2026-2027 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.

ABSOLUTELY NO THIRD PARTY FUNDING MONIES SHALL BE USED FOR ANY PAYROLL EXPENSES, EMPLOYEE WAGES, BENEFITS, AND OR SALARIES, ETC., AS PER ORDER OF THE WEBB COUNTY COMMISSIONERS COURT, ANY APPLICATION NOT COMPLYING WITH THIS REQUIREMENT WILL RESULT IN DISQUALIFICATION.

ANY MISSING ITEMS IDENTIFIED ON THE ATTACHED CHECKLIST (Section 9) ARE SUBJECT TO DISQUALIFICATION.

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.
6. Income expense report from the prior fiscal year.

Application must be submitted to the office of the Webb County Clerk (address listed below). Sealed envelope(s) must be marked (Sealed Application) with Application number & name on the front lower left-hand corner of envelope. The application number and name is as follows:

2026-2027–Third Party Funding

All applications must be submitted in a hard copy and time stamped by the County Clerk's Office before the below documented deadline. Economic Development Departments will review application. Upon completion, review and corrections have been made, if needed, then an electronic copy on a disk will need to be submitted.

Webb County Clerk
Webb County Justice Center
1110 Victoria St., Suite 201
Laredo, Texas 78040

Application Deadline is June 11, 2026 at 2:30 p.m.

All applications received after the deadline will not be accepted and will result in no allocation of funds to the organization. All applications submitted must be complete. The Economic Development 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 "Notice of an incomplete application" shall be rejected for the 2026/2027 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

HANDWRITTEN APPLICATIONS WILL NOT BE ACCEPTED. The application may be completed on the Webb County web site at www.webbcountytx.gov for the 2026/2027 funding cycle.

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. All quarterly reports should be submitted to the following department and email address:

Economic Development Department
1308 San Agustin Ave.
Laredo, TX 78040
saguilar@webbcountytx.gov

Failure to comply with this reporting requirement may affect your organization's future eligibility in the County's 3rd Party Funding process. Quarterly Reports are due: January 29, April 30, July 30, & October 29.

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. Furthermore, please list any special skills or exceptional qualifications that any of your staff may have.

Section 8
Agency Budget Description

ABSOLUTELY NO THIRD PARTY FUNDING MONIES SHALL BE USED FOR ANY PAYROLL EXPENSES, EMPLOYEE WAGES, BENEFITS, AND OR SALARIES, ETC., AS PER ORDER OF THE WEBB COUNTY COMMISSIONERS COURT. ANY APPLICATIONS NOT COMPLYING WITH THIS REQUIREMENT WILL RESULT IN DISQUALIFICATION.

Revenues

Please separate your organization's revenues by source and list the actual revenues for 2025/2026 budget, and the estimated revenues for the 2026/2027 budget. Use the categories provided in the application.

Expenditures

Please separate your organization's expenditures by source and list the actual expenditures for the 2025/2026 budget, and the estimated expenditures for the 2026/2027 budget. Use the categories provided in the application. Also, list the type and amount of expenditures that the County will be funding if the grant is approved.

Section 9
Application Checklist

Inclusion of all applicable items identified in the attached Application Checklist is **Mandatory**. Failure to attach all **Mandatory** items in the Application Checklist will result in disqualification.

Application requesting Third Party Funding

Submitted By

_____

HANDWRITTEN APPLICATIONS WILL NOT BE ACCEPTED. The application may be completed on the Webb County website at www.webbcountytx.gov for the 2026/2027 funding cycle.

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:

General Fund	**or**	***Hotel/Motel Fund:***
☐ Health and Welfare		☐ Historical
☐ Economic Development		☐ Arts
☐ Education		☐ Tourism and Promotion
☐ Environment		

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 2026/2027 Annual Fiscal Budget.

_____ _____

Signature of Authorized Representative Print Name

_____

Date

Resolution
Of

_____

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 _____, 2025, 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 (President, Vice-president etc.), such person has been duly elected/appointed to such office, and the signature opposite his or her name is his or her authentic signature.

NAME	**OFFICE**	**SIGNATURE**
_____	_____	_____

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

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

Economic Development Department
1308 San Agustin Avenue
Laredo, Texas 78040

IN WITNESS WHEREOF, I have hereunto set _____ day of _____, this my hand of 2026.

_____
Secretary of the Applicant Organization

Section 2
(A). Historical Narrative

In this section the organization should set forth a synopsis of the organization's mission and history. Each organization applying for county funding should generally describe when and by whom the organization was founded; why the organization was founded; the focus of the organizations activities and some of the organization's local accomplishments. **Handwritten applications will not be accepted.**

(B). If you received funding during 2025/2026 year, what did you accomplish with the 3rd party funding received from the County of Webb?
(C). Include a complete financial report for your prior fiscal year (2025).
(D). Include a complete expenditure report for your prior fiscal year (2025).
Failure to provide financial and expenditure report will affect your organizations future eligibility in the County's 3rd party process.

Section 3
Programs/Services Provided

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.

This section sets forth a detailed description of the program for which funding is being requested. In the first column write the name or title of the program. In the second column describe the services which the program is to provide. ***Be as specific as possible (dates, no. of persons to be served, detailed description of activity etc.) in setting out the deliverable or scope of services to be provided by your organization as this "Description of Services to be provided" will, if grant funds are awarded, form the basis of the description of services to be delivered by the organization in the funding contract with the County. Handwritten applications will not be accepted.***

Program Name	**Description of Services to be provided**

(**Note – If additional space is required make copies of this page and attach them at the end of this Section 3.)

Section 4

Goals and Objectives

Program	Goal	Objective

Program	Goal	Objective

Program	Goal	Objective

Program	Goal	Objective

Section 4 cont'd Workload Measures:

Description	Measure

Description	Measure

Description	Measure

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

Section 5

Fee Schedule

For each service provided identify the type of service provided, the target or client group and the charge for that service.

Service Provided	Target Group or Beneficiary	Fee

_____	_____	
	_____	
	_____	
_____	_____	_____
_____	_____	
	_____	
	_____	

(**Note – If additional space is required make copies of this page and attach them at the end of this Section 5.)

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

Section 7
Staff Roster

List the position/title, job description and total number of employees and indicate whether each staff member is a paid employee or volunteer.

Position/Title	Name	Salaried or Volunteer	Job Description

Section 7, Staff Roster (cont'd)

Position/Title	Name	Salaried or Volunteer	Job Description

Position/Title	Name	Salaried or Volunteer	Job Description

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

ABSOLUTELY NO THIRD PARTY FUNDING MONIES SHALL BE USED FOR ANY PAYROLL EXPENSES, EMPLOYEE WAGES, BENEFITS, AND OR SALARIES, ETC., AS PER ORDER OF THE WEBB COUNTY COMMISSIONERS COURT. ANY APPLICATIONS NOT COMPLYING WITH THIS REQUIREMENT WILL RESULT IN DISQUALIFICATION.

Section 8
Agency Budget Description

Revenues

Source	2025/2026	2026/2027 (Estimated)
Webb County		
City of Laredo		
State		
Federal		
United Way		
Foundation Grants		
Donations		
Fundraisers		
Fees and Dues		
Sale of Merchandise		
Investment Income		
Other:		
Other:		
Other:		
Other:		
Other:		
Other:		

Other:		
Other:		
Other:		
Other:		
Total Revenues		

Webb County Funding As A Percentage of Total Agency Budget _____%

Agency's Fiscal Year _____ _____
(Month/Yr.) (Month/Yr.)

Agency Budget Description

Expenditures

Source	**2025/2026 (Actual)**	**2026/2027 (Estimated)**	**To be funded by Webb County**
Salaries			
Payroll Taxes			
Employee Benefits			
Professional Fees			
Supplies			
Telephone			
Postage and Shipping			
Occupancy			
Rental and Maintenance of Equipment			
Printing and Publications			
Travel			
Conferences and Conventions			

Direct Assistance to Individuals			
Membership Dues			
Awards and Grants			
Major Property and Equipment Purchase			
Miscellaneous			
Other:			
Other:			
Other:			
Other:			
Other:			
Other:			
Other:			
Other:			
Other:			
Other:			
Other:			
Total Expenditures:			

Section 9
Application Checklist

Please remember to include the following <u>Mandatory</u> attachments as applicable. Failure to attach all **<u>Mandatory</u>** items in the Application Checklist will result in disqualification.

_____ Annual Audit, Review, or Financial Statement (2025)

_____ Annual Report (2025)

_____ 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

_____ Recusal and Disclosure

_____ Conflict of Interest

_____ Income expense report form prior fiscal year

County of Webb
Recusal and Disclosure

READ THE INSTRUCTIONS BELOW PRIOR TO COMPLETION OF THIS DISCLOSURE AND ATTACH ADDITIONAL SHEETS IF SPACE PROVIDED IS NOT SUFFICIENT

Last Name	First Name	Middle Name

Select Type of Recusal

☐ Improper Economic Benefit ☐ Unfair Advancement of Private Interests

Status of Reporting Party: Check appropriate box and fill required blank

☐ **County Official**[1]	**Board/Commission Title**	_____
☐ **County Employee**[2]	**Job Class/Department**	_____
☐ **Elected Official**	**Office Held**	_____

I certify that I must recuse myself from the official action below as it may substantially affect the economic interests of an individual or entity. I further certify that I will immediately refrain from participation in the matter, including discussions with any persons likely to consider the matter:

Describe Official Action Recused From:

_____

_____

_____

_____

_____

[1] a member of a board shall promptly disclose the conflict to other members of the board and shall not be present during the board's discussion of, or voting on, the matter.

[2] a supervised employee shall promptly bring the conflict to the attention of his or her supervisor, who will then, if necessary, reassign responsibility for handling the matter to another person.

Disclose The Nature And Extent of Prohibited Conduct:

Signature	**Date:** (MM/DD/YYYY)

Present County Officials and Employees

Conflicts of Interest

(a) General Rule. To avoid the appearance and/or risk of impropriety, an official employee shall not take any action that he or she knows is likely to affect the economic interests of:

(1) The official or employee;

(2) His or her parent, child, spouse, or other family member within the second degree of affinity or within the fourth degree of consanguinity; **(3)** His or her outside client;

(4) A member of his or her household;

(5) Any outside employer of the official or employee or of his/her parent, child, spouse, or member of the household;

(6) A business entity in which the official or employee knows that any of the persons listed in Subsections (a) (1) or (a) (2) of this Section holds an economic interest as that term;

(7) A business entity which the official or employee knows is an affiliated business or partner of a business entity in which any of the persons listed in Subsection (a) (1) or (a) (2) of this Subsection holds an economic interest;

(8) A business entity or nonprofit entity for which the county official or employee serves as an official or director or in any other policy making position; or

(9) A person or business entity with whom, within the past twelve months:

(A) The official or employee, or his or her spouse, directly or indirectly has

(i) solicited an offer of employment for which the application is pending;

(ii) received an offer of employment which has not been rejected;

(iii) accepted an offer of employment, or

(B) The official or employee, or his or her spouse, directly or indirectly, engaged in negotiations pertaining to business opportunities, where negotiations are pending or not terminated.

(b) Recusal and Disclosure. A county official or employee whose conduct violated Subsection (a) must recuse him or herself, and from the time that the conflict is, or should have been recognized, if applicable, he or she shall:

(1) Immediately refrain from further participation in the matter, including discussions with persons likely to consider or participate in the matter;

(2) File the appropriate form with the external auditor within three (3) business days disclosing the nature and extend of the prohibited conduct;

(3) Promptly bring the conflict to the attention of his or her supervisor who will then, if necessary, reassign responsibility for handling the matter to another employee; and

(4) Promptly disclose the conflict to other members of the council, board or commission in which he or she serves and shall not be present during the board's discussion of, or voting on, the matter.

(c) For purposes of this section, any action is likely to affect the economic interest if it is likely to have an effect on that interest that is distinguishable from its effect on members of the public in general or any segment thereof.

Unfair Advantage of Private Interests

(a) General Rule. A county official or employee shall not use his or her official position to unfairly advance or impede private interests, or to grant or secure, or attempt to grant or secure, for any person (including himself or herself) any form of special consideration, treatment, exemption, or advantage beyond that which is lawfully available to that person based on the official's or employee's violates this rule. **(b) Special Rules.** The following special rules additionally apply:

(1) Acquisition of Interest in Impending Matters. A county official or employee shall not acquire an interest in, or affected by, any contract, transaction, or other matter, if the official or employee knows or has reason to know, that the interest will be directly or indirectly affected by impending official action by the county.

(2) Reciprocal Favors. A county official or employee may not enter into an agreement or understanding with any other person wherein any official action or inaction by the official or employee will be rewarded or reciprocated by the other person, directly or indirectly.

(3) Appointment of Relatives. A county official shall not appoint any relative within the fourth degree of consanguinity or second degree of affinity to any office or position of employment within the county.

(4) Supervision of Relatives. No official or employee shall be permitted to be in the line of supervision of a relative within the fourth degree of consanguinity or second degree of affinity. Department Directors are responsible for enforcing this policy. If an employee, by reason of marriage, promotion, reorganization, or otherwise, is placed into the line of supervision of a relative, one of the employees will be reassigned or other appropriate arrangements will be made for supervision.

(c) Recusal and Disclosure. A county official or employee whose conduct violates this section shall adhere to the recusal and disclosure provisions provided in Section 2.01(b), (Recusal and Disclosure).

Acknowledge by: _____ Date: _____

County Official/ Employee

_____

Printed Name