

2018-2019 Partner Application - Income

United Way of Alamance County

General

* REQUIRED Question(s)

Please note: not all questions are required.

Program Name*

Character Limit: 100

Program Description*

Briefly summarize the key elements of this program (not your organization). This description may be used by United Way of Alamance County for external communications including the website.

Character Limit: 2000

Amount Requested from United Way*

Amount Requested - must be a minimum of \$10,000.

Please note: While there isn't a maximum threshold, grants over \$50,000 are uncommon. Each year United Way of Alamance County grants out approximately \$600,000-\$800,000 dollars from the Community Fund through a competitive application process, the average grant last year was approximately \$26,000.

Character Limit: 20

United Way Resources*

Select the United Way resources your nonprofit has utilized (you may select more than one answer).

Choices

Community Council Meetings

Community Council Blog

Volunteer Alamance

2-1-1

Workshops

Nonprofit Leadership Institute

Just Do It! Fundraising Institute

None

United Way Resources Continued

If none, please explain why your organization hasn't taken advantage of these opportunities.

Character Limit: 500

Demographics

For the following section of questions use previous year's program data or project the demographics of the clients to be served.

Age*

Does the program serve a specific age range?

Choices

Yes

No

Age Range

If "Yes", provide the number of unduplicated clients in each age range below. Your answer must be numeric. If "No", explain why this information is not tracked in the space provided below.

Character Limit: 250

Age Range: 0 - 5

Character Limit: 7

Age Range: 6 - 12

Character Limit: 7

Age Range: 13 - 18

Character Limit: 7

Age Range: 19 - 65

Character Limit: 7

Age Range: Over 65

Character Limit: 7

Gender*

Do you track the gender of clients served by this program?

Choices

Yes

No

Gender Served

If "Yes", provide the number of unduplicated in each choice below. Your answer must be numeric. If "No", explain why this information is not tracked in the space provided below.

Character Limit: 250

Female

Character Limit: 7

Male

Character Limit: 7

Ethnicity*

Do you track the Race/Ethnicity of clients served by this program?

Choices

Yes

No

Ethnicity Served

If "Yes", provide the number of unduplicated in each choice below. Your answer must be numeric. If "No", explain why this information is not tracked in the space provided below.

Character Limit: 250

Caucasian (not Hispanic)

Character Limit: 7

African American

Character Limit: 7

Latino/Hispanic Origin

Character Limit: 7

Asian

Character Limit: 7

Native American

Character Limit: 7

Multi-Racial

Character Limit: 7

Other Race

Character Limit: 7

Geographic Areas Served (list)

Character Limit: 10000

Geographic Areas Served (narrative)

Character Limit: 10000

Geography*

Do you track residential (geographic) areas of clients served by this program?

Choices

- Yes
- No

Geographic Area Served

If "Yes", provide the number of unduplicated in each choice below. Your answer must be numeric. If "No", explain why this information is not tracked in the space provided below.

Character Limit: 250

Burlington

Character Limit: 7

Mebane

Character Limit: 7

Graham

Character Limit: 7

Gibsonville

Character Limit: 7

Haw River

Character Limit: 7

Elon

Character Limit: 7

Rest of County

Character Limit: 7

Out of County

Character Limit: 7

Income Level*

Does your program track the income level of clients served?

Choices

- Yes
- No

Poverty Level

If so, select the poverty level(s) that your program serves, you may select more than one.

References:

DHSS Poverty Guidelines & Alamance County Poverty Data

Choices

Below poverty guidelines

At poverty guidelines

Above poverty guidelines

Self Sufficiency

If so, how does your program aim to improve self sufficiency among those served?

References:

United Way Self Sufficiency Standard

Character Limit: 500

Program Details

Program History*

Provide a brief narrative of the organization's mission and history including it's capacity to successfully implement the program in this request.

Character Limit: 1000

Program Need*

Describe the need for this program including statistical data from the Community Assessment and/or the Data Hub.

Character Limit: 1000

Evidence Based Intervention

Are you using an Evidence Based Intervention?

If so, state the name of the model(s) your program follows.

Character Limit: 500

Unique Service*

Are you the only agency in Alamance County providing this program or service? Explain.

Character Limit: 500

Collaboration*

Please explain how the proposed program collaborates with other organizations or takes a collective impact approach.

If this program relies on specific things from an outside entity (such as: space, transportation, staff, training, access to class time at local schools etc.) download the Memorandum of

Understanding, fill it in, print it, have it signed, scan it, save it to your computer and then upload it here. This form cannot be altered.

Character Limit: 1000 | File Size Limit: 2 MB

Outreach*

How do you reach your intended audience? Where do your referrals come from?

Character Limit: 500

Unduplicated Count of Persons to be Served*

Indicate the number of persons projected to be served using grant funds.

Character Limit: 10

Program Goal*

Goals provide programmatic direction, such as an expected outcome that a program is designed to address, these are not measurable -- they set an ideal to work toward. What does your program intend to accomplish? State the goal below.

For Example: To eliminate smoking among teenagers in Alamance County.

Character Limit: 250

Primary Focus*

Using the list on our website, select the PRIMARY OUTCOME your program will address, within the focus area that you applied under.

Choices

- % served who gain employment or earn job-relevant licenses, certificates, or credentials.
- % Housing Cost Burden.
- % of Seniors/People with a Disability Living Independent.
- Decrease Emergency Shelter &/or Homeless rates.
- Decrease Food Insecurity rates.
- Improve access rates for Disaster Relief services.
- Improve Prevalence of Savings Accounts.

Secondary Focus

Using the list on our website, select the SECONDARY OUTCOME your program will address, this can be from any of the three focus areas, beyond the area you applied under.

Choices

- % at a Healthy Weight.
- % with Healthcare Insurance.
- % accessing Medication Assistance.
- Improve access rates for Mental Health &/or Substance Abuse services.
- Improve access rates for Primary Care &/or Prenatal Care services.
- Improve access rates for Domestic Violence &/or Sexual Assault services.
- Decrease Teen Pregnancy rates (& repeat rates).
- % of children 0-5 served who achieve developmental milestones.

% of children served who are proficient on school readiness assessments.
 % of children served reading at grade level.
 % of children/youth served who improve School Attendance.
 % of youth served who earn passing grades on core English &/or Math (3rd & 8th grades).
 % of youth served who graduate HS on time.
 % of youth who gain post-secondary employment, further education, or obtain credentials.
 % served who gain employment or earn job-relevant licenses, certificates, or credentials.
 % Housing Cost Burden.
 % of Seniors/People with a Disability Living Independent.
 Decrease Emergency Shelter &/or Homeless rates.
 Decrease Food Insecurity rates.
 Improve access rates for Disaster Relief services.
 Improve Prevalence of Savings Accounts.

Outcome Objectives*

Outcome Objectives measure the results of a program.

Provide the desired outcome objective(s) your program is attempting to achieve:

- They should be based on selections above.
- These outcome objective(s) must be measurable, time oriented, specific and lead to accomplishing stated goal(s).
- They should include directional terms (increase, decrease, improve, reduce, etc.), along with the percentage change that is projected to achieve the outcome.
- You must state at least one measurable outcome objective.
- You may state two measurable outcome objectives.

For Example: There will be a 20% reduction in tobacco use among teens at ABC Center by December 31, 2018.

or By June 30, 2017, at least 50 of the 100 program participants will graduate as documented by school records.

Character Limit: 250

Intermediate Objectives*

Intermediate Objectives are the signs that you are on the right track to reach your outcome, state how you will track and measure your progress below:

Character Limit: 500

Program Details*

Describe the program:

- Personnel involved
- The duration of the program (i.e: 2 days a week, 9 weeks, or ongoing)
- Where the activities will take place

- Other important implementation details

Character Limit: 1000

Job Descriptions for Program Personnel

Upload the job descriptions for each individual who is working on this program and whose salary and benefits are a part of the program budget requesting United Way grant funds.

Include notes in the box below regarding:

- Credentials or qualifications required or recommended for this position
- Is this a Full-time (FTE) or Part-time (PTE) position
- Other funding sources being used for these positions (if applicable)

Character Limit: 1000 | File Size Limit: 2 MB

Financial Information

Part One: GuideStar Financial Section of Application

The following set of questions can be automatically populated from your organization's GuideStar profile or manually answered.

Fiscal Year Start*

Character Limit: 250

Fiscal Year End*

Character Limit: 250

Total Assets

Character Limit: 20

Total Revenue*

Character Limit: 20

Total Liabilities

Character Limit: 20

Total Expenses*

Character Limit: 20

Contributions Gifts and Grants*

Character Limit: 20

Membership Dues

Character Limit: 20

Program Service Revenue

Character Limit: 20

Net Income from Special Events

Character Limit: 20

Other Revenue

Character Limit: 20

Fundraising Expenses

Character Limit: 20

Program Expenses*

Character Limit: 20

Administration Expenses*

Character Limit: 20

Other Expense

Character Limit: 20

Net Assets End of Year*

Character Limit: 20

Part Two: Financial Section of Application

You will need to manually answer the following section of questions.

Organizational Budget*

What is your overall organizational operating budget?

Character Limit: 20

Organization Budget*

Upload a copy of your most recent Board approved annual budget for your organization.

File Size Limit: 2 MB

Program Budget*

What is the budget for the program being proposed in this application?

If you are requesting general operating support for your organization this answer should match the question above.

Character Limit: 20

% Requested from United Way*

What percentage of this program budget (or organizational budget) are you requesting from United Way?

Character Limit: 200

Program Budget*

Download the Program Budget Form, complete it, save it to your computer and then upload it. This form can not be altered. Be sure to see instructions tab for line item descriptions.

File Size Limit: 2 MB

Program Budget Narrative*

Provide a brief description for each line item you are requesting including a justification for each dollar amount.

Character Limit: 2000

Matching Funds

Are the funds you are requesting being used as matching funds for another grant? If so, explain.

Character Limit: 500

Multiple County Service Area

If your organization is a multi-county operation, what system is in place to guarantee that grant funds are monitored and expended only to provide services in Alamance County?

Character Limit: 1000

Most Recent Financial Statements*

Upload your most recent **board approved** financial statements for your organization.

File Size Limit: 2 MB

Audit*

Upload your **most recently** audited financial statements from a CPA firm.

An audit is required, if your organization doesn't have an audit please upload a letter from your board chair or board treasurer explaining.

File Size Limit: 8 MB

990*

Does your organization file form 990 with the IRS each year?

Choices

Yes

No

Form 990

If so, please upload the most recent IRS form 990 (you may use the text box to note anything related to your filing).

If not, please explain why your organization doesn't file.

Character Limit: 250 | File Size Limit: 7 MB

Reserve Fund*

Does your organization maintain a reserve fund?

Choices

Yes

No

Reserve Fund - continued*

- If not, explain why you do not maintain reserve fund.
- If so, indicate how much you have in reserve and how many months this represents.

Character Limit: 500

Funding Changes*

Please select all of the funding changes your organization has experienced (you may select more than one).

Choices

Lost a grant from prior year

Returned unused grant dollars

Applied for new grant funding

Secured new grant funding

None of the above

Lost Funding

If you lost a grant from prior year or had to return unused grant dollars, please explain.

Character Limit: 1000

Other Funding*

Explain any other secured funding sources or applications in process.

If United Way does not fund your full request, what are your alternate plans for sustainability?

Character Limit: 2000