intervention and drug and alcohol abuse prevention or programs designed to enhance public safety and security.
2. To accept the apportionment of funds awarded by the Allocation Committee and approved by the Parker County Commissioner's Court.
3. To be registered with IRS as a 501 (c) (3) organization, and registered with the Texas Secretary of State as a nonprofit organization;
4. To maintain a responsible management, with a qualified board of unpaid directors. The board shall meet at least four times a year and agree to provide the Allocation Committee with quarterly updates on the use of allocated funds. The Allocation Committee is authorized to define the requirements of a "responsible management";
5. To have a financial management system that meets the basic standards of accounting, including (but not limited to) a compiled annual financial report, annual completion of IRS 990; monthly financial reports to the agency board; and to submit to Parker County such information that the Allocation Committee may require;
6. To provide services to all residents of Parker County, who meet agency program guidelines;
7. To assure that programs are not primarily religious or political in nature; and to cooperate with other social agencies in promoting effective service, efficiency and economy of administration.
 - A. This agency understands that failure to meet any of these basic standards as stated by Parker County may result in reduction or loss of funding.
 - B. Parker County has the right to use your agency's name.
 - C. Because funding projections vary, this agency understands that Parker County can make no guarantees of ongoing funding and may reduce or withdraw funding at any time.

(Signed) _____
(Title) _____

(Print Name) _____
(Date) _____

ANNUAL STATEMENT OF AGREEMENT

Between
Parker County
And

For the period beginning
July 1, 2025 through June 30, 2026

The purpose of this agreement is to define a cooperative and mutually beneficial relationship between Parker County and its partner agencies. This agreement must be signed annually by both parties before allocations may be released. Dispersal of funds will be made quarterly based on fund availability.

GENERAL PRINCIPLES

- A. Parker County and the agency agree to conduct operations based upon sound budget controls and fiscal procedures.
- B. Parker County and the agency agree to maintain a policy of “non-discrimination” in compliance with federal and state guidelines and/or regulations.
- C. A program is defined as a set of related activities and outputs directed at common or closely related purposes that a meaningful portion of the agency’s resources are dedicated to achieving.
- D. This agreement shall be in effect for one year, commencing on July 1, 2025.

PARKER COUNTY AGREES:

- A. Approved allocations to the agency for fiscal year 2025 shall be made on a quarterly basis, typically payable in April, July, October, and January pending review of the required quarterly reports from the agency. Parker County may call meetings with the agencies during the quarterly review process.
- B. Parker County committee will hold meetings with agency directors, as needed.
- C. To promote and support the agency and agency programs/services throughout Parker County.
- D. To give the agency adequate notification and time to prepare quarterly reports and assist with the allocation process.

THE AGENCY AGREES:

- A. To maintain “responsible management”. To be governed by a qualified board of unpaid directors, which shall meet at least four times a year. The committee of Parker County is authorized to determine “responsible management.”
- B. To operate sound financial practice meeting the basic standards of accounting. Provide when and as requested a compiled annual financial report, including but not limited to: annual IRS 990 and quarterly financial reports submitted to the agency board.
- C. To cooperate with other agencies within Parker County to prevent duplication and promote coordination and efficiency.
- D. The agency will provide copies of registration with the IRS as a 501 (c) (3) organization and with the Texas Secretary of State as a nonprofit organization.

- E. To notify the Parker County Allocation Committee in writing of any major changes to its program or its ability to carry out its mission. This includes the start of new services, especially those that are significantly funded with Parker County dollars.
- F. To present to the Parker County Allocation Committee its funding request for that fiscal year together with such background information and materials as required by the Parker County Allocations Committee.
- G. To provide completed Parker County quarterly report forms to the Parker County Allocation Committee. Reports will be due in July, October, January and April on the 15th of the month.
- H. To use no funds allocated to the agency from Parker County for any activity, service or program other than that for which it was granted.
- I. Unexpended allocated funds in excess of \$500 will be returned to Parker County.

PARKER COUNTY AND THE AGENCY AGREE:

- A. To maintain responsible management, a governing board and staff to administer its programs and/or services.
- B. Parker County will conduct allocation hearings with each qualified agency. The number of representatives attending the allocation hearings on behalf of the Agency shall be no more than **four** people. Representatives should be qualified to answer questions regarding the Agency’s operation and budget, program features, etc.
- C. The committee will recommend to the Parker County Commissioner’s Court the funding percentage for each agency for final approval.
- D. Because projections vary, this agency understands that Parker County can make no guarantees of ongoing funding and may reduce or withdraw funding at any time.
- E. The agency will appear before the Allocation Committee when requested by the Allocation Committee Chairman, Parker County Tax Assessor Collector.
- F. Breach by the Agency of any provisions of this agreement may result in termination of this contract or reduction of allocation by Parker County.

PARKER COUNTY AGENCY

_____/_____
 President, Board of Directors Date

_____/_____
 President, Board of Directors Date

_____/_____
 Chairman, Allocations Date

_____/_____
 Executive Director Date

ANTI-TERRORISM COMPLIANCE MEASURES

In compliance with the USA PATRIOT ACT and other counterterrorism laws, Parker County requires that each agency certify the following:

“I hereby certify on behalf of _____
that all Parker County funds and donations will be used in compliance with all applicable
anti-terrorist financing and asset control laws, statutes and executive orders.”

Print Name: _____ Title: _____

Signature: _____ Date: _____

PARKER COUNTY 2025 PROGRAM SUMMARY

(Please use 10 point font or greater to complete in the space provided)

Program Name: _____

Organization Name: _____

E.I.N. # _____ **Contact Person:** _____

Title: _____ **Email:** _____

Address _____ **Phone** _____ **Fax** _____

Amount requested for this program for 2025: _____ **% of Total Program Budget:** _____

Estimated # of unduplicated Parker Co. residents to be served 2025: _____

Unit cost per Parker County resident served \$ _____

Check All That Apply:

- enhanced child safety, health, nutrition
- child abuse intervention and prevention
- drug and alcohol abuse and prevention

Expected Results of this program:

A brief summary of the program is as follows:

This proposal was considered and approved on the _____ day of _____, 2025.

Signed: _____

Signed: _____

Type name: _____
Organization Board Chair

Type name: _____
Organization Executive Director

Date received by Parker County: _____

PARKER COUNTY 2025 PROGRAM BUDGET FORM

Program Name: _____ Organization Fiscal Year: _____
 Organization Name: _____ Dates of program operation: _____

PROGRAM BUDGET

PROGRAM REVENUE specific to program for which you seek funding	Actual 2024	Budgeted 2025	Y-T-D	Projected Year Goal
1. Federal Grants				
2. Government Support				
3. Foundations/Private Grants*				
4. In-Kind Support*				
5. Client/Program Service Fees				
6. Contributions				
7. Other Revenue*				
8. Interest/Investment Income				
TOTAL PROGRAM REVENUE				

* Provide sources on a separate page

PROGRAM EXPENSES specific to program for which you seek funding	Actual 2024	Budgeted 2025	Y-T-D	Projected Year Goal
1. Salaries (program staff)				
2. Benefits/Taxes (program staff)				
3. Professional Fees				
4. Supplies				
5. Travel				
6. Communication (phone, fax, e/mail)				
7. Occupancy/Utilities				
8. Payment to Affiliates				
9. Major Property/Equipment Acquisition				
10. Conference/Training				
11. Administration (specific to this program)				
12. Other*				
13.				
TOTAL PROGRAM EXPENSES				

*If program runs at a deficit, please explain on separate page.

Units of Service	Actual 2024	Budgeted 2025	Y-T-D	Projected Year Goal
Units of service delivered				
Number of people served by units of service				
Unduplicated count of people served				

VOLUNTEER UTILIZATION	Actual 2024	Budgeted 2025	Y-T-D	Projected Year Goal
# of Volunteers Used in the Program				
# of Volunteer Hours				

From your most current IRS Form 990, what percent of your organization's expenses are administrative costs? _____

PARKER COUNTY 2025 QUARTERLY REPORT FORM

Program Name: _____ Organization Fiscal Year: _____
 Organization Name: _____ PC Allocation: _____

One quarterly report form is required for each program receiving Parker County funding. You must use this form. Include all revenue from all sources and all expenses **associated with the Parker County funded program only**. Incomplete reports will be rejected, resulting in delay of payments to your organization.

Reports are due **July 15 October 15, January 15 and April 15**. No funds will be released until quarterly report is received and reviewed by the Allocations Committee. The Allocations Committee meets quarterly to review reports and grant requests, thus any reports received after the due date of the 15th, as well as Parker County funds due to you will be held for review and distribution until the next quarter's meeting.

PROGRAM REVENUE	quarterly income carryover 2025	April 2025	May 2025	June 2025	Quarter Total
1. Federal Grants					
2. Government Support					
3. Foundations/Private Grants*					
4. In-Kind Support*					
5. Client/Program Service Fees					
6. Contributions					
7. Other Revenue*					
8. Interest/Investment Income					
9. Parker County					
TOTAL PROGRAM REVENUE					

* Provide sources on a separate page

PROGRAM EXPENSES specific to Parker County funded program	April 2025	May 2025	June 2025	Quarter Total
1. Salaries (program staff)				
2. Benefits/Taxes (program staff)				
3. Professional Fees				
4. Supplies				
5. Travel				
6. Communication (phone, fax, e/mail)				
7. Occupancy/Utilities				
8. Payment to Affiliates				
9. Major Property/Equipment Acquisition				
10. Conference/Training				
11. Administration (specific to this program)				
12. Other				
TOTAL PROGRAM EXPENSES				

*If program runs at a deficit, please explain on separate page.

PARKER COUNTY QUARTERLY REPORT FORM

Units of Service	April 2025	May 2025	June 2025	Quarter Total
Units of service delivered				
Number of people served by units of service				
Unduplicated count of people served				

VOLUNTEER UTILIZATION	April 2025	May 2025	June 2025	July 2025	Quarter Total
# of Volunteers Used in the Program					
# of Volunteer Hours					

On additional sheet of paper please report the following information **as it pertains to Parker County funded program only.**

1. **Victories:** Report on program successes this quarter. Tell Parker County about the accomplishments and success for this program
2. **Challenges:** Report on barriers to further success. Tell Parker County what problems you face.
3. **Outcomes:** Report outcomes as defined in your Parker County application or report on your progress in developing outcome measures.
4. **Conditions/Requirements/Recommendations:** There may be special statutory requirements attached to your funding. Use this space to report on what you have done this quarter to respond to these. If no requirements have been placed on your funding, write "None".

Signature: _____ **Date:** _____

Title: _____