

2021 Community Investment Application

United Way of Alamance County

Equity Focus

We recognize structural racism and other forms of oppression have contributed to persistent disparities which United Way seeks to dismantle. Our United Way network strives to engage community members, especially those whose voices have traditionally been marginalized. We work with residents and public and private partners to co-create solutions that ensure everyone has the resources, supports, opportunities, and networks they need to thrive. We commit to leveraging all of our assets (convening, strategic investments, awareness building, advocacy) to create more equitable communities. Through this equity approach, we are still committed to funding in the areas of education, health, and/or financial stability.

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). If funded, this description may be used by United Way of Alamance County for external communications including the website.

Character Limit: 1000

Alignment with United Way Approach*

United Way is committed to reducing disparities by supporting programs that focus on improving education, health, and/or financial stability. Please explain how your program aligns with our approach to alleviate disparities.

Character Limit: 1500

Amount requested from United Way*

Amounts will be awarded based on the availability of funding.

Character Limit: 20

Program Need*

How will this program work to eliminate disparities and inequities that exist in Alamance County? Please provide local data to support your request and list that source below.

Character Limit: 1500

Unduplicated Count of Persons to be Served*

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

Character Limit: 20

Demographics

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

Age Range*

Please provide the number of unduplicated clients in each age range below. If age is not tracked, put N/A in the box 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 Served*

Are your services offered to all genders? Explain below.

Character Limit: 1000

Race/Ethnicity Served*

We highly encourage agencies to track who they are serving to better understand where there may be gaps in services. If you do not track race/ethnicity currently, please plan to do so in the future and explain how you plan to do so.

Character Limit: 1000

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

Geographic Area Served*

Please provide the number of unduplicated clients in each zip code. If geography is not tracked, put N/A in the box below.

Character Limit: 250

27201

Character Limit: 7

27215

Character Limit: 7

27217

Character Limit: 7

27244

Character Limit: 7

27253

Character Limit: 7

27258

Character Limit: 7

27302

Character Limit: 7

27340*Character Limit: 7***27349***Character Limit: 7***Rest of County***Character Limit: 7***Out of County***Character Limit: 7***Military or Veterans Served***

Please provide the number of unduplicated clients that are veterans. If this is not tracked, put N/A in the box below.

*Character Limit: 250***People served with a Disability***

Please provide the number of unduplicated clients that have a disability. If this is not tracked, put N/A in the box below. Is your facility ADA compliant?

*Character Limit: 250***LGBTQIA Served***

Please provide the number of unduplicated clients served that identify as LGBTQIA. If this is not tracked, put N/A in the box below.

*Character Limit: 250***Poverty Level Served***

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

References:

DHHS Poverty Guidelines

Character Limit: 1000

Program Details

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? How does your goal align with the United Way Approach?

For example: to end hunger in Alamance County

Character Limit: 1500

Measured Outcome(s)*

Provide the desired outcomes your program is attempting to achieve:

- They should be based on the goal above.
- The outcome(s) must be measurable, time-oriented, specific, and lead to accomplishing a 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 (can state multiple)
- They should relate back to the United Way Approach of eliminating disparities in the areas of education, health, and/or financial stability.

For Example: There will be a 20% reduction in tobacco use among teens at ABC Center by December 31, 2021 or By June 30, 2021, at least 50 of the 100 program participants will graduate as documented by school records.

Character Limit: 1500

Collaboration*

In the recent year, how has your agency built new relationships to help you navigate through COVID-19? Please provide a list of contacts should we have any questions.

Character Limit: 1500

Outreach*

What are you doing to reach vulnerable, underserved, or marginalized communities with your programs? What is your strategy or marketing techniques?

Character Limit: 1500

Program Details*

Where and how is your program taking place? How have you become more flexible or innovative during this time?

Character Limit: 1500

Capacity Building*

Do you have plans within your organization to address inequities you are seeing in the communities you are serving? What additional resources might you need to reach these goals or plans? (i.e. interpretation services, volunteers, space, trainings, technology, etc.)

Character Limit: 1500

Financial Information

Financial Section of Application

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

Most Recent Financial Statements*

Upload your most recent year-end financials for your organization (i.e. board approved statements, audit, etc.). Additional information may be requested after further review.

File Size Limit: 2 MB

Budget Narrative*

Provide a brief description of how the funds you are requesting will be used.

Character Limit: 1500

In-Kind Donations

List all in-kind donations you may receive (i.e. volunteer time, items/supplies, office space, etc.)

Character Limit: 1500

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