



Tri-County Kentucky United Way

2019 APPLICATION FOR FUNDING Tri-County Kentucky United Way

Thank you for your interest in applying for funding from the Tri-County Kentucky United Way!

To be eligible for funding, your organization must be:

- A valid 501(c)3 organization or local school district program.
- Serve individuals in Marion, Nelson and/or Washington Counties.
- Be a health and human service organization providing service in at least one of the following United Way priority areas:
 - Education
 - Financial Stability
 - Health

The deadline for submission of this application is **12:00 noon on November 15th, 2018.**

Please **submit two (2) hard copies** of your full application **AND email a full application packet to director@tricountykyuw.org.**

The following must be submitted WITH your completed application packet:

- Program budget for the program for which you are seeking funding (please use attached form).
- Signed copy of Agency Agreement (please use attached form).
- Anti-terrorism Compliance (please use attached form).
- Most recent agency Financial Statement/Audit/990 (as applicable).
- IRS letter confirming your exempt status under the 501(c)3 status or as a school.
- Current Board roster with designation of officers and affiliations.
- A copy of your Non-Discrimination Policy.
- A success story from program for which you are seeking funding. Please do not use real names.
- Program/Agency brochure.
- Most recent annual report and/or newsletter, if applicable.
- Copy of your registration with Kentucky Secretary of State (available through <https://app.sos.ky.gov/ftsearch/>).

Your full application and attachments will be reviewed by the Allocations Committee. Someone will be contacting you at the end of January 2019 to schedule a meeting to discuss your application and program.

Thank you for your cooperation!

2019 Application for Funding

Tri-County Kentucky United Way

AGENCY INFORMATION	
Full Name of the Organization	Fusion Youth Services Center
Mailing Address	150 Generals Blvd.
City, State and Zip Code	Bardstown, KY 40004
Agency Phone Number	502.349.4650
Executive Director/CEO Name	Wes Bradley, Superintendent
Email Address	wes.bradley@nelson.kyschools.us
Contact Person for this Application	Amy Durbin, Fusion Coordinator
E-Mail Address	amy.durbin@nelson.kyschools.us
Phone Number (Local)	Cell 502.510.0876
Agency Website	https://chfs.ky.gov/agencies/dfrcvs/dfrysc/Pages/default.aspx www.nelson.kyschools.us
Agency's Mission Statement	Caring for each child and family through individual teaching that provides a path for growth both academically and socially.
EIN number	61-6001240
What is your IRS designation (ie. 501(c)3, etc.)?	501(c)
What internal controls are in place to ensure that finances are securely handled (ie. dual signatures, board oversight, etc.)?	Dual Signatures
# of people served by your organization overall	Approximately 1300
Total # of paid agency staff	1 - Coordinator 1 - Full-time Assistant

Total # of agency volunteers	12
What volunteer opportunities are available at your organization?	Volunteers are used in various capacities including hospitality. These volunteers also help to seek out resources within our community to better serve our students.
Are you anticipating any volunteer or staff leadership changes at your agency/program in 2019? If so, please explain.	Yes. Nelson County has been approved for an additional center so we will have 5 instead of 4. This change will take place January 1, 2019. Unfortunately, we are in the midst of the reconfiguration at the time of this grant writing. Needs will still be present as our budgets are likely to decline.

2019 FUNDING REQUEST INFORMATION	
Program Name for which you are seeking funding	Fusion Youth Services Center serving Nelson County High School, Thomas Nelson High School, and The Academy at Horizons.
Total Program Budget	\$82,125
Total Amount Requested for 2019	\$2,500
Total Amount Received in 2018 for this program	\$1,500
Reason for any increase/decrease from prior year	New student led drug prevention lessons to be presented to elementary and middle schools within the Nelson Co. community.
2019 Request is _____% of Total 2019 Program Budget	Approximately 3%
What specifically will TCKY UW funds be used for? Please be specific – ie. supplies, staff, materials, etc.	<ol style="list-style-type: none"> 1. Speakers to collaborate with students to help further their knowledge regarding drug prevention. 2. Interactive, evidence-based materials for high school students to create drug prevention lessons for elementary and middle schools. 3. Transportation costs for students to and from elementary and middle schools across the county. Fusion is responsible for hourly rate along with mileage rate for transportation. 4. Lunch and snacks for students leading lessons.
Will any requested TCKY UW dollars be used for matching funds for another grant?	No.

<p>If only partial funding can be awarded, how will program be adjusted? Would you be able to implement full proposal by using other funding sources?</p>	<p>If partially funded, students may not be provided with the opportunity to travel throughout the county due to transportation costs. A less effective curriculum may also have to be used.</p>
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PROGRAM INFORMATION

Please be concise, but informative, in your application responses.

Please provide a brief description of the program for which you are seeking funding.

We are seeking funding for a student led drug prevention program which will be delivered by high school seniors from each of the three Nelson County high schools. Bardstown Independent Schools will also participate in this program. Each high school, with approximately 4-6 leaders, will be responsible for a topic (tobacco, alcohol, prescription drugs, marijuana, etc.) for which the students will create an interactive lesson to be delivered to upper elementary and middle school students. We will unite as a community and present these lessons within each other's schools.

Which United Way priority area is this program addressing (you can pick more than one)?

☒ X

Education

☐

Financial Stability

☒ X

Health

Describe the community problem that this program will address. Please include at least one current statistic (with citation) that most profoundly demonstrates the need for your program.

According to the KIP survey performed in 2016, there was a drastic increase in alcohol, tobacco, and marijuana use from 6th to 8th grade. By targeting 5th and 6th graders, we hope to provide students with the education and resources to prevent this increase.

<http://sig.reachoflouisville.com/SEOWDataVizNew.aspx>

How does this program address the United Way priority area(s) and the community problem?

This program will educate youth on the dangers of drug, tobacco, and alcohol use. The intent is to improve the overall health of students and provide resources needed to those most at risk.

What counties does this program serve?

☐ Marion

☒ X

Nelson

☐

Washington

Please describe the target population/eligibility requirements for this program (ie. age, income level, county of residency, gender, etc.)? What is the client profile of individuals served?

The program will first target all 5th and 6th graders in the Nelson County School District and Bardstown City Schools in hopes that the education provided will be used in the prevention of tobacco, alcohol, and drug use. If the need arises and the program is successful, 4th and 7th grades may be targeted in the future.

Please estimate, if possible, the number of clients in this program that are (this is not mandatory):

- Employed (any number of hours)
- Employed part-time
- Employed full-time
- Unemployed
- Low-income
- Grandparent/extended family raising children
- Single parent households
- Veteran, active-duty military, or military spouse
- Senior on fixed income
- Disabled adults and seniors
- Substance User
- Recovering Substance User
- Homeless
- Immigrant/non-English speaking
- Children under the age of 18
- At-risk youth

Total Number of clients served:

Is there a waiting list for the program, and if so, how many are on the waiting list? No

Do you charge a fee for services? No

How do you collaborate with other local organizations to improve client successes/outcomes?

We work with other FRYSCs as well as resources within our community such as Community Action and St. Vincent de Paul.

How is your program different from other programs offering similar services in your community?

This program is student led. It is our hope that upper elementary and middle school children will be more receptive to high school students.

How does/will your program identify itself as a United Way Community Partner?

Fusion YSC will identify itself as a UW partner by tagging emails, Facebook and other social media posts. Videos of presentations can also be shared for United Way's use.

Output and Outcome Information

It is important for us to know the impact of your program's services so that we can more appropriately tell your story and that of the United Way network (all of our Community Partners). Therefore, please fill in the information below so that we can better understand your impact.

Outputs:

	2017	2018	2019 (projected)
# served in this program in Marion County			
# served in this program in Nelson County	?	450	1000
# served in this program in Washington Cty			
Total # served in this program			

Please explain any significant changes in number of individuals served/projected to be served.

This program is new and is under new leadership. Unfortunately, there is no data available for 2017.

Please list your current (2018) objectives/outcomes and results from 2017 or 2018 YTD (ie. 75% of your clients will improve their job readiness skills. 2017 or 2018 YTD outcome result = 78%):

1. Honestly speaking, I am new to this position and cannot locate outcomes from the previous coordinator. I am committed to the overall well-being of the families and students in which I serve; therefore, I will work diligently to ensure that this program is successful.

Please provide any additional results, demographics and/or statistics on your program's successes and accomplishments.

The program is at the beginning phase. We plan to present to our first group of students in November of 2018.

What are the barriers/obstacles that you have experienced in terms of service delivery and/or to your client's success?

Due to this program being new, we have not experienced barriers at this time. In the future, funding for transportation and education materials could pose a problem.

How are services/outcomes for this program currently measured (how do you know if you have achieved your desired results – ie. client surveys, monthly reports, client case notes, follow-up, etc.)?

We will have elementary and middle school students complete and before and after survey. The KIP survey is administered bi-annually. Our hope is to see a decrease in tobacco, alcohol, and drug use in the 2020 survey.

What are your projected objectives/outcomes for 2019 as they relate to United Way's priority area(s) that you chose (Education, Financial Stability and/or Health). Please provide at least three outcomes. Here are some suggestions; feel free to use/add your own projected outcomes:

Education (help children/youth to be successful in school)

- 90% of 5th and 6th graders will be educated by high school students regarding the dangers of drugs, alcohol, tobacco, and prescriptions meds.

Health (promoting health, independence and safety)

1. Improve physical and/or mental health.

- 20% of participants will improve their quality of life due to mental health services or medical assistance.
- 10% of clients will be successfully working towards sobriety.
- 50% of clients will not be influenced by drug and/or alcohol.

2019 Program Budget

Please complete the following budget (Income and Expenses) for the program for which you are requesting funding.

2019 Program Budget - Income			
Funding Source	Secured or Anticipated	Dollar Amount	Year of Funding
Total Funding			

2019 Program Budget - Expenses			
Line item	Budget Justification	TCKY United Way Requested Funds	Total Program Budget
Evidence-based Curriculum	Curriculum to meet targeted program needs.	\$500.00	
Motivational Speakers	To meet targeted program needs.	\$500.00	
Transportation of	To meet targeted program	\$1000.00	

students throughout schools in Nelson County	needs.		
Supplies needed to support students developing lessons. (Food, poster board, paint, etc.)	To meet targeted program needs.	\$500.00	
Total Expenses		\$2500.00	

Please provide 2-3 examples of dollar values for your services (ie. \$120 provides food for 1 student on the weekends for a school year). Please use increments of \$5, \$10, \$25, \$50, \$100, \$120, or \$150.

1. The cost for a bus is \$19/hr plus \$1.50 per mile.
- 2.

By participating in the Tri-County Kentucky United Way funding process, the undersigned has carefully read the application and reviewed the information contained in this proposal for accuracy and completeness. You further understand that an incomplete application or failure to provide the information requested, as well as late submission, will render the submission as non-qualifying and ineligible for funding or further consideration in this funding cycle.

The undersigned also understands that this grant submission is for the 2019 calendar year and will have to re-apply through the grant process for future year funding. Furthermore, if TCKYUW funds are granted to you, you will be asked to submit a mid-year report, which tracks your progress towards the outcomes that you have provided. These outcomes also allow TCKYUW to share successes with the public and United Way donors. This report template will be provided to your agency upon receipt of funding and will be due to TCKYUW by July 15th, 2019.

The undersigned also understands that if this proposal is funded, failure to meet the proposed objectives or deliver the level of services, or loss of your non-profit status may disqualify the organization from receiving the full award or could disqualify the agency from participating in the following year's funding process. An Agency Agreement (attached) must be signed by authorized personnel within your organization and returned with this application for it to be passed on to the Allocations' Committee for review.

Board Chairperson/Chief Volunteer

Date

Executive Director/CEO

Date



**2019 Agency Agreement
For**

(agency name)

In order to share in the funds raised by the Tri-County Kentucky United Way, our program hereby agrees to:

- A. Cooperate and collaborate with other Agencies to prevent service duplication and promote effective services.
- B. Comply with all conditions and provisions governing supplemental fundraising activities as determined by the Tri-County Kentucky United Way Board of Directors in order to be eligible for **any** United Way funding:
 - a. Agency will make every effort to not conduct solicitations during the TCKY UW Campaign Drive, which is from September 1 through October 30. Agency events are acceptable if this is the best time of the year for your event.
 - b. There is to be no solicitation of a company's employees where payroll deduction

- campaigns are conducted and no payroll deduction campaigns on behalf of your agency.
- C. Keep complete and accurate records of accounts, which can be open to inspection by a representative of the Tri-County Kentucky United Way, if necessary.
 - D. Be willing to submit to the United Way other reasonable information concerning finances, programs, etc. in accordance with the Board of Directors' or Allocation Committee's request.
 - E. Ensure that the general public has the same access to services and goods provided by your agency that employees and volunteers of your agency have. No one shall have early access or special access to services and goods. Any special circumstance should be noted in writing and approved by the agency's board of directors and available for public inspection and knowledge upon request.
 - F. Notify TCKY United Way, in writing, of any significant changes in the funded program or organizational structure that may affect the delivery of services prior to implementing the proposed changes. This includes, but is not limited to, a change in program philosophy, program model, client, delivery strategy, intended outcomes, indicators and results, etc. If a change does occur, TCKY United Way may ask for a revision to the funded application for further review by the Allocations Committee and Board of Directors.
 - G. Submit a mid-year report (to be provided at a later date) of services at 6-months to the TCKY United Way (due July 15th, 2019).
 - H. Have program information and the amount funded used in printed materials.

If approved for funding, payments will be mailed quarterly, starting on March 30, 2019 and subsequently on June 30, September 30, and December 30, 2019. Quarterly payments will be contingent upon program results and actual receivable unrestricted funds secured by the Tri-County Kentucky United Way.

To insure fiscal and community accountability, I certify that this agency/program:

- Is recognized as exempt from taxation under the IRS Code, as well as from corresponding provisions of other applicable state, local and foreign laws or regulations.
- Will comply with all applicable legal, federal, state, and local operating and reporting requirements (e.g. generally accepted accounting principles, annual audit, 990, etc.).
- Will support the Tri-County Kentucky United Way campaign efforts by assisting with United Way campaign presentations (as requested by the United Way) to discuss the impact of services and the United Way.
- Will indicate that the funded program is supported by the Tr-County Kentucky United Way.

Agency Name:

Program Name:

Name of Authorized Person signing this form:

Title of Authorized Person:

Signature of Authorized Person

Date



Anti-terrorism Compliance Measures

In Compliance with the spirit and intent of the USA Patriot Act and other Counter-terrorism laws, the Tri-County Kentucky United Way requires that each agency certify the following:

"I hereby certify, on behalf of
(agency name), that all Tri-County Kentucky United Way funds and donations will be used in compliance with all applicable anti-terrorist financing and asset control laws, statues and executive orders."

Signature of Authorized Official (required):

Print Name:

Title:

Date: