

**2018 Application for funding**

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| ***For Internal Office Use Only***  **Date Received: \_\_\_\_\_\_\_\_\_\_**  **Time Received:\_\_\_\_\_\_\_\_\_\_**  **Staff Initials: \_\_\_\_\_\_\_\_\_\_**  **DEADLINE:**  **March 15th, 2018 2:00 PM (EST)** |

**Grant Applicant Summary:**

1. **Agency or Coalition Name:** Click here to enter text.
2. **EIN Number:** Click here to enter text.
3. **Mailing Address, City, State, and Zip:**

Click here to enter text.

**Phone:** Click here to enter text.

1. **Name of CEO or Executive Director:** Click here to enter text.

**Phone:** Click here to enter text. **E-mail:** Click here to enter text.

**Person(s) managing program(s) if not CEO/Executive Director**:Click here to enter text.

**Title:** Click here to enter text. **Phone:** Click here to enter text.

**Email:** Click here to enter text.

1. **Name of Financial Representative:** Click here to enter text.

**Phone:** Click here to enter text. **Email:** Click here to enter text.

1. **If Coalition, Coalition Fiscal Agent:** Click here to enter text.

**Contact Name:** Click here to enter text.**Phone:** Click here to enter text.

**Email:** Click here to enter text.

1. **Please certify by checking each box and read entire instructions before completing application.**

***Your application will be denied if required supporting documents are not submitted with the application.***

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| Type of grant request: Annual IMPACT Grant Born Learning Innovation Grant  2 Year IMPACT Grant (must be pre-approved by Board to apply) | |
|  | Each program for which funding is sought has a separate Budget and Outcomes/Performance Measures proposal. In addition, responses to questions in the application specifically address each program.  List the name of each program for which funding is requested and select the UWCK Focus Area with which services most closely align (limit one Focus per program):  **Program 1:** Click here to enter text. **Funding requested:** Click here to enter text.  Education- School Readiness Education- Supportive Relationships  Financial Stability Health Basic Needs  The above program services the following Counties (please check all that apply): Breckinridge Grayson Hardin LaRue Meade    **Program 2:** Click here to enter text. **Funding requested:** Click here to enter text.  Education- School Readiness Education- Supportive Relationships  Financial Stability Health Basic Needs  The above program services the following Counties (please check all that apply): Breckinridge Grayson Hardin LaRue Meade  **Program 3:** Click here to enter text. **Funding requested:** Click here to enter text.  Education- School Readiness Education- Supportive Relationships  Financial Stability Health Basic Needs  The above program services the following Counties (please check all that apply): Breckinridge Grayson Hardin LaRue Meade  **Program 4:** Click here to enter text. **Funding requested:** Click here to enter text.  Education- School Readiness Education- Supportive Relationships  Financial Stability Health Basic Needs  The above program services the following Counties (please check all that apply): Breckinridge Grayson Hardin LaRue Meade |
|  | The applicant agency performs an annual audit OR has the necessary controls in place to ensure funds are properly accounted for and can provide accurate, timely financial information if requested. For agencies with revenue of $250,000 or more AND/OR requesting $100,000 or more in UWCK funding, provide (1) copy of your latest annual audit. Agencies meeting the revenue threshold and that have not yet conducted an audit will be required to do so by the end of the 2018-2019 grant cycle should funding be awarded. |
|  | Completed copy of the attached checklist is provided. Required copies of application and additional supporting documentation are provided as outlined. |

**Amount of Total 2017 Allocation:**

**$** Click here to enter text.

**Amount of Total 2018 Grant Request:**

**$** Click here to enter text. **\_\_\_\_\_\_\_\_\_**

**IMPACT Grant Application**

**Innovative: Vision, Initiative, Creativity, and Leadership in solving pressing community challenges.**

Program name(s) for which you seek funding:

Click here to enter text. b. Click here to enter text.

c. Click here to enter text. d. Click here to enter text.

1. Please provide a description of each program and how it will address one of the United Way impact strategies as outlined in the Community Impact Measurement Framework (Application Guide p.10).

Click here to enter text.

1. Describe in detail how the funds you are requesting from UWCK will be used. Be specific about what the funds will be used for- ie. supplies, staff support, materials, etc.- as it relates to each program.

Click here to enter text.

1. Describe the community problem that the program(s) will address. Include at least one current statistic (with citation) that most profoundly demonstrates the need for your program(s). If funding more than one program is sought, please respond as relates to each program.

Click here to enter text.

1. Explain how your program is different from other interventions to address the needs of the focus area you have identified.

Click here to enter text.

**Measured: Quantitative and qualitative data have informed the design, implementation, evaluation, and continuous improvement of the program and demonstrates measurable outcomes.**

1. What methodology will you use for tracking results? How will you know if you’ve achieved your projected targets? For Coalitions, how will data be gathered and results tracked across agencies?

Click here to enter text.

1. What research or evidence has demonstrated your program will achieve desired outcomes?

Click here to enter text.

If you received UWCK funding in 2017, provide an update on progress made by your funded program(s). Did you meet the goals you set? Describe any influencing factors that may have affected you results.

Click here to enter text.

Please provide (3) success stories of people that have been helped by the program. Success stories should include information about individuals and families served by your program whose lives have been measurably and visibly impacted through your intervention.

Click here to enter text.

1. Please complete the outcomes portion of grant application as follows:

* School Readiness Programs- use *2018 School Readiness Program Results* MS Word Document
* Supportive Relationships- use *2018 Supportive Relationships Program Results* MS Word Document
* Financial Stability- use *2018 Financial Stability Program Results* MS Word Document
* Health- use *2018 Health Program Results* MS Word Document
* Basic Needs- use *2018 Basic Needs Program Results* MS Word Document

Once completed, please reinsert proposed program results at this point in the application or attach to each application packet. For applicants applying for more than one program, a separate Outcomes/Performance Measures section must be completed for each program.

**INSERT OUTCOMES PROPOSAL HERE OR SUBMIT WITH APPLICATION PACKETS**

**People-centered: understanding the needs and barriers faced by those served.**

1. Describe the target population(s) this program serves. The target population identifies who will change as a result of the program’s intervention. Briefly explain how constituents enter and exit the program and describe your program’s constituents (age, gender, race, needs, risk factors, etc. as relevant), the conditions they face, and a general profile of their strengths and challenges. Describe the specific plan for reaching that population.

Click here to enter text.

1. Estimate the number of your clients who are:
   * Employed (any number of hours): Click here to enter text.
   * Employed part-time: Click here to enter text.
   * Employed full-time: Click here to enter text.
   * Employed with multiple jobs: Click here to enter text.
   * Adults enrolled in education/job training: Click here to enter text.
   * Grandparent/extended family raising children: Click here to enter text.
   * Single-parent households: Click here to enter text.
   * Veteran, active-duty military, or military spouse: Click here to enter text.
   * Senior on fixed income: Click here to enter text.
   * Disabled adults and seniors: Click here to enter text.
   * Immigrant/non-English speaking: Click here to enter text.
   * At-risk youth: Click here to enter text.

Total clients served: Click here to enter text.

**Accountable: good governance, including solid financials, strategic leadership, strong management, and stable operations which contribute to high-performing programs and overall accountability.**

1. How does your organization/coalition have the capacity to support the program, including how staff and volunteers will deliver services to clients? Address the infrastructure of your program, and additional funding/resources secured:

Click here to enter text.

1. Describe the internal controls your organization uses to ensure UWCK funds are securely handled:

Click here to enter text.

1. If there are certifications or membership standards that your agency/program must meet to operate, are you in good standing or compliant with these regulations? If you are not in compliance, what is your plan to address these issues? **Supporting documentation may be attached with your application**.

Click here to enter text.

1. Are you anticipating volunteer or staff leadership changes at your agency/program in the coming year? Describe your succession planning efforts to ensure the continuity of service delivery:

Click here to enter text.

**Collaborator: Willing to work with others to improve service delivery.**

1. How does your program involve clients?

Click here to enter text.

1. What other organizations are you working with and how do you collaborate to improve outcomes for your clients?*Agencies planning partnerships with UWCK-run programs such as financial education must consult with UWCK prior to applying.*

Click here to enter text.

1. For Coalitions- Please identify the individuals and organizations that are **active** members of your coalition.

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| **Name** | **Role**  **(i.e. Chair, Treasurer, Member)** | **Affiliation (Employer or Org Represented)** | **Title** |
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**Transparent: resources requested from UWCK are clearly linked to program success.**

1. What other funding sources are available to meet the proposed request?

Click here to enter text.

1. If your program has been funded by UWCK for more than 3 years, what efforts have you undertaken to secure other revenue for the program?

Click here to enter text.

1. If partial funding is awarded, how will the program be adapted? Would you be able to implement the full proposal by using other funding sources? If you would be required to make adjustments to the proposal, what would this entail?

Click here to enter text.

**Financial/Budget Section**

1. Please complete Excel Spreadsheet portion of grant application. Once completed, please reinsert completed spreadsheet at this point in the application or attach to each application packet. For applicants applying for more than one program, a separate Budget section must be completed for each program. Please ONLY complete the sections of the budget highlighted in yellow.

**INSERT BUDGET SPREADSHEET(S) HERE OR SUBMIT WITH APPLICATION PACKETS**

1. This section serves as an extension of the budget and is designed for you as the applicant to elaborate on any *finance/budget-related* information you believe requires additional explanation. If you include additional information, be sure to cite the page number and item number or table name for ease of reference. Please enter below any finance/budget-related information that you believe requires additional explanation. You may add as many notes as needed.

Page # Click here to enter text. Item Number or Table Name Click here to enter text.

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Page # Click here to enter text. Item Number or Table Name Click here to enter text.

Page # Click here to enter text. Item Number or Table Name Click here to enter text.

Page # Click here to enter text. Item Number or Table Name Click here to enter text.

**Documentation**

Please review the attached checklist and provide copies of supporting documents. Provide a printed copy of your application’s checklist along with the materials when submitting to UWCK for an initial screening.

**Submission Process Acceptance and Understanding**

By participating in the UWCK funding process, the undersigned have carefully read the application, rules of submission, and reviewed the information contained in this proposal for accuracy and completeness. We 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 understand that this grant submission is currently implemented as an annual meritocracy, and each year the submitting agency will have to re-apply through the grant process. Furthermore, if UWCK funding is granted, you will be asked to provide a quarterly report which tracks your progress toward the outcomes outlined in question 10.  **This report template will be provided to your agency upon receiving funding and will be due to UWCK quarterly by September 28th, 2018; December 21st, 2018; March 29th, 2019; and June 28th, 2019.**

The undersigned also understand that if this proposal is funded, failure to meet the proposed objectives, deliver the level of services, or meet reporting deadlines may disqualify the organization from receiving the full award allocation or could disqualify the agency from participating in the following year’s funding process. A Memorandum of Agreement (MOA) must be signed by authorized personnel within your agency and returned with your application for it to be passed on to the Community Investment Team for review.

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Chief Volunteer/Board Chair Date

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Executive Director Date