

United Way of Greater Baytown Area and Chambers County



FY25 Community Impact Grant

Finance Review Cover Sheet

Organization's Information:

Your Organization:	
Your Name:	
Your Role:	
Date of submission:	

Program Information: *Please indicate which programs you will applying United Way awarded funding to.*

Name of program:	
Last funding year:	
Proposed funding area:	
Total request:	

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Financial Information: *Please check boxes for what in included with this document.*

✓	Document:	Notes
	Financial Audit	\$500,000 cash revenue or higher
	Financial Review	Between \$50,000 to \$499,999 cash revenue.
	Financial Compilation	Under \$50,000 cash revenue
	Tax Form 990	<input type="checkbox"/> 990 N (Less than \$50,000) <input type="checkbox"/> 990 – EZ (total assets less than \$500,000) <input type="checkbox"/> 990 (total assets greater than \$500,000) <input type="checkbox"/> 990-PF (Private foundation)
	990 Extension Confirmation	Only needed if current year 990 is not complete.
	Operational Budget	Planned budget for the organization as a whole
	Program Budget	Planned budget for the program United Way dollars would be applied.