

# 2019-2020 Community Partner Application

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*United Way of Alamance County*

## General

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\* REQUIRED Question(s)

*Please note: not all questions are required.*

### **Program Name\***

*Character Limit: 100*

### **Discussed with United Way\***

Have you discussed this proposal with United Way?

#### Choices

Yes

No

### **Program Description\***

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

*Character Limit: 750*

### **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/Latinx)**

*Character Limit: 7*

**African American**

*Character Limit: 7*

**Latinx/Hispanic Origin**

*Character Limit: 7*

**Asian**

*Character Limit: 7*

**Native American**

*Character Limit: 7*

**Multi-Racial**

*Character Limit: 7*

**Other Race**

*Character Limit: 7*

**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

### Geographic Areas Served (narrative)

Character Limit: 250

### Military or Veterans\*

Do you track how many clients served by this program are active military or veterans?

#### Choices

Yes

No

### Military or Veterans Served

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

Character Limit: 250

### Disability\*

Do you track how many clients served by this program have a disability?

#### Choices

Yes

No

### People served with a Disability

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

Character Limit: 250

### LGBTQIA\*

Do you track how many clients served by this program identify as LGBTQIA?

#### Choices

Yes

No

### LGBTQIA Served

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

*Character Limit: 250*

### 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: 750*

## Program Details

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### Focus Area\*

Select the primary area of focus:

#### Choices

Education

Income/Financial Stability

Health

### Secondary Focus Area

Select the secondary focus area (if applicable):

#### Choices

Education

Income/Financial Stability

## Health

**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 end hunger in Alamance County.*

*Character Limit: 250*

**Measured Outcome\***

Select the primary outcome your program will address:

**Choices**

- % Achieve developmental milestones
- % Reading at grade level
- % Improve school attendance
- % Graduate HS on time
- % Earned job relevant license/credentials/certificate
- % Seniors living independently
- Decrease food insecurity rates
- % Accessing disaster relief or emergency shelter
- % Accessing quality affordable housing
- % Accessing physical/MH/SA/crisis/medication assistance
- % Accessing prenatal care
- Decrease teen pregnancy rates

**Additional Measured Outcome**

Select the secondary outcome your program will address (if applicable):

**Choices**

- % Achieve developmental milestones
- % Reading at grade level
- % Improve school attendance
- % Graduate HS on time
- % Earned job relevant license/credentials/certificate
- % Seniors living independently
- Decrease food insecurity rates
- % Accessing disaster relief or emergency shelter
- % Accessing quality affordable housing
- % Accessing physical/MH/SA/crisis/medication assistance
- % Accessing prenatal care
- Decrease teen pregnancy rates

**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 (based on selections made above).

*Character Limit: 500*

### **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, 2020.*

*or By June 30, 2020, at least 50 of the 100 program participants will graduate as documented by school records.*

*Character Limit: 250*

### **Root Causes\***

Select the root cause(s) this program will address (you may select more than one):

#### **Choices**

Poverty

Gaps in Public Education

Limited Access to Healthcare

Disparities and Inequities

Toxic Stress

### **Building Resilience\***

How does your program build resilience and address root causes? Please provide a specific example.

*(Nonprofits work on complex issues every day. It's easy to focus on the symptoms of deeper issues. Lasting change is not possible without addressing root causes of community issues.)*

Reference: Grant Workshop

*Character Limit: 1000*

### **Trauma Informed\***

How are your programs and/or services delivered using a trauma informed approach? Please provide examples.

Reference: SAMHSA

*Character Limit: 1000*

### **Program Need\***

Describe the need for this program including statistical data from the Community Assessment and/or the Data Hub or 2-1-1 Counts.

*Character Limit: 1000*

### **Evidence Based Intervention**

Are you using an Evidence Based Intervention?

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

*Character Limit: 400*

### **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, food, 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: 750 | File Size Limit: 2 MB*

### **Unduplicated Count of Persons to be Served\***

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

*Character Limit: 10*

### **Outreach\***

Using a list or bullet points, how do you reach your intended audience? Where do your referrals come from?

*Character Limit: 500*

### **Program Details\***

Using a list or bullet points 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**

If requesting grant funds to support staffing costs, upload the job descriptions or note the following below:

- Title of position
- Credentials or qualifications required for position
- Full-time (FTE) or Part-time (PTE) position
- Other funding sources for these positions
- New position or existing position

*Character Limit: 1000 | File Size Limit: 2 MB*

## *Financial Information*

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### **GuideStar 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*

### Financial Section of Application

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

### Amount Requested from United Way\*

Amount Requested - must be a minimum of \$12,000.

*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 dollars from the Community Fund through a competitive application process, the average grant last year was approximately \$21,429.*

*Character Limit: 20*

### 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*

### 30% Match (in kind or cash)\*

Please list (using clear numbers) how your organization will provide the 30% match for this proposal?

*Character Limit: 750*

### 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\*

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

*Character Limit: 1500*

### 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: 750*

### 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*

**Audit Weblink**

If your audit file is too large to upload you may provide a weblink to your audit instead.

*Character Limit: 2000*

**Form 990\***

Please upload or provide a weblink to your 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: 750*

**Other Funding\***

Why is this grant funding important to your organization?

If your full request is not funded, what are your alternate plans for sustainability?

Explain other secured funding or applications in process.

*Character Limit: 1000*

**Duke Energy\***

Does your agency receive financial support from Duke Energy?

**Choices**

Yes

No

Unsure

**Duke Energy Funds**

If so, how much?

*Character Limit: 20*

**Presentation**

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If selected to move along in the process, presentations will take place on April 17, 24, or 26 2019 at United Way of Alamance County. Applicants will be contacted about their assigned 10-minute time slot.

**Morning or Afternoon?\***

Please select your preferred time to present, we will try our best to accommodate:

**Choices**

Morning

Afternoon

Either

**Date?\***

Please select your preferred date to present, we will try our best to accommodate:

**Choices**

April 17, 2019

April 24, 2019

April 26, 2019

Any of the above

## *Renewal*

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### **Renewal\***

For long term projects, would your agency be interested in exploring an option to renew the amount awarded (without reapplying) for 1-3 years?

*(Please note: renewals will be limited to a few approved applicants, by invitation, after the application period ends.)*

### **Choices**

Yes

No

Maybe