

# United Way of Oxford & Lafayette County

## Program Funding Application

### Fiscal Year 2017-2018 Funding Cycle

Must Be Received in PDF Form by [kurt@unitedwayoxfordms.org](mailto:kurt@unitedwayoxfordms.org) by 5:00 p.m. on April 3, 2017.

Agencies (or groups of agencies) should complete this application to request funding for ongoing programs and one-time projects. The grant-making process is competitive: applications will be reviewed by members of United Way's Community Impact Advisory Committees and funding decisions will be based on a) the severity of the community need being addressed, b) the anticipated strength of the program in addressing that need, and c) the anticipated strength of the program in improving community conditions so as to reduce that need in the future. Awards will be made by June 1, 2017. The grant period will run July 1, 2017 - June 30, 2018.

*Note on Fiscal Agents:* The lead fiscal agent must be a 501(c)(3) and submit a Fiscal Agent Pre-Approval Application. (Exemptions from this requirement may be granted for public entities such as school districts and universities. Please contact United Way for details.) Program Funding Applications will not be considered unless a complete Fiscal Agent Pre-Approval Application is received by February 21, 2017, and approved by the Finance Committee of the United Way Board of Directors. (Fiscal agents will be approved by March 6, 2017.) Agencies requesting funding for multiple programs must only submit one Fiscal Agent Application.

*Note on Program Applications:* The maximum length of Sections A. (Program Summary), B. (Agency and Program Information), C. (Resources and Funding Request), D. (Recent Successes and Challenges), and E. (Outcome Measurement) is 8 pages combined. Specific word limits are included throughout. A separate Funding Application must be completed for each program for which funding is being sought. For more details please see the **Policies & Procedures Manual** and attend the **FY 2017-2018 Application Workshop**, which will be held at the Chamber of Commerce from 10:00 a.m. to 12:00 p.m. on March 9, 2017.

*Note on Community Investment Process:* Each Program Funding Application will be assigned to a specific Advisory Committee, which will review it in depth. Members of other Advisory Committees will only review Section A. (Program Summary), which is why there is some redundancy between Sections A. and B. We recommend completing Section A. last.

#### A. Program Summary **(Complete Last)**

<b>Agency Name (Fiscal Agent)</b>
<b>Brief Description of Agency Mission and Work (50-Word Maximum) (Copy Exactly from Section B.)</b>
<b>Name of Program for Which You Are Seeking Funding</b>
<b>Goals of the Program (100-Word Maximum) (Copy Exactly from Section B.)</b>
<b>Summarized Description of the Program and Request (200-Word Maximum) (Summarize Based on Section B.)</b>

## B. Agency and Program Information

Agency Name (Fiscal Agent)	Agency Address
Primary Contact Name	Primary Contact Role/Title
Primary Contact Phone	Primary Contact Email Address
Brief Description of Agency Mission and Work (50-Word Maximum)	
Name of Program for Which You Are Seeking Funding	

Which of the Following 2017-2018 Events Did Your Organization Attend?	
	Application Workshop (March 9, 2017)
	Applicant Showcase (March 23, 2017)

Community Need
What <u>community need</u> does your program address? How do you know this is a problem? Include data. (200-Word Maximum)
Description of Program
What are the <u>goals</u> of your program? (100-Word Maximum)
<b>Describe your program.</b> Explain in detail how the program promotes its goals and addresses community needs. It is important to provide a thorough description, and to assume that your Advisory Committee reviewers have no background on your program. You should include information on how it works, who staffs it, where it is located, when it happens, and who your partners are. (300-Word Maximum)
<b>Who does your program serve?</b> Describe the target population(s) and estimate the number of clients to be served during the funding period. You should include information on how eligibility for the program is determined (if that is relevant). (100-Word Maximum)
<b>What is your program's primary focus area?</b> (Please choose the one focus area you believe to be most aligned to your program. Please note the UWOLC may switch your focus area if it is determined that your program is better aligned with a different focus area and its funding preferences.)  ( ) Health ( ) Education ( ) Financial Stability ( ) Basic Needs
<b>Describe how your program aligns with United Way focus areas and funding preferences.</b> (See the Policies & Procedures Manual.) (100-Word Maximum)

### C. Resources and Funding Request

**Agency Resources:** For each agency involved, provide a brief description of the primary role/functions planned as well as the resources/expertise that the agency brings to the program. If more than three agencies are participating, please extend the table.

Agency Name	Planned Role/Function	Resources/Expertise

**Itemized Budget Request:** Organize your budget into the categories of Personnel, Services, Travel, Equipment, Supplies, and Indirect Costs (i.e., building/space costs, insurance, utilities, etc.). Certain budget categories may not be relevant for your program or proposal. Add lines as needed.

Category	Item	Dollars Requested
<b>Total</b>		

#### Program Sustainability and Other Available Resources

What is the **total budget** for the program? What **other sources of funding** contribute to the program's budget?  
**(50-Word Maximum)**

If this proposal is **only partially funded**, would you be able to use the funding as outlined above? Please explain as necessary.  
**(100-Word Maximum)**

If the program will **continue past this funding period**, how do you anticipate that it will be funded?  
**(100-Word Maximum)**

### D. Recent Successes and Challenges

Applicants who are seeking funding for a program that was awarded 2016-2017 UWOLC funding are **required** to complete the following sections. Other applicants are **strongly encouraged** to provide as much relevant data as is available and/or feasible.

Number of People Served Since July 1, 2016 Note: If your program provides several different services, please complete a row for each service.	Total People Served (Unduplicated)	Total Services Provided (e.g., # of Meals Served, Utility Bills Paid) <b>(If Relevant)</b>

<b>Itemized Budget Request</b> (Copy this column from 2016-2017 application, if applicable, but add any new line items on which you are unexpectedly spending UWOLC funds.)	<b>Dollars Requested</b> (Copy this column from 2016-2017 application.)	<b>Dollars Awarded</b>	<b>Dollars Spent</b> (as of 3/31/17)
<b>Total</b>			

**If there are any differences between your original budget request and how you are spending the funding, please explain here.**  
(Of course, if the only difference is your program did not receive the total dollars requested from the UWOLC and you are therefore spending less UWOLC money on specific line items than originally anticipated, there is no need to explain that discrepancy.)

**Please report on your 2016-2017 Outcome Measurement Plan.** Note that only the first two columns (Outcome and Indicator) should be copied from your 2016-2017 proposal. The second two columns (Result and Follow-Up) should reflect the work of your program since July 1, 2016. If you do not yet have results for one or more indicators, note that in the Result column; however, if at all possible, include interim results demonstrating progress to date and explain when full results will be available.

<b>Outcome (i.e., What benefit do you want your participants to receive from the program?)</b>	<b>Indicator (i.e., What information will you use to know if they are benefiting?)</b>	<b>Result (i.e., What did you find out about your impact?)</b>	<b>Follow-Up (i.e., Given your results, what will you do differently, improve on, etc.?)</b>
<i>Pregnant women are knowledgeable about prenatal nutrition and health guidelines</i>	<i>Number and percent of participants who can identify food items that are good sources of prenatal nutrition</i>	<i>Interim Result: 4/7 women = 57%.  Note: ~10 more women will complete program by 6/30/17</i>	<i>Women who came to all classes did very well, but those who missed some did not. Need to increase attendance, possibly through incentives.</i>

**All applicants are required to complete the following sections.**

<b>2016-2017 Successes and Challenges</b>
<b>All Applicants: What successes has your program achieved since July 1, 2016?</b> <b>(200-Word Maximum)</b>
<b>All Applicants: What challenges has your program faced since July 1, 2016? How are you working to improve your program?</b> <b>(200-Word Maximum)</b>

## E. Outcome Measurement Plan

### 2017-2018 Outcome Measurement Plan

Each funded program must be prepared to report on at least one outcome (with at least two aligned indicators) in mid-year and year-end reporting to United Way. Please use this table to summarize your outcome measurement plan, as in the red examples.

Outcome (i.e., What benefit do you want your participants to receive from the program?)	Indicator (i.e., What information will you use to know if they are benefiting?)	Data Collection Method (i.e., How will you collect the information that you need?)	Analysis Plan (i.e., How will you use the data to assess and improve upon your work?)
<i>Pregnant women are knowledgeable about prenatal nutrition and health guidelines.</i>	<i>Number and percent of participants who can identify food items that are good sources of prenatal nutrition.</i>	<i>Participant surveys.</i>	<i>Collect information from first cohort. Find strengths/gaps. Use to improve on the program for second cohort and to remediate with the first cohort.</i>
<i>Seniors are able to pay for their necessary prescriptions.</i>	<i>Number and percent of participants who enroll in prescription assistance programs after receiving a one-time grant from us.</i>	<i>Follow-up phone calls, using brief interview script.</i>	<i>Review interviews. Identify specific assistance programs that are not being accessed. Improve screening process to promote those programs.</i>

**How will you know if your program is meeting its goals? Explain how data will be collected and analyzed. (200-Word Maximum)**

**How will you use your outcome measurement results to improve your program? (200-Word Maximum)**

## F. Response to 2016-2017 Feedback

**If you submitted a 2016-2017 application for this program, how are you responding to feedback you received from UWOLC's CIC? (200-Word Maximum)**

## G. Agency Assurances

The fiscal agent assures that if this proposal is funded by the UWOLC, the fiscal agent will:

Initial Each

- Submit a mid-year report to the UWOLC that includes a financial update as well as beneficiary and outcome measurement results based on local data, as required by the UWOLC for the funded program
- Submit a complete and final accounting of all UWOLC funds received and spent, and agree to promptly return to the UWOLC at the end of the funding period any unexpended or improperly expended funds
- Submit a final report to the UWOLC at the end of the funding period that includes beneficiary and outcome measurement results based on local data, as well as a description of how those results are being used
- Notify the UWOLC immediately of any material change in the program plan, as described in the application
- Mention the United Way affiliation in publications, press releases, flyers, presentations, etc., and use the United Way logo on printed material where appropriate.
- Operate in compliance with all applicable statutes, licensing, and government code requirements.


Please make certain the Executive Director and Board or Advisory Committee Chair for the Primary Fiscal Agent initial each assurance.

## H. Agency Signatures

### Primary Fiscal Agent Signatures

Executive Director Name	Executive Director Signature	Date

Board or Advisory Committee Chair Name	Board or Advisory Committee Chair Signature	Date

### Participating Agency Signatures

Participating Agency 1 Name	Address

Executive Director Name	Executive Director Signature	Date

Board or Advisory Committee Chair Name	Board or Advisory Committee Chair Signature	Date

**Participating Agency 2 Name**

Address

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Executive Director Name

Executive Director Signature

Date

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Board or Advisory Committee Chair Name

Board or Advisory Committee Chair Signature

Date

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**Participating Agency 3 Name**

Address

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Executive Director Name

Executive Director Signature

Date

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Board or Advisory Committee Chair Name

Board or Advisory Committee Chair Signature

Date

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**Participating Agency 4 Name**

Address

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Executive Director Name

Executive Director Signature

Date

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Board or Advisory Committee Chair Name

Board or Advisory Committee Chair Signature

Date

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**Participating Agency 5 Name**

Address

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Executive Director Name

Executive Director Signature

Date

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Board or Advisory Committee Chair Name

Board or Advisory Committee Chair Signature

Date

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