



Fremont Area United Way

**COMMUNITY IMPACT FUNDING APPLICATION
2020 Funding Cycle**

APPLICATION

Section 1 - Agency Profile and Program Information

Agency Profile Information

Application Organization:

FEIN:

Website:

Phone Number:

Fax Number:

Mission statement of organization:

Year organization was established/incorporated:

Name of Executive Director/President/CEO:

Name of Board Chair/President:

Agency Street Address (main office):

Mailing Address (if different from above)

Does your organization have more than one location?

If you are requesting for more than one location, please list additional locations

Board and Administrative Information

Organizations should be able to produce these next 3 supporting documents for any "yes" responses, upon request, but do not need to send at this time.

Does your organization:

(Required by United Way World Wide)

Maintain directors and officers insurance?

Yes

No Explain why:

Maintain written general board policies and procedures?

Yes

No Explain why:

Have written personnel policies and procedures?

Yes

No Explain why:

Items required when submitting your application:

- Digital copy of your agency logo
- Board member roster including email address, and business or affiliation (Item A)
- Bylaws (Item B)
- Strategic Plan (Item C)
- Non-discrimination Policy (Item D)
- Whistleblower Policy (Item E)
- Accreditations list (Item F)

Section 2 – Agency Items for Submission

Listed below are the items that need to be submitted with your funding request. Check the appropriate boxes to indicate you have attached these documents.

If the box is not checked, please explain why not:

- Audit (Item G)**
 - **For agencies with annual revenue less than \$125,000 –**
 - Agreed upon procedures as agreed to by a CPA, FAUW, and the Funded Partner, including, but not limited to: a detailed review of bank activity, review of approvals for disbursements and support for deposits, and other transactional testing
 - **Budget greater than \$125,000 but less than \$249,000 –**
 - Financial review prepared by CPA
 - 990 (990 EZ or 990 core)
 - **Budget \$250,000 or greater –**
 - CPA prepared independent audit
 - Management letter
 - 990 (990 EZ or 990 core)
- 990 (990 EZ or 990 core) (Item H)**
- Annual operating budget (*for the entire organization*) (Item I)**
- Monthly organizational income statements for the past six months (Item J)**
- Most current balance sheet (Item K)**

Program Information

Program Seeking Funding:

Name of Primary Contact Person for Program:

Title of Primary Contact Person for Program:

Phone Number:

E-mail Address:

Secondary contact(s):

Brief description of this program

Funding Amount Requested: \$

Approximate number of people you expect to serve in one year:

Geographic area(s) that this request will cover by zip code:

Section 3 - Outcomes and Measurement/Evaluation

Instructions

Step 1: You must choose at least one **impact area: Education, Income, Health, or Basic Needs.** *If you are not seeking funding for a particular impact area, you may delete that area from this application.*

Step 2: Then identify the **outcomes you will be addressing and which outputs you will use from those listed.** *Do not add your own outputs or outcomes. You may remove the ones you will not need.*

Give your projected numbers or percentage for each selected measure. All measures will require a projected percentage or number that your program strives to achieve. Measurements of these projected outcomes has been requested by the Fremont Area United Way Board of Directors as a way to compare your program goals with the results you are seeing. You will have a chance to update these projections quarterly based on trends you are seeing in your program implementation.

EDUCATION

Outputs

- # of students who participate in school and/or out-of-school programs and/or receive individual supports
- # of youth who receive job skills training
- # of children (0-5) enrolled in high quality early childhood programs
- # of children receiving early literacy supports before 3rd grade
- # of families and/or caregivers provided with information, resources, tools, trainings, and/or teaching skills
- # of students meeting school benchmarks
- # of youth graduating from high school

Outcomes

- % of children (0-5) served who achieve developmental milestones
- % of children (K-3) served who are proficient on school readiness assessments
- % of children (K-3) served reading at or above grade level
- % of students served who graduate high school on time
- % of youth served who gain post-secondary employment, GED, further education and/or credentials
- % of youth served who earn passing grades in core subject areas
- % of elementary/middle/high school youth served who maintain satisfactory or improved school attendance

- % of individuals who increase knowledge of children’s social, emotional, cognitive, and/or physical development
- % of parents/guardians served who report an increase in their knowledge, skills, and/or ability to parent

INCOME

Outputs

- # individuals served who receive job skills training
- # of individuals served who access affordable housing, financial products, financial literacy and services

Outcomes

- % of individuals served who gain employment
- % of individuals served who increase their wages
- % of individuals served who increase disposable income by accessing benefits and/or reducing costs
- % of individuals served who earn job-relevant licenses, certificates, and/or credentials
- % of individuals who increase their financial health through reduced debt, maintaining a budget, increased savings, increased credit score, and/or building assets
- % of individuals who demonstrate an increase in financial skills and knowledge

HEALTH

Outputs

- # of individuals served participating in physical activity and/or healthy food access/nutrition programs
- # of individuals served with access to healthcare services
- # of caregivers who receive respite
- # of individuals who maintain the ability to live at home
- # of families with improved family well-being

Outcomes

- % of children/adults served who achieve a healthy weight
- % of babies served born at a healthy weight
- % of children/adults served who adopt healthy behaviors through increased physical activity and/or consumption of nutritious food.
- % of mothers served who access prenatal care

- % of individuals served who increase their mental and/or emotional health
- % of individuals served who increase their physical health
- % of individuals served who increase their quality of life
- % of improved protective factors

BASIC NEEDS

Outputs

- # of individuals served food
- # of meals provided
- # of individuals provided shelter and/or safe environment
- # of nights total that shelter and/or safe environment was provided
- # of nights per person on average that shelter and/or safe environment was provided
- # of individuals who no longer need assistance due to an improved situation

Outcomes

- % of individuals benefit to meet basic needs such as food stamps, LIHEAP, Section 8
- % of people who were discharged to permanent housing
- % of people who maintained housing, prevented homelessness

Section 4 - Program Narrative

Please tell us about your program. Remember that this is your opportunity to help us understand how your program fits into Fremont Area United Way's Community Impact. When writing the narrative, you must address the following things:

Alignment

- How does your program align with the goals, data and priorities listed in the Community Impact Agenda?
- How does your program address the data provided in the Community Impact Agenda?
- How are you creating change to solve the problem long-term by this program?

Delivery

- Please describe how your program will reach the area of Dodge and/or Washington counties.
- Who is your target audience? (include age, gender, ethnicity, zip code, income level, and school district if applicable)
- When, where and how is it delivered?
- Please describe how your program utilizes evidence-based or best-practice strategies for program design and execution.

- What is the cost per unit to deliver your program?
- How is this effort currently being funded?
- How many full-time staff members are involved in delivering this program? How are they used?
- How many part-time staff members are involved in delivering this program? How are they used?
- How many volunteers are involved in delivering this program? How are they used?
- How much is the percentage of your request to administrative and operational costs?

Measurement

- What measurement tool will you use and how will you use it?
- How often will you implement the tool?
- How does your tool align with the outcomes you selected?

Collaboration

- What other organization offers a similar service and how are you avoiding duplication?
- What collaborative efforts are you involved in? Please list the organizations you collaborate with and describe the nature of the collaboration. Remember, collaboration is more than a referral source, it is a partnership between organizations that produces something greater than what they could accomplish alone.

Additional Information

- Is there anything else that we should know about your program?

Estimated Agency Budget

Item	Amount	Side
Federal	Click here to enter text.	Income
State	Click here to enter text.	Income
Local Government	Click here to enter text.	Income
Foundations	Click here to enter text.	Income
Fund Raising	Click here to enter text.	Income
Individual Contribution	Click here to enter text.	Income
United Way Donor Designation	Click here to enter text.	Income
United Way Allocation	Click here to enter text.	Income
Allocations from United Way	Click here to enter text.	Income
Program Service Fees	Click here to enter text.	Income
Investment Income	Click here to enter text.	Income
Other Revenue**	Click here to enter text.	Income
Total Income		
Direct Program Costs	Click here to enter text.	Expense

Salaries, Payroll Taxes & Benefits	Click here to enter text.	Expense
Professional, Consultant Fees & Legal	Click here to enter text.	Expense
Occupancy	Click here to enter text.	Expense
Travel, Transportation & Meals	Click here to enter text.	Expense
Conference & Staff Development		Expense
Supplies	Click here to enter text.	Expense
Phone	Click here to enter text.	Expense
Postage	Click here to enter text.	Expense
Equipment	Click here to enter text.	Expense
Marketing, Public Relations	Click here to enter text.	Expense
Membership Fees & Dues	Click here to enter text.	Expense
Miscellaneous Expenses**		Expense
Total Expense	Click here to enter text.	
Total Surplus/Deficit	Click here to enter text.	

For items marked with **, if total is over \$250, please itemize here:

Estimated Program Budget

Estimated Program Budget	Amount	% United Way dollars
Admin (indirect) Please note this should not exceed 7% <i>*per agency budget submitted</i>		
Services/support that improved outcomes in the priority area you asked for funding		
training		
Funding to families (flex)		
Other (explain)		
Other (explain)		
Other (explain)		

United Way will not fund over 50% of any program.

Please use this space to provide clarification for any of the above line items.

If you become a FAUW Funded Partner you will be required to submit an actual budget by January 1, 2020.

Funding Sources

Please itemize your state, federal, local government, and foundation funding sources. Also, please list if that funding is Secured or Pending.

<u>Name</u>	<u>Amount</u>	<u>Secured or Pending</u>
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Budget narrative

Will you use your United Way funding as match money to leverage funds from other sources? If no, would you consider in the future to use funds for match money? Please list the funding sources and amount will you receive because of match money.

If you project a surplus or deficit in your budget you MUST explain how you will use the surplus or cover the deficit. Please explain below.*

What is the dollar value of your in-kind support?

Please give any additional information on your budget you feel would be useful.

Program Attachments

- If you have additional items, such as brochures or flyers you would like the Grant Review Panel to see, please attached. (not required) (Item L)

Submission

Signatures:

Board Chair _____ Date _____

Executive Director _____ Date _____

Due: Nov. 8, 2019 by 5 p.m.

Please submit to shelly@fremontunitedway.org as follows:

- 1) Scanned completed application
- 2) Agency logo
- 3) 1 pdf including all scanned support documents Items A thru L (Please indicate Item # in upper right corner of each document prior to scanning.)