



United Way of 1000 Lakes

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Grant Application
Community Investment Fund
Multiyear Grants
Funding Cycle: July 2017-June 2019

Deadline: February 15, 2017

Community Investment Grant Application

United Way request for 2017-2019 Community Investment Grants **for Education, Income and Basic Needs**, and **Health** is currently open to organizations meeting eligibility requirements. Deadline to apply is February 15, 2017. Funding will begin July 2017 and extend through June of 2019, and is subject to change depending on scheduled allocation, program performance and the amount of funding available.

Application Checklist

A complete Program Proposal will contain the following elements:

<input type="checkbox"/>	Meet Eligibility Criteria (outlined in Community Investment Fund Process Guide)
<input type="checkbox"/>	Submit Stewardship Packet for Review (complete checklist in Community Investment Fund Process Guide)
Organizational Information	
<input type="checkbox"/>	Cover Letter (on Agency letterhead)
<input type="checkbox"/>	Cover Sheet with signatures
<input type="checkbox"/>	Organizational Information Narrative
Program Information	
<input type="checkbox"/>	Program Information Narrative (complete program narrative for each program requesting funding)
<input type="checkbox"/>	Program Staffing Chart (optional)
<input type="checkbox"/>	Program Budget for each program to include prior, current and next fiscal year, including income and expenses. (If your organization has had a significant (+ or – 10%) financial change in the past year, please attach a budget narrative explaining the variance.)
Metrics and Evaluation Forms	
<input type="checkbox"/>	A. Outcomes and Indicators
<input type="checkbox"/>	B. Program Logic Model
<input type="checkbox"/>	C. Program Client Statistics
<input type="checkbox"/>	D. Program Service Statistics
<input type="checkbox"/>	E. Fundraising Information

RFP RELEASE:

Tuesday, January 3, 2017

Application Deadline: February 15, 2017

Note: You are responsible for sending a **complete** application by the application deadline. Any application not received by the application deadline will not be eligible for funding.

Applications should be submitted electronically via email to:
info@unitedwayof1000lakes.org

Questions: Contact United Way of 1000 Lakes at 218-999-7570.

Organization Information

Agency Name:	Number of Employees: FT: PT:
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Address:	Employer ID # (EIN):
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City, State, Zip:

Phone:	Fax:
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Website:

Executive Director:	Name	Phone	Email

Applicant/ Program Director:	Name	Phone	Email

Board Chair:	Name:	Phone	Email

Did this organization run a United Way campaign between January-December 2016? <input type="checkbox"/> Yes <input type="checkbox"/> No

Is the proposed organization currently funded by United Way of 1000 Lakes? <input type="checkbox"/> Yes <input type="checkbox"/> No

Program Request Summary

Name of Program:	Impact Area: <input type="checkbox"/> Education <input type="checkbox"/> Income and Basic Needs <input type="checkbox"/> Health
In 2-3 sentences, provide a summary of request:	

Target Populations Served:

Geographic Area(s) Served:

Number of individuals that will be served through grant:
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Program Request Amount: \$	Total Organization Request Amount: \$
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Budget Information: *Year (/ to /)

Total Annual Organization Budget <i>(for United Way of 1000 Lakes service area):</i>	\$
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Percent of Total Expenses	Program Request Amount	Total Program Expense	Percent
Budget Amounts:	\$	\$	%

Authorization: <i>I certify that all information in this application is true and complete to the best of my knowledge.</i>

Executive Director	Signature	Date
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Board President	Signature	Date
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Section I: Organizational Narrative

Answer all questions specifically, addressing ALL components of each question. Your answers should be concise and accurate. Limit section to a maximum of two (2) pages, single-spaced, 11-pt font.

Organizational History:

1. Organization Overview:

Provide a brief overview of the organization's history, mission, and vision. Describe the types of services, client populations served, industry experience, and notable accomplishments and expertise.

2. Describe the collaborative efforts utilized by your organization.

What is your organization's role, what has been accomplished through your partnerships, what is unique about your organization?

3. Describe the roles that the organization's leadership (board, management and volunteers) has in supporting high-quality programs and participant success.

Summarize their qualifications and experience.

4. Describe your organization's commitment to diversity, inclusion and equity.

How does your organization demonstrate this commitment in practice? A commitment may be reflected through policies, plans, practices, and structures as well as the backgrounds, communities, skills and experience of organizational leadership (board, management and volunteers).

5. Describe factors affecting your organization.

Briefly describe any factors, if any, affecting your organization, both positive and negative, and how your organization is addressing these influences.

6. Describe how your organization demonstrates on-going support of United Way of 1000 Lakes.

Specify activities (i.e. conduct workplace campaign, attend events, co-branding examples, collaborating activities, etc.)

Section II:

Program Narrative

Complete this form in reference to the proposed program being submitted for funding. This form will need to be completed for each program applying for funding. All questions must be filled in. Your answers should be concise and accurate. Funding is based on the completeness of this application. Limit section to a maximum of four (4) pages, single-spaced, 11-pt font.

1. Program Name:

2. Number of years the proposed program has been in operation:

3. Program Introduction (This description may be used to publicize grant awards):

In 1-2 paragraphs, please introduce your organization and the program you are submitting for funding consideration. Please connect how the program aligns with and contributes to your organization's mission. Summarize the services that are a part of your program.

4. Detailed Program Information:

Describe your program in detail. Include the order in which activities are accessed by clients (eligibility requirement; recruitment, enrollment and orientation; one-on-one or group services; anticipated length of program or services; location(s) services are delivered; etc.).

5. Who does your program serve?

What are the relevant characteristics of the population? Describe the strengths; common experiences; skills; racial, cultural, or ethnic identities; goals; and barriers experienced by participants.

6. What support services are participants connected to through the proposed program?

Describe your program's approach to providing referrals for resources and support services, including any follow-up, childcare, transportation, housing, mental health, etc.

7. What do you see as the most significant trends currently impacting your program?

Briefly describe 3-5 trends affecting your clients, program and/or the community (incorporate current statistics, trends, studies and/or data when possible).

8. Program Management:

Summarize the staffing structure of the program, outlining the key responsibilities of each position as related to the success and outcomes of the program (include the number of staff in that role). In addition to answering in narrative form, you may also upload a staffing chart or other document.

9. Funding Sources

Please list funding sources, either designated or allocated, to this program. Funding sources could include specific foundations, individuals, government contracts, government grants, etc. Note: please include the name of the specific source or contract (i.e. Itasca County contract, Blandin Foundation, etc.).

Description (name of source)	Prior Year	Current Year	Proposed Year

10. How does staff sustain and improve program quality over time?

Provide a recent example of how staff engaged continuous improvement to strengthen program quality (how the issue was identified, the process for determining and implementing action, results of the actions taken, and lessons learned). Use an example that ties directly to participant outcomes or goals.

11. Program Budget:

Attach Program Budget to include prior, current and next fiscal year, including income and expenses. Please explain any significant budget variances as well as areas of the budget that may require additional explanation. The response must also indicate if United Way of 1000 Lakes funds will be used as a match grant for state, federal, nonprofit, private or other foundation sources.

12. How will United Way requested funds be used, specifically? How will United Way funds impact the program overall?

Please detail how proposed funds will be used to support your program. Examples may include: sustaining existing programming levels and quality, scaling up by serving additional participants, scaling up by deepening services and program activities, etc.

Section III: Metrics and Evaluation

Complete all forms with reference to the proposed program being submitted for funding. This section will need to be completed for each program being submitted for funding. All blanks must be filled in.

A. Outcomes and Indicator Reporting

For each outcome that will be reported, please state the percent and number of clients that will improve/change/modify their behavior or knowledge and by what percentage. These should match the outcomes stated in your program Logic Model. You may include up to four indicators per outcome.

Most outcomes will be stated in this format: X% (number of % represents) of clients will improve by X% or achieve X in a specific time frame.

Example:

Outcome:	Indicator:
Clients gain positive parenting knowledge	75% (175) of Parenting Program clients will achieve 90% or higher score on the Positive Parenting Assessment
Clients obtain job skills	90% (90) of Operation Work clients receive an average or above mock interview score
Clients transition to an improved, stable living situation	30% (15) of homeless shelter clients sign lease in transitional apartments within 30 days

B. Logic Model

A Logic Model serves as a visual summary of the proposed program, and should make it clear how various resources and activities lead to successful client outcomes that align with United Way's Community Investment Goals (Appendix A).

The Logic Model should not exceed one page. It is, therefore important to keep each item in each section as brief as possible. It is not necessary to use complete sentences or provide descriptions. All items listed in the Logic Model should be supported in more detail in other areas of the proposal.

C. Program Client Statistics (complete the annual demographic information form for each program)

D. Program Services Statistics (Use "Other" spaces for units of service that you measure for this program)

E. Funding Information (This information may be used for marketing or fundraising purposes by United Way of 1000 Lakes)

KEY TERMS

Indicator: Specific, observable, and measurable characteristics, actions, or conditions that demonstrate whether a desired change has happened within the intended outcome domain.

Logic Model: The logically related parts of a program, showing the links between program objectives, program activities (efforts applied coherently and reliably over a sustained time), and expected program outcomes. A logic model makes clear who will be served, what should be accomplished, and specifically how it will be done (i.e., written cause-and-effect statements for a given program design).

Outcome: Broad areas of desired change, generally defined in terms of knowledge, skills, attitudes, behavior, condition, or status.

A: Outcomes and Indicator Reporting

1. List program Outcomes and Indicators that was identified on your last application.

Outcomes	Indicators

2. Describe the progress made to achieve these outcomes.

What has gone well? What would you do differently?

3. List anticipated program outcomes and indicators for the timeframe of this request.

Please list three (3) outcomes that best reflect the primary purpose of your program and provide up to four (4) indicators per outcome.

Outcomes	Indicators

4. Describe how the program measures impact for each of the proposed outcomes listed.

Specify data collection tool used to track progress toward indicators (i.e. pre/post survey's, standardized instruments, observations, administrative data, case data, etc.).

5. Complete a program Logic Model using template attached.

B: Evaluation Logic Model Form

Application Agency:

Program Name:

Community Investment Fund Priority:

Strategy	Inputs/Resources	Activities	Outputs	Outcomes	Impact	Indicators:
<p>This program is addressing the following United Way Investment Target:</p>	<p>The resources specifically required for this program, including human (staff and volunteer), time, financial (monetary and in-kind), research, and organizational and community resources.</p>	<p>What we do with the resources. The primary activities (process, tools, events, technology and action) that are part of the program implementation.</p>	<p>The products of primary activities and may include types, levels and targets of services deliver (i.e. number served, the projected frequency and duration)</p>	<p>The anticipated changes or benefits (behavior, knowledge, skills, opinions, aspirations, status and level) for the client as a result of participating in program activities during Year:</p>	<p>The desired long-term change occurring in organizations, communities, systems as a result of activities (i.e. strengthen community, reduce poverty, or end hunger).</p>	<p>What are the indicators of progress towards meeting this outcome and how will the indicators be measured.</p>

C: Program Client Statistics			
Number of Unduplicated Client Characteristics <i>(Clients/Patients/Recipients/Other)*</i>	Prior Year to	Current Year to	Proposed Year to
1. Program Beneficiaries Total			
Number of individuals served			
Number of families served			
Number of services provided			
2. Gender Total			
Male			
Female			
Transgender			
Other			
3. Age Group Total			
Child (Birth – 5)			
School-Aged (6-18)			
Adult (19 – 24)			
Adult (25 – 64)			
Senior (65+)			
4. Racial/Ethnicity Total			
African/African-American			
American Indian			
Asian/Pacific Islander			
White			
Latino/Hispanic			
Multiracial			
Other			
Race/Ethnicity Unknown			
5. Residence by Zip Code Total			
ITASCA COUNTY:			
55709 (Bovey); 55722 (Coleraine)			
55716 (Calumet)			
55744 (Grand Rapids)			
55742 (Goodland)			
55753 (Keewatin)			
55764 (Marble)			
55769 (Nashwauk)			
55775 (Pengilly)			
55784 (Swan River)			
55786 (Taconite)			
55793 (Warba)			
56628 (Bigfork)			
56631 (Bowstring)			
56636 (Deer River)			
56637 (Talmoon); 56657 (Marcell); 56659 (Max); 56680 (Spring Lake)			
56639 (Effie)			
56681 (Squaw Lake)			
56688 (Wirt)			
AITKIN COUNTY:			
55748 (Hill City)			
55752 (Jacobson)			
CASS COUNTY:			
56626 (Bena)			
56641 (Federal Dam)			

	Prior Year	Current Year	Proposed Year
7. Income <i>(Based on Households Served)</i>			
Total			
Below 100% of Federal Poverty Guidelines			
Between 100%-200% of Federal Poverty Guidelines			
Above 200% of Federal Poverty Guidelines			
Income Unknown			

** Provide explanation if program client statistics have increased or decreased by 10 percent in the prior, current or next year budget. If you do not collect this information in the manner we have asked for it or cannot report on this information, please attach an explanation.*

Optional Demographics

United Way can often benefit from knowing other details about the individuals served in the programs we fund. The following information would help us in our work. It is optional, however, and intended for programs that are already collecting this information.

	Prior Year	Current Year	Proposed Year
8. Optional			
How many veterans and their families do you serve?			
How many do you serve that identify as LGBTQ?			
How many people do you serve with a criminal background?			
How many persons do you serve with a disability?			
How many immigrants or refugees do you serve?			

D: Program Service Statistics			
Program Service Statistics <i>(Complete all that apply)</i>	Prior Year to	Current Year to	Proposed Year to
1. Food Programs			
Number of meals distributed			
Pounds of food distributed			
Number of referrals made			
Other:			
2. Safety – Domestic Violence/Sexual Assault/Crisis Shelter			
Number of shelter/safe housing nights			
Number of times provided legal advocacy or court assistance			
Number of crisis calls handled			
Number of Orders of Protection			
Number of Restraining Orders			
Number of clients transitioned out of an unsafe environment			
Number of clients received crisis counseling			
Other:			
3. Legal Assistance Programs			
Number of housing cases handled			
Number of benefits cases handled			
Number of domestic violence related cases handled			
Number of family law cases handled			
Number of mediation or alternative dispute resolution cases handled			
Number of parental education seminars conducted			
Number of cases with positive outcome for client			
Other:			
4. Social Services/Case Management/Resource Assistance			
Number of referrals made			
Number of case mgmt or counseling sessions (in person or by phone)			
Number of clients connected to housing options			
Number of clients connected to educational options			
Number of clients connected to employment options			
Number of clients received financial assistance for food, clothing			
Number of clients received financial assistance for rent, utilities			
Number of clients received assistance for transportation			
Number of clients received assistance for daily living/chores			
Number of clients able to stay connected to the community			
Other:			
5. Educational, Recreational, and Social Activities			
Number of clients participated in educational mentored outings			
Number of clients participated in recreational mentored outings			
Number of clients participated in social activity events/outings			
Number of clients participated educational tutoring/mentoring			
Number of youth participated in scouting			
Number of adults trained to work with/mentor/tutor youth			
Number of adults worked with youth			
Other:			

E: Fundraising Information

Gift Impact

Please submit up to three examples of services provided by the program that a weekly contribution of \$X dollars would make possible.

Example: \$6.00 per week for one year shelters and feeds a family of 4 for 4 days
1.
2.
3.

Economic Impact

Please provide an example of the economic value and impact of your program services.

Example: Assisted 17,000 people with free tax filing, resulting in \$300,000 redirected into the local economy

Impact Story

What is the impact of your program in participants' lives and/or the community? What significant change(s) will participants experience after successful completion of the program? Please share a recent story of a participant's experience and success as an illustration of the success the program generates.

Impact Story (not to exceed 150 words):	
High-quality, high-resolution digital photographs available for promotional purposes?	Yes <input type="checkbox"/> No <input type="checkbox"/>
High-quality, high-resolution video available for promotional purposes?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Participant has signed a public relations release.	Yes <input type="checkbox"/> No <input type="checkbox"/>

Fundraising Activities

Provide list of **major** fundraising activities during the organization's most recently completed year and any events/activities in the proposed funding year (special events, membership drives, special campaigns, etc.).

Event / Activity	Date / Time Frame	Net Profit