

UNITED WAY OF METROPOLITAN DALLAS

**REQUEST FOR PROPOSALS
COMMUNITY IMPACT FUND
2019-2022**

Deadlines:

DEADLINE HAS PASSED

FOR REFERENCE ONLY

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INTRODUCTION

ABOUT UNITED WAY OF METROPOLITAN DALLAS

United Way of Metropolitan Dallas (UWMD) treats 360 degrees of need. We tackle complex social problems by surrounding North Texas with programs that make real progress in the areas of Education, Income, and Health – the essential components of a thriving community.

By 2020, we'll move 250,000 North Texans out of poverty, give thousands the tools to lead healthy, productive lives, and ensure that 60 percent of students graduate with the skills to succeed in whatever comes next. We invest in our local area and have been a trusted community partner for over 90 years. We encourage North Texans to get involved by giving, volunteering, or advocating and helping lift up those in need now and in the future. United, we help those who want to do good, do great.

PURPOSE OF THIS REQUEST FOR PROPOSALS

The purpose of this Request for Proposals (RFP) is to clearly communicate each aspect of the Community Impact Fund process and, ultimately, to encourage organizations doing outstanding work in the areas of Education, Income, and Health to apply for funding.

We have an open, competitive application process that identifies which organizations will have the greatest impact in helping us reach our community's goals. UWMD is able to fund exceptional programs through the implementation of the Community Impact Fund process, a competitive and transparent allocation process that is open to all nonprofit organizations that are able to meet eligibility criteria.

MULTI-YEAR FUNDING

UWMD understands that fighting our community's biggest social problems will require substantial, longer-term investments in the most exceptional programs in the areas of Education, Income, and Health. Therefore, all grants awarded through the upcoming Community Impact Fund process will be three-year grants. The next Community Impact Fund RFP will be released in 2021; any program that either does not apply for funding or does not receive funding in the upcoming process must wait until 2021 to apply for Community Impact Funding.

Multi-year funding represents the best use of community resources. Organizations will be able to focus more on program implementation rather than annual proposal development. Successful applications will be able to articulate clear multi-year funding plans and show a commitment to long-term outcomes and positive results.

ELIGIBILITY

The following requirements must be met in order for an application to receive funding through the Community Impact Fund process:

1. The organization must be a 501(c)(3)
2. The proposed program must concentrate its efforts and services within the United Way of Metropolitan Dallas service area (Dallas, Collin, Southern Denton*, and Rockwall counties)

3. The proposed program must align with one of United Way's strategies in Education, Income, and Health
4. The applying organizations must pass the requirements of the Stewardship Report (to view a complete list of report requirements go to page 66 for the Stewardship Documentation Checklist) on an annual basis.
5. UWMD does not fund capital campaigns or scholarship programs.
6. Organizations must not discriminate on the basis of race, color, national or ethnic origin, ancestry, age, religion, disability, medical condition, sex or gender (including pregnancy), gender identity and/or expression (including transgender identity), sexual orientation, marital status, military or veteran status, or any other characteristic protected under applicable federal, state, or local law.

**Southern Denton County includes Lewisville, Flower Mound, The Colony, Highland Village, Double Oak, and Copper Canyon*

COMMUNITY IMPACT FUND STAFF CONTACT LIST

The Community Impact Team is responsible for implementing the Community Impact Fund process and are an important resource for organizations interested in applying. The team is available to be contacted by call or email.

Title	Staff Person	Phone	Email
Senior Vice President, Community Impact	Ashley Brundage	214.978.0023	abrundage@unitedwaydallas.org
Vice President, Economic Mobility	Greg Mangum	214.978.0027	gmangum@unitedwaydallas.org
Vice President, Thriving Families	Dr. Roslind Blasingame-Buford	214.978.0056	rbuford@unitedwaydallas.org
Senior Director, Strong Start	Kriston Jackson	214.978.2092	kjackson@unitedwaydallas.org
Senior Director, Community Impact Operations	Mark Pollack	214.978.2012	mpollack@unitedwaydallas.org
Director, Career Pathways	Andrea Glispie	214.978.2048	aglispie@unitedwaydallas.org
Director, Youth Success	Lindsay Willess	214.978.0032	lwilless@unitedwaydallas.org
Director, Economic Mobility	Mark Hamm	214.978.2062	mhamm@unitedwaydallas.org
Senior Administrative Assistant	Rosemary Grougnet	214.978.0029	rgrougnet@unitedwaydallas.org

COMMUNITY IMPACT FUND IMPACT AREA, STRATEGY AREAS & PRIORITY STATEMENTS

UWMD is looking to fund programs that align with our three Impact Area Goals and our nine strategy areas. The examples listed under each priority statement are not exclusive to the type of program that aligns with the priority statement. Instead, the examples provided to give potential applicants a general idea of the goals United Way is looking to achieve in each strategy.

Impact Area: Education

Strategy: Strong Start

Priority Statement: Improve the achievement of key early childhood milestones and the development of young children so that they are prepared for success in school and beyond, while promoting meaningful parent engagement opportunities.

Examples of programs that could align in this strategy area:

- Those that help students be ready for kindergarten
- Those that help parents receive the tools and resources to lead engagement activities with their children
- Those that help elementary students maintain or improve grade-level reading through targeted literacy interventions and tutoring

Strategy: Academic Success

Priority Statement: Provide in-school and out of school programming that bolsters school day activities, helps keep kids on track, or develops life skills in order to improve their academic success.

Examples of programs that could align in this strategy area:

- Those where students participate in out-of-school time programming
- Those where students are connected with a caring mentor
- Those where students increase STEM specific content knowledge

Strategy: Success After High School

Priority Statements: Ensure students can access post-secondary options, graduate college and workforce ready, and persist to obtaining a degree or credential that will put them on the path to success.

Examples of programs that could align in this strategy area:

- Those that help students increase college and career readiness knowledge
- Those where students receive individualized support for post-secondary planning
- Those that help students enroll in post-secondary education opportunities

Impact Area: Income

Strategy: Stabilization Services / Basic Needs

Priority Statement: Stabilize people who are facing hunger, eviction, financial crisis, or are recovering from disaster.

Examples of programs that could align in this strategy area:

- Those that provide access to hunger relief
- Those that provide emergency financial assistance
- Those that help provide housing stability
- Those that help with disaster recovery

Strategy: Career Pathways

Priority Statement: Connect people with the skills and support needed to get and keep good jobs, such as career development, job training and supportive services, English as a second language, and adult literacy.

Examples of programs that could align in this strategy area:

- Those that connect individuals to career pathways that lead to good jobs
- Those that provide adult literacy and ESL courses
- Those that provide career development and job training opportunities
- Those that provide supportive services to those participating in career development or job training

Strategy: Financial Capability

Priority Statement: Connect people with safe and affordable financial products and services to establish savings and credit, and to build wealth.

Examples of programs that could align in this strategy area:

- Those that help build new savings for adults and children
- Those that help build new assets through tax savings and credits, access to education, entrepreneurship, transportation, and homeownership
- Those that provide low cost loans to help individuals avoid payday and car title loans
- Those that help individuals improve their credit

Impact Area: Health

Strategy: Primary and Clinical Care

Priority Statement: Prevent illness before it occurs and lessen the impact of chronic illness for individuals and communities. Treatment and screening of patients is provided in a clinical setting by a doctor, nurse, or dentist.

Examples of programs that could align in this strategy area:

- Those that provide on-going medical care related to chronic disease management or be a medical home
- Those that provide children, ages 5 and under, annual well visits and check-ups
- Those that provide preventive health screenings or services

Strategy: Behavioral and Mental Health

Priority Statement: Increase well-being by preventing or intervening in mental illness such as depression or anxiety, as well as substance abuse, addiction, family violence, and trauma.

Examples of programs that could align in this strategy area:

- Those that provide mental health counseling services
- Those that provide substance abuse related intervention
- Those that provide family violence prevention, treatment, and support services

Strategy: Health Promotion

Priority Statement: Empower individuals and communities to increase control over and improve their health.

Examples of programs that could align in this strategy area:

- Healthy weight management programs
- Those that address systemic issues tied to health conditions (ex. indoor air quality for asthma prevention or healthy food access for obesity prevention)
- Those that increase knowledge around healthy behavior or lifestyle

COMMUNITY IMPACT FUND PROCESS

APPLICATION LIMIT / HOLISTIC APPLICATIONS

For the 2019-2022 Community Impact Fund RFP, United Way of Metropolitan Dallas has changed our policy regarding the number of applications an organization can submit. Organizations are now limited to submitting **ONE APPLICATION**. This is a change from historical RFPs where there was no limit on the number of applications that an organization could submit.

This one application will be either for an organization's own program or where the organization is the lead on a collaboration or collective impact program. If an organization is part of a collaboration or collective impact program where a different lead organization is applying, then they remain eligible in both applications.

UWMD is intending for the application to be more holistic where applicable, rather than requiring organizations to split up programs into separate applications. If your organization has one primary program, then that is the program to apply for. If you have multiple programs that serve vastly different sets of clients, then you will have to decide which program to apply with.

Holistic programming or systems work refers to programming that addresses the whole person, including their physical, mental, social, financial and emotional health. United Way recognizes that many of the issues our grantees are addressing are interconnected, and different aspects of the agency's and United Way's work may impact the same populations. A holistic approach rests on seeing the big picture and addressing multiple factors at once. United Way wants to foster conditions for that work to occur. Therefore, we have structured our grant process to allow for applicants to describe their full range of products and services that are provided to help improve a client's situation, demonstrating a holistic vision for the target client population.

If you consider different programs that your organization provides to be part of a holistic option of services provided to clients, then you can bundle them into the application. How the bundled programs provide holistic services to clients will be demonstrated through the course of the application.

You can think about this by looking at the client experience when they encounter your organization. If a client typically accesses multiple programs as part of their experience, then those programs could potentially be bundled.

Holistic does not need to be limited to "overlapping", especially in education services. Programs can also scaffold services. An example could be a Pre-K Readiness to Early Literacy to College Readiness. These programs potentially serve the same students over time as a continuum as they progress through schooling.

OVERVIEW OF PROCESS

There are six steps in the Community Impact Fund process:

1. Stewardship Report and Letter of Intent (LOI) Review
2. Letter of Intent Selection
3. Community Impact Fund Final Application Review

4. Site Visit Evaluation
5. Funding Recommendation
6. Funding Approval

The process begins with Stewardship Review and Letter of Intent Review running concurrently to determine whether or not an organization will be invited to complete the Community Impact Fund Final Application. After the Stewardship Report is submitted, each report is evaluated by UWMD staff and community volunteers. After the Letter of Intent is submitted, each LOI will be evaluated by UWMD staff and community volunteers.

LOIs that pass the both initial evaluations and are selected to proceed further will be notified and will be asked to complete the Community Impact Fund Final Application. When the Community Impact Fund Final Application is submitted, each application will be evaluated by UWMD staff and a panel of community volunteers. All applications that are invited to complete the Community Impact Fund Final Application will automatically be awarded a site visit.

All programs are evaluated using standardized tools that measure the relative strength of both the application and the site visit. Successful programs will demonstrate an ability to achieve client success in the priority areas identified by UWMD. Final funding decisions cannot be appealed. Each of the above steps are described in more detail below.

1. Stewardship Report Review

An evaluation of the Stewardship documents will be completed by UWMD staff to ensure the organization's financial health. Please see the Stewardship Staff Review Form (pages 64-65) for a complete list of items to be reviewed during this process. Please note that if any of the non-shaded areas of the review form are marked "no", your organization may be removed from the application process. If one of the shaded areas of the review form is marked "no", your Stewardship documents will be moved to a volunteer panel of Certified Public Accountants (CPAs) for further review. The volunteer CPAs will then review your entire Stewardship Report and decide if your organization passes the Stewardship review.

If your organization does not pass the Stewardship Review, you will be notified of this decision via email correspondence in January 2019 and your application will be removed from consideration during the 2019-2022 funding cycle.

Please see the Stewardship Checklist (page 66), for a complete list of required documents.

2. Letter of Intent Review

United Way staff and volunteers will review and score the submitted LOIs using the Community Impact Fund Scoring Rubric (Page 68) and will invite a number of applicants to complete the full Community Impact Fund Final Application. For a LOI to be invited to complete the full Community Impact Fund Final Application, the organization must also pass the Stewardship Report Review. Applicants selected to complete the Community Impact Fund Final Application will be notified in mid-January via email correspondence. Applicants not selected during the LOI evaluation will be removed from consideration during the 2019-2022 funding cycle and will be notified in mid-January via email correspondence.

3. Community Impact Fund Final Application Review

Applications will be reviewed and scored by UWMD staff and a panel of community volunteers using the Community Impact Fund Final Application Scoring Rubric (Page 70). The application will receive a score that reflects the average score from each individual evaluator. Throughout the review process, volunteers are trained to use the Best Investment criteria to make their decisions. Best Investment refers to the programs that most clearly demonstrate:

- **ALIGNMENT:** Connection between program goals and UWMD Impact Areas, Strategies, and Priority Statements
- **IMPACT:** Effectiveness of programming as reflected by meeting community need(s), and demonstrating impact through the reported common measures
- **RESOURCES:** Access to the resources (staff, experience, financial, etc.) to successfully implement the program

If questions are raised in the course of the application review, UWMD staff will capture those key questions and they will be communicated to the appropriate Contact Person prior to the site visit. This will allow program staff to respond to key questions raised by the volunteer panel during the site visit.

4. Program Site Visit Evaluation

a. Scheduling

All Community Impact Fund Final Applications will automatically receive a site visit. After the applications are submitted UWMD staff will notify the organization staff of when the site visit will take place.

The Program Site Visit Schedule has been set and can be viewed on page 72. Receiving this schedule now will allow agencies to make the necessary arrangements to be able to present on the dates listed. Please mark each date on your calendar now to ensure that you will be available on the date chosen for your site visit.

Organizations need to indicate where they will host their Site Visit on the Program Request Summary tab of the foundationConnect Online Application. Please use the question that states "Preferred Location of Site Visit" to provide UWMD with the name of the site where you will hold your Site Visit, the full address, emergency contact person, as well as (and most importantly) any special directions or landmarks to assist volunteers in finding your location.

Organizations have the option of presenting their Site Visit at their program location or the United Way of Metropolitan Dallas office at 1800 N. Lamar Dallas, TX 75202. If an organization chooses to have their Site Visit at the UWMD office, please note that in the application and UWMD staff will coordinate the meeting arrangements.

Organizations have one opportunity to notify UWMD if they have a time conflict with a given site visit date. Organizations can indicate the time conflict in the Program Request

Summary tab of the foundationConnect Online Grant Application “From Site Visit Schedule, Days/Times UNAVAILABLE for site visit” (page 58). UWMD will do our best to accommodate these requests but cannot guarantee that they will be met.

If the time conflict was not disclosed to UWMD the organization must accept the Site Visit that has been scheduled by UWMD staff.

b. Content

The programs that receive a Site Visit are encouraged to include the following items during their presentation:

- Review of key program activities and staff
- Review of key common measures and evidence of impact
- Response to questions sent prior to the site visit
- Content that helps the panel experience or understand the program

The total site visit is not to exceed 45 minutes. The organization will have the first 25 minutes to give a formal presentation and address the questions asked in advance of the site visit. The remaining 20 minutes are reserved for volunteer questions. In the event that the volunteer panel does not use the full 20 minutes for Q&A, the panel will give that time back to the organization to use at their discretion.

The site visit is an opportunity for the volunteer panel to gain a deeper understanding of the proposed program. It is also the only opportunity available for the organization to share new information about the proposed program and provide answers to pertinent questions posed by the panel. It is recommended and highly encouraged that the following organization staff be in attendance to help present material and answer questions that the volunteer panel may have: President, Program Staff, Grant Writer, and Finance staff.

c. Evaluation

Site Visit scores will be determined using a tier-ranking system. Volunteers and UWMD staff will organize all programs that received a Site Visit into three tiers defined below:

Volunteers and UWMD staff will maintain an equal distribution of programs across each tier. Each volunteer and UWMD staff member will only be permitted to rank a program if they attended the Site Visit. Volunteers who miss more than 50 percent of the scheduled presentations will not be allowed to rank any programs under consideration. Once all evaluations are complete, each program will have an average tier ranking between 10 and 30 which serves as their site visit score.

5. Funding Recommendation

UWMD staff and volunteers will submit their evaluations and funding recommendations for the applications they reviewed. The submitted scores and recommendations will be used to develop a final set of funding recommendations.

6. Funding Approval

The final funding recommendations will be reviewed, possibly modified, and then ratified by the UWMD Community Impact Chair and the UWMD Board of Directors. The decision of the Board is final. There is no appeals process.

The UWMD Board of Directors will approve final funding amounts in June 2019. Funding decisions will be promptly communicated to each organization via e-mail. Detailed feedback explaining the funding decision will also be communicated via e-mail.

Changes in Reported Information

If reported information changes during the Community Impact Fund process (after submission of the application but before funding has been awarded), the organization must submit written (preferably via email) notification to UWMD immediately after the organization becomes aware of the change that explains: what the change has been, why the change was made, and what the effect of the change is on the program/proposal. Please direct such communication to the Senior Director, Community Impact Operations, Mark Pollack, mpollack@unitedwaydallas.org.

If reported information changes after the proposal has been funded (after the grant has been awarded and organization has started to receive funding), the organization must submit notification to UWMD within 30 days after the organization becomes aware of the change that explains: what the change has been, why the change was made, and what the effect of the change is on the program. Please direct such communication to Ashley Brundage, Senior Vice President Community Impact, abrundage@unitedwaydallas.org.

Unrestricted Funding

UWMD allows up to 10 percent of the total program award amount to be used as unrestricted funding throughout the organization. For instance, if an organization was awarded \$100,000, then up to \$10,000 can be used for unrestricted funding and \$90,000 must be used for the costs as detailed in the application budget.

foundationConnect ONLINE APPLICATION SYSTEM

The Community Impact Fund Letter of Intent, Stewardship Report, and Final Application must be submitted through foundationConnect, an online grant application system. All organizations must register online and create a foundationConnect account in order to submit their Stewardship Report and Letter of Intent.

If there is a discrepancy in language between this RFP and foundationConnect, default to the language used in foundationConnect.

Logging into foundationConnect

Applying organizations will access their foundationConnect account by using this direct link to the Service Provider login screen:

https://unitedwaymetroddallas.force.com/grants/FGM_Portal_CommunitySignupRejected?id=a4W4100000Q6M2EAK&ln=en_US

1. For a first-time user, please follow these steps:
 - i. Click the “New User?” link
 - ii. Complete and save your registration
 - iii. Once you submit your registration, United Way staff will review and approve your organization. When the organization has been approved you will receive an email confirmation message.
 - iv. Follow the instructions on that message to login
2. For returning users, please enter your username and password, then click the “Sign in” button

More detailed foundationConnect instructions are provided in this RFP on page 60 and brief instructional videos are provided on UWMD’s Non-Profit Toolkit webpage. We have also included a list of Frequently Asked Questions about foundationConnect on page 62. If you still have questions regarding how to navigate foundationConnect after reviewing both of these resources, contact Mark Pollack at 214-978-2012 or mpollack@unitedwaydallas.org.

TIMELINE

RFP RELEASE – LETTER OF INTENT AND STEWARDSHIP REPORT

November 1, 2018

LETTER OF INTENT DEADLINE

All Applicants: November 30, 2018 by 4:00 p.m. (Electronically via foundationConnect)

STEWARDSHIP REPORT DEADLINES

New Applicants: November 30, 2018 by 4:00 p.m. (Electronically via foundationConnect)

Current Service Providers: December 31, 2018 by 4:00 p.m. (Electronically via foundationConnect)

The results of Stewardship review will be communicated the week of January 21, 2019

COMMUNITY IMPACT FUND FINAL APPLICATION RELEASE

Applicants invited to complete the Community Impact Fund Final Application will be notified and able to access the application the week of January 21, 2019. Application workshops will be held beginning the week of January 28, 2019. More details will be provided to organizations that are selected.

Applicants not invited to complete the Community Impact Fund Final Application will be notified the week of January 21st, 2019.

COMMUNITY IMPACT FUND FINAL APPLICATION DEADLINE

February 22, 2019 by 4:00 p.m. (Electronically via foundationConnect)

APPLICATION REVIEW AND SITE VISITS

Full applications will be reviewed in March and Site Visits will be held from April through May as outlined on page 72. Final Approval will occur in June 2019. Results will be communicated by mid-June.

FUNDING PERIOD

The funding period will be July 1, 2019 through June 30, 2022. The funding award is subject to change and is dependent on the amount of dollars raised by the Community Impact Fund.

ORIENTATION SESSIONS

STEWARDSHIP & LOI ORIENTATION SESSIONS

Stewardship and LOI Orientation is optional but highly encouraged. Space is limited, and a RSVP is required to attend. **Please RSVP online prior to the session.** You will be required to RSVP for each person attending. Due to audience size limitations, please carefully consider the number of relevant staff who need to attend. These dates will close when seating is full, so please RSVP as soon as possible. **Please bring your own copy of the RFP to the meeting. Copies will not be provided.**

**Friday, November 2, 2018
(Morning session)**

9:00 a.m. – 11:00 a.m.
United Way of Metropolitan Dallas
Citigroup Board Room
1800 N. Lamar Street
Dallas, TX 75202

[RSVP](#)

**Monday, November 5, 2018
(Morning session)**

9:00 a.m. – 11:00 a.m.
United Way of Metropolitan Dallas
Citigroup Board Room
1800 N. Lamar Street
Dallas, TX 75202

[RSVP](#)

**Tuesday, November 6, 2018
(Morning session)**

9:00 a.m. – 11:00 a.m.
United Way Metropolitan Dallas
Citigroup Board Room
1800 N. Lamar Street
Dallas, TX 75202

[RSVP](#)

**Friday, November 2, 2018
(Afternoon session)**

2:00 p.m. – 4:00 p.m.
United Way of Metropolitan Dallas
Citigroup Board Room
1800 N. Lamar Street
Dallas, TX 75202

[RSVP](#)

**Monday, November 5, 2018
(Afternoon session)**

2:00 p.m. – 4:00 p.m.
United Way of Metropolitan Dallas
Citigroup Board Room
1800 N. Lamar Street
Dallas, TX 75202

[RSVP](#)

**Tuesday, November 6, 2018
(Afternoon session)**

2:00 p.m. – 4:00 p.m.
United Way of Metropolitan Dallas
Citigroup Board Room
1800 N. Lamar Street
Dallas, TX 75202

[RSVP](#)

COMMUNITY IMPACT FUND FINAL APPLICATION WORKSHOPS

Additional workshops and information sessions will be held the week of January 28th for applicants invited to complete the Community Impact Fund Final Application.

FUNDING ACCEPTANCE

FUNDING ACCEPTANCE

If the application is selected for United Way Community Impact Funding – either partially or fully – the Service Provider will receive the following documents:

- Funding Letter
- Proposal Feedback Form
- Multi-Year Service Provider Contract

By executing the Multi-Year Service Provider (MYSP) Contract, the Service Provider accepts all United Way funding as awarded in the United Way Funding Letter. In order for the Service Provider to receive the awarded funds, the Service Provider must agree to all United Way requirements for the accepted United Way funding, as outlined in the Multi-Year Service Provider Contract. The Contract must be signed and dated by both the Service Provider's President/CEO and Board Chair. **United Way uses an electronic signature system (DocuSign) to distribute and execute contracts.**

For reference, UWMD has provided a draft version of the 2019-2022 MYSP Contract in the Nonprofit Toolkit section of the website.

In the following situations, an email must be submitted to United Way outlining the reasons for changes or declined funding:

1. If any program requires material changes as a result of the level of funding awarded. Changes to the program and continued funding of the program are subject to the approval of the Community Impact Committee.
2. If the Service Provider elects to decline funding.

Emails communicating material changes or declined funding should be sent to:

Ashley Brundage
Senior Vice President, Community Impact
United Way of Metropolitan Dallas
abrundage@unitedwaydallas.org

COMMUNITY IMPACT FUND LETTER OF INTENT

Below are directions on how to complete the Community Impact Fund Letter of Intent. Complete this form with reference to the proposed program being submitted for funding only. All blanks must be filled in. Do not answer with “not applicable” unless question specifies “if applicable.” If a question is not applicable to the proposed program, please explain why. We advise that applicants draft responses in Word or another word processing program before inputting them into the online form. This document cannot be submitted as your official Community Impact Fund Letter of Intent and the application must be submitted online via foundationConnect.

If there is a discrepancy in language between this RFP and foundationConnect, default to the language used in foundationConnect.

1. **Organization Name:** _____
2. **Program Name:** _____
3. **Annual Request Amount:** _____

Please indicate the annual dollar amount being requested to fund the proposed program. This annual amount will be the same each year over the course of the grant. There is no minimum or maximum request amount. To see a range of current grants that are funded by United Way please use this link [Current Community Investments](#). Please round to the nearest whole dollar.

4. **Select the Priority Statement(s) this program will address**

Please select the Priority Statement(s) that the proposed program will address. You must select at least one Strategy/Priority Statement, but you can select multiple Strategies/Priority Statements as long as the program aligns with those selections. Selected strategies can be within an Impact Area or can cross over multiple Impact Areas.

EDUCATION

- ☐ Strong Start: Improve the achievement of key early childhood milestones and the development of young children so that they are prepared for success and beyond, while promoting meaningful parent engagement opportunities.
- ☐ Academic Success: Provide in-school and out of school programming that bolsters school day activities, helps keep kids on track, develops life skills in order to improve their academic success.
- ☐ Success After High School: Ensure students can access post-secondary options, graduate college and workforce ready, and persist to obtaining a degree or credential that will put them on the path to success.

INCOME

- ☐ Stabilization Services / Basic Needs: Stabilize people who are facing hunger, eviction, financial crisis, or are recovering from disaster.
- ☐ Career Pathways: Connect people with the skills and support needed to get and keep good jobs, such as career development, job training and supportive services, English as a second language, and adult literacy.
- ☐ Financial Capability: Connect people with safe and affordable financial products and services to establish savings and credit and to build wealth.

HEALTH

- ☐ Primary and Clinical Care: Prevent illness before it occurs and lessen the impact of chronic illness for individuals and communities. Treatment and screening of patients is provided in a clinical setting by a doctor, nurse, or dentist.
- ☐ Behavioral and Mental Health: Increase well-being by preventing or intervening in mental illness such as depression or anxiety, as well as substance abuse, addiction, family violence, and trauma.
- ☐ Health Promotion: Empower individuals and communities to increase control over and improve their health.

5. Statement of Needs

What is (are) the specific need(s) your target population faces? (1,500 characters)

- Please share quantitative and qualitative data specific your target population. We encourage you to provide data from zip codes/local cities instead of macro level data. Please provide a basic description of the source.

6. Program Narrative

How does the proposed program meet the need within the community? Please address all bullet points when answering. (4,000 characters)

- Do you have a specific geographic service area for the program? If yes, please describe what the area is.
- Provide a description of key program activities.
- Describe historical evaluation results or findings that demonstrate the program's impact. For a brand-new program, the answer to this question should incorporate any justification or model programs for beginning the program.

- Provide a description of the future vision of this program over the course of the 2019-2022 funding period.

7. Common Measures

Applying programs are required to develop projections for common measures that align with services offered in the proposed program. Each program will need to select at least one common measure from the Impact Area (Education, Income, and/or Health) that aligns with the selected Priority Statement.

- For the “Projected Funding Year 1 2019-2020” column enter the projected measure for the applying program
- For the “Evaluation Method” column provide a brief description of the method used to evaluate the measure. Examples could include pre/post assessments, attendance logs, standard tests/assessments, health record systems, evidence-based assessments or scales, case management logs, HMIS, client self-report, etc.
- For the “How Often Measured” column select the most relevant option
- Each selected common measure must have information entered or selected in all three columns

Please review the Social Services Common Measures Framework: Standard of Measurement & Practice document to see how a common measure is specifically defined. This document can be accessed here <https://unitedwaydallas.org/assets/nonprofit-toolkit/>

Funding Year is July 1 – June 30 for each respective year.

EDUCATION

	Projected Funding Year 1 2019-2020	Evaluation Method	How Often Measured
STRONG START			
Number of children that will transition to Pre-Kindergarten/Kindergarten			
Number of children attending the program at least 85% or more during the program year who demonstrate progress toward developmental milestones			
Number of children attending the program at least 85% or more during the program year who meet or exceed their individual developmental milestones			
Number of parents/caregivers who demonstrate growth in parenting practices.			
ACADEMIC SUCCESS			

Number of students that demonstrate an increase in core subject test scores.			
Number of students that demonstrate an increase in grades			
Number of students that show maintaining and/or improvement in reading level			
Number of students that maintain or increase STEM specific content knowledge			
Number of students that show maintaining and/or improvement in 8 th grade Algebra			
Number of students that demonstrate 8 th grade science promotion			
Number of students demonstrating improvement in school attendance			
Number of students promoted to the next grade level on time			
Number of students demonstrating an increased accountability and/or sense of personal responsibility			
Number of students demonstrating ability and interest to lead others or activities			
Number of students demonstrating an increase in action and engagement on specific issues affecting life and community			
Number of students that demonstrate an improvement in work and study habits			
Number of students that demonstrate reduction or prevention of incidence in reduction in risky behaviors			
Number of students demonstrating an increase in positive interaction with peers and/or adults			
Number of students and/or adults that report an increased duration of quality relationship between adult and student			
Number of adult mentors retained year after year			
Number of parents reporting an increase in school-based engagement participation			

Number of teacher and/or program staff reporting an increase in certification completion, continuing education credits and professional development opportunities			
SUCCESS AFTER HIGH SCHOOL			
Number of students demonstrating an increased understanding of high school choices			
Number of high school seniors graduating on time			
Number of students demonstrating an increased knowledge of college choices			
Number of students that graduate college ready			
Number of students that enroll in post-secondary education			
Number of students that demonstrate post-secondary persistence			
Number of students demonstrating increased awareness of an interest in careers and employment pathways			
Number of students demonstrating increase in job readiness skills			

HEALTH

	Projected Funding Year 2019-2020	Evaluation Method	How Often Measured
PRIMARY AND CLINICAL CARE			
Number of individuals, of any age, who receive ongoing care for one or more chronic conditions			
Number of individuals, who are at least 6 years old or older, who receive a check-up/well visit			
Number of individuals, who are at least 6 years old or older, who receive an immunization			
Number of individuals, of any age, who receive a preventative health service or screening			
Number of individuals enrolled or renewed for health coverage as a result of program			

Number of individuals with an ongoing medical care provider			
Number of individuals who receive transportation to medical appointments, as a result of the work of the program/agency staff or a result of program			
Number of children, who are 5 years old or younger, who receive a well-child/baby exam			
Number of children, who are 5 years old or younger, who receive an immunization			
Number of pregnant women who start prenatal care in the first trimester			
Number of pregnant women who receive prenatal care based on the standard prenatal care schedule and/or their medical provider's recommendations			
Number of infants born at very low birth weight, <1500 grams (3.3lbs)			
Number of infants born at low birth weight, between 1500 grams (3.3lbs) and <2500 grams (5.5lbs)			
Number of infants born at healthy/normal birth weight, between 2500 grams (5.5lbs) and <4000 grams (8.8lbs)			
Number of babies born prior to 37 weeks of pregnancy			
BEHAVIORAL AND MENTAL HEALTH			
Number of individuals who receive individual (one on one) therapy services			
Number of individuals who receive group support services. Group services can be either a family group or a non-related group			
Number of individuals who receive mental health crisis intervention			
Number of individuals who have access to needed prescription drugs used to treat or control a mental health condition, as a result of the work of the program/agency staff or a result of program			

Number of individuals who show a positive increase on an evidence-based functionality scale delivered by a licensed counselor			
SUBSTANCE ABUSE			
Number of individuals completing an evidence-based and skill-building program relating to learning healthy coping behaviors and/or maintaining a substance abuse free lifestyle			
Number of individuals completing residential substance abuse treatment			
Number of individuals completing outpatient substance abuse treatment			
Number of individuals in recovery support services			
FAMILY VIOLENCE			
Number of individuals who develop a safety plan			
Number of individuals who achieve a permanent and stable living environment			
Number of individuals who receive family violence related legal services, client advocacy, or assistance, as a result of the work of the program/agency staff or a result of program			
Number individuals who receive case investigation services, as a result of the work of the program/agency staff or a result of program			
Number of individuals who receive any family violence services			
Number of individuals who receive family violence related crisis intervention			
Number of individuals who receive residential domestic/intimate partner violence services			
Number of individuals who receive transitional housing services, as part of domestic/intimate partner violence services			
Number of individuals who complete battering intervention and prevention (BIPP) services/treatment			

Number of individuals who complete an evidence-based skill building program related to the following life skills: age appropriate discipline child development, positive communication, relationship building, pro-social behavior, bullying prevention, self-management of anger, healthy relationships, or other social and emotional skills			
Number of individuals that have an increasing system of support to discuss serious problems			
HEALTH PROMOTIONS			
Number of individuals completing evidence-based and skill-building, education related to physical activity			
Number of individuals completing evidence-based and skill-building education related to nutrition and healthy eating			
Number of individuals who decrease their BMI/zBMI			
Number of individuals who attain a reduction in waist circumference			
Number of individuals who reach and maintain a healthy BMI			
Number of individuals who report a behavior change related to diet or exercise post intervention			

INCOME

	Number Projected Funding Year 2019-2020	Evaluation Method	How Often Measured
BASIC NEEDS – EMERGENCY SHELTER AND TRANSITIONAL HOUSING			
Number of households who received emergency shelter			
Number of clients who received emergency shelter services			
Average length (nights) at the emergency shelter			
Number of households who received transitional housing services			

Number of clients who received transitional housing services			
Average length (nights) at the transitional shelter			
Percent of clients who received emergency shelter or transitional housing services interviewed using HMIS			
Number of households who received emergency shelter stay or transitional housing services who transitioned to Permanent Supportive Housing or to their own housing			
Number of households who maintained permanent supportive housing or their own housing for 3 months after exiting your emergency shelter stay or transitional housing program			
PREPARED MEALS AND FOOD PANTRY MEALS			
Number of clients who received prepared meals			
Total number of prepared meals provided			
Number of households who received food pantry services			
Number of clients who received food pantry services			
Average number pantry visits by households			
Total pounds of food distributed as defined by North Texas Food Bank's guidelines			
Total pounds of healthy food distributed as defined by North Texas Food Bank's guidelines			
Total number of hours the Food Pantry is open per week			
RENTAL/MORTGAGE AND UTILITY ASSISTANCE			
Number of households who received rental/mortgage assistance			
Number of clients who received rental/mortgage assistance			
Number of households who received rental/mortgage assistance who maintained housing 3 months after			

The average amount of rental assistance provided			
Number of households who received utility assistance			
Number of clients who received utility assistance			
Number of households who received utility assistance who remained connected to utilities for at least 3 months after			
The average amount of utility assistance provided			
TRANSPORTATION AND FURNITURE ASSISTANCE			
Number of clients who received transportation assistance			
Number of households who received furniture/home goods/housewares			
INFORMATION AND REFERRAL			
Number of clients who received Information & Referrals			
CAREER PATHWAYS			
Number of unduplicated individuals who participated in at least one service provided through your organization that helps a person obtain and/or maintain employment			
Number of individuals who participated in employment services who secured a job at 30 hours per week or more and completed their first day			
Number of individuals who participated in employment services who secured a job at less than 30 hours per week and completed their first day			
Number of individuals who participated in employment services who secured a job with unknown hours and completed their first day			
The sum of employment (full-time), employment (part-time), and employment (unknown)			
Average hourly wage among all individuals included in employment (total)			
Number of individuals who satisfy both conditions below:			

<ul style="list-style-type: none"> Secured employment during the current reporting period OR secured employment during the last 30 days of the previous reporting period Remained employed 30 days post-job placement with the same employer 			
<p>Number of individuals who satisfy both conditions below:</p> <ul style="list-style-type: none"> Secured employment during the current reporting period OR secured employment during the last 90 days of the previous reporting period Remained employed 90 days post-job placement with the same employer 			
<p>Number of individuals who satisfy both conditions below:</p> <ul style="list-style-type: none"> Secured employment during the current reporting period OR secured employment during the last 180 days of the previous reporting period Remained employed 180 days post-job placement with the same employer 			
<p>Number of individuals who secured employment during the current reporting period or past reporting period who achieved one of the following indicators of advancement:</p> <ul style="list-style-type: none"> Promotion along an identified career path at a business Increase in hourly wage or salary Increase in hours worked each month Improved working conditions (better hours or benefits) 			
Number of unduplicated individuals who enrolled in an ESL course provided through your organization in order to improve written and spoken English language proficiency, life skills, and cultural competency			
Number of unduplicated individuals who accessed ESL services who improved by			

at least one level during the reporting period			
Number of unduplicated individuals who accessed an Adult Basic Education course provided through your organization that helps a person improve reading proficiency, writing proficiency, math proficiency, and/or earn a GED			
Number of unduplicated individuals who accessed adult basic education services who improved by at least one level in the areas of either writing, reading, or math during the reporting period			
Number of individuals who accessed a vocational training course provided through your organization in order to earn an industry-relevant credential, certificate, or skill			
Number of individuals who accessed vocational training services who completed the vocational training program			
FINANCIAL STABILITY			
Number of unduplicated individuals who accessed a financial education course offered through your organization in order to increase financial literacy			
Number of unduplicated individuals who accessed one-on-one financial coaching services offered through your organization that help individuals set and make progress towards financial goals			
Number of unduplicated individuals who accessed financial coaching services who show an improvement on the Financial Capability Scale during the reporting period			
Number of unduplicated individuals who report increased savings			
The <i>average</i> amount of savings at intake (or first verification) among clients who were included in the positive savings measure			
The <i>average</i> amount of savings at the most recent verification among clients			

who were included in the positive savings measure			
Number of unduplicated individuals who report an improvement in their credit score			
The <i>average</i> credit score at intake (or first verification) among clients who were included in the improved credit score measure			
The <i>average</i> credit score at the most recent verification among clients who were included in the improved credit score measure			
Number of unduplicated individuals who reduce non-mortgage debt			
The <i>average</i> non-mortgage debt at intake (or first verification) among clients who were included in the non-mortgage debt reduction measure			
The <i>average</i> non-mortgage debt at most recent verification among clients who were included in the non-mortgage debt reduction measure			
Number of individuals who accessed a benefits screening service provided through your organization that helps a person identify and apply for public benefits			
Number of individuals who accessed benefits screening services who enrolled in one of the following public benefits: <ul style="list-style-type: none"> • Supplemental Nutrition Program (SNAP) • Nutrition Program for Women, Infants, and Children (WIC) • Temporary Assistance for Needy Families (TANF) • Supplemental Security Income (SSI) • Social Security Disability Insurance (SSDI) • Children's Health Insurance Program (CHIP) / Medicaid • Head Start • Utility Assistance • Phone Assistance • School Meals 			

Number of individuals who accessed free tax preparation services through your organization			
Number of unbanked individuals who open an FDIC insured account to become banked			

OTHER WRITE IN MEASURES

Applicants have the opportunity to enter up to three write-in measures that they would like to report on. Applicants are not required to enter any additional write-in measures.

Write-In Measure	Number Projected Funding Year 2019-2020	Evaluation Method	How Often Measured

8. Use of Funds

United Way Request as a Percent of Total Expenses

Please enter the Amount Requested from UWMD 2019-2020 and the Total Program Expense.

Funding Year is July 1 – June 30 for each respective year.

	Amount Requested from UWMD 2019-2020 – Year 1*	Total Program Expense 2019-2020 – Year 1**	Amount Requested Percent of Total Program Expense
Budget Amounts			

**The Annual Amount Requested from UWMD 2019-2020 represents the annual dollar amount requested to fund the proposed program for each of the next three funding years. This should exactly match the "Request Amount" in question 3.*

*** The Total Program Expense 2019-2020 amount represents the total cost of the program in the 2019-2020 year. Please include the entire cost of the program.*

Program Costs/Expenses

Please enter the Total Program Expense and the Total Number of Unduplicated Clients for each of the years listed below.

	Estimated – Application Year	Projected – Funding Year 1	Projected – Funding Year 2	Projected – Funding Year 3
--	---------------------------------	-------------------------------	-------------------------------	-------------------------------

	2018-2019	2019-2020	2020-2021	2021-2022
Total Program Expenses				
Total Number of Unduplicated Clients				
Average Cost per Client				

9. Contact Information

a. CEO or Executive Director Contact Information

Salutation: _____

Title: _____

First Name: _____

Phone: _____

Last Name: _____

Email: _____

b. Program Contact Information – Please enter the contact information for the person who will be responsible for handling all communication specific to this program proposal. Notifications, reminders, and messages related to grant applications and grant reports will be sent to this contact!

Salutation: _____

Title: _____

First Name: _____

Phone: _____

Last Name: _____

Email: _____

COMMUNITY IMPACT FUND FINAL APPLICATION

Below are directions on how to complete the Final Community Impact Fund Application. **Only organizations whose LOI is selected to continue in the process will be invited to complete the Community Impact Fund Final Application.** This document cannot be submitted as your official Community Impact Fund Final Application and must be submitted online via foundationConnect.

If there is a discrepancy in language between this RFP and foundationConnect, default to the language used in foundationConnect.

ORGANIZATIONAL BACKGROUND

1. Organization Name: _____
2. Doing Business As (if applicable): _____
3. Primary Mailing Address: _____
4. Primary City: _____
5. Primary State: _____
6. Primary Zip Code: _____
7. County of Primary Address: _____
8. Main Phone Number: _____
9. Organization Website: _____
10. Agency Mission Statement (300 Characters): _____

CONTACT INFORMATION

1. CEO or Executive Director Contact Information

Salutation: _____

First Name: _____

Last Name: _____

Title: _____

Phone: _____

Email: _____

2. Program Contact Information

Please enter the contact information for the person who will be responsible for handling all communication specific to this program proposal.

Salutation: _____

First Name: _____

Last Name: _____

Title: _____

Phone: _____

Email: _____

3. Reporting or Payment Contact Information

Please enter the contact information for the person who will be responsible for handling all payment related information specific to this application.

Salutation: _____

First Name: _____

Last Name: _____

Title: _____

Phone: _____

Email: _____

4. Volunteer Coordinator Contact Information

Please enter the contact information for the person who would be best suited to coordinating volunteer opportunities.

Salutation: _____

First Name: _____

Last Name: _____

Title: _____

Phone: _____

Email: _____

5. Marketing Contact Information

Please enter the contact information for the person who will be responsible for handling marketing related work and requests.

Salutation: _____

First Name: _____

Last Name: _____

Title: _____

Phone: _____

Email: _____

6. Board Chair Contact Information

Please enter contact information for the Board Chair who will serve in **JUNE 2019**. This person cannot be the same as the CEO/President or the Program Contact.

Salutation: _____

First Name: _____

Last Name: _____

Company: _____

Title: _____

Phone: _____

Email: _____

PROGRAM REQUEST SUMMARY

1. Program Name: _____

2. Program Summary (500 Characters): _____

Please share the goal of the proposed program and include a brief list of key program activities and outcomes. This answer will be included on the Community Investments section of the United Way website.

3. What is the Geographic Area Served? (300 Characters): _____

Do you have a specific geographic service area for the program? If yes, please describe what the area is.

4. List the top zip codes of where your clients reside. Please enter up to five zip codes. If the zip code is unknown, please select that option:

Zip Code 1: _____

Zip Code 2: _____

Zip Code 3: _____

Zip Code 4: _____

Zip Code 5: _____

Zip Code Unknown: _____

5. Annual Request Amount: _____

Please indicate the annual dollar amount being requested to fund the proposed application. This annual amount will be the same over the course of the grant. There is no minimum or maximum request amount. To see a range of current grants that are funded by United Way please use this link [Current Community Investments](#). Please round to the nearest whole dollar.

PROGRAM DETAIL

1. Key Program Staff

List the key job positions involved in the operation of the proposed program as well as any volunteer activity (3,000 Characters): _____

- Please include all employee and volunteer roles that directly oversee, manage, and/or implement the proposed program. A satisfactory description should include the job title and brief job description.
- If you plan to hire any additional staff that will be involved with the proposed program, please describe the qualifications required.
- Briefly explain how volunteers are used in the program, list the number of volunteers, and the total volunteer hours utilized. If volunteers are not used, please briefly explain why this is the case.

2. Statement of Needs

What is the specific need(s) your target population faces? (1,500 characters)

- Please share quantitative and qualitative data specific your geographic focus areas. We encourage you to provide data from zip codes/local cities instead of macro level data.

3. Program Plan

How does the proposed program meet the need within the community? Provide the plan for the proposed program and please address all relevant bullet points when answering. Bullet points do not need to be addressed in order presented, just be sure to provide a response to each one (8,000 Characters): _____

- **Detailed Description of Primary Program Activities** – Program activities refer to essential tasks, projects, or services that directly impact program goals and outcomes. Please describe each activity in detail and explain how the activities are accessed by clients; a reader with no previous knowledge of the program should be able to understand how the activities function and interact.
- **If the applying program is a Collaboration or Collective Impact Program** - Please describe the procedures and processes in place to facilitate effective work between organizations or programs to serve clients.

4. Client Flow

Please provide a narrative description of what the client experiences as they progress through your program. Indicate the duration of the program from the perspective of the client as well as when key milestones occur. If specific dates are associated with key activities such as enrollment, graduation/completion, volunteer recruitment, advocacy efforts, or other activities, please include them (1,500 Characters): _____

Client Flow Chart: _____

Additionally, please attach a visual client flow chart to aid reviewers in understanding how your program operates.

5. Equity and Inclusion

How does your program contribute positively to equity and inclusion and move us toward a thriving community for all? (2,000 Characters): _____

- *Describe how the program operates in an equitable and inclusive manner.*
- *Describe how clients are selected or what requirements clients must meet to receive services from this program.*
- *Describe any disqualifications that prevent clients from receiving services in this program.*

We adopt the Independent Sector’s definition of equity: “The fair treatment, access, opportunity, and advancement for all people, while at the same time striving to identify and eliminate barriers that have prevented the full participation of some groups. Improving equity involves increasing justice and fairness within the procedures and processes of institutions or systems, as well as in their distribution of resources. Tackling equity issues requires an understanding of the root causes of outcome disparities within society.”

We adopt the Foundation Center’s definition of inclusion meaning “the degree to which diverse individuals are able to participate fully in the decision-making processes within an organization or group. While a truly ‘inclusive’ group is necessarily diverse, a ‘diverse’ group may or may not be ‘inclusive.’”

NUMBER OF UNDUPLICATED CLIENTS

Complete this form with reference to the proposed program being submitted for funding only.

For the purposes of this proposal, a client is the actual person being served by program activities and included in the program outcomes (i.e. the child in the afterschool program or child care program, not the parents). Be sure numbers are of individual clients and are not duplicative.

Include all program clients, not just those funded by UWMD. If you are not collecting the information asked for, please fill in numbers as unknown. **Make sure that the values in each of the five "Total" sections are equal within each of the funding year columns.**

Funding Year is July 1 – June 30 for each respective year.

Category		Actual (Year 2017-2018)	Estimated (Year 2018-2019)	Funding Year 1 (2019- 2020)	Funding Year 2 (2020- 2021)	Funding Year 3 (2021- 2022)
1. Gender	Male					
	Female					
	Unknown					
	Total Gender					
2. Ages of Clients	Ages Birth-5					
	Ages 6-12					
	Ages 13-18					
	Ages 19-21					
	Ages 22-44					
	Ages 45-59					
	Ages 60-64					
	Ages 65+					
	Unknown					
	Total Age					
3. Race/Ethnicity	African American/Black					
	Asian/Pacific American					
	Caucasian					
	Hispanic/Latino					
	Native American					
	Two or More Races					
	Other					
	Unknown					
	Total Race/Ethnicity					

Category		Actual (Year 2017- 2018)	Estimated (Year 2018- 2019)	Funding Year 1 (2019- 2020)	Funding Year 2 (2020- 2021)	Funding Year 3 (2021- 2022)
4. County of Residence	Collin County					
	Dallas County					
	Rockwall County					
	Southern Denton County (see page 5)					
	Other County					
	Unknown Residence					
	Total County of Residence					
5. Household Income Level	Under \$25,100					
	\$25,101-\$38,600					
	\$38,601-\$61,750					
	Over \$61,750					
	Unknown					
	Total Household Income Level					

PROGRAM BUDGET FORM

Complete the Program Budget Form in foundationConnect. Each revenue and expense figure included below should be specific to the proposed program. Shaded areas will be automatically calculated. UWMD allows up to 10 percent of the total program award amount to be used as unrestricted funding (see page 12) annually throughout the organization.

Funding Year is July 1 – June 30 for each respective year.

1. United Way Request as a Percent of Total Expenses

Please enter the Annual Amount Requested from UWMD 2019-2020 and the Total Program Expense.

	Annual Amount Requested from UWMD 2019-2020 – Year 1*	Total Program Expense 2019-2020 – Year 1**	Amount Requested Percent of Total Program Expense
Budget Amounts			

**The Annual Amount Requested from UWMD 2019-2020 represents the annual dollar amount being requested to fund the proposed program for each of the next three funding years. This should exactly match the "Request Amount".*

*** The Total Program Expense 2019-2020 amount represents the total cost of the program in the 2019-2020 year. Please include the entire cost of the program.*

2. Program Revenue

	Actual (Year 2017-2018)	Estimated (Year 2018-2019)	Funding Year 1 (2019-2020)	Funding Year 2 (2020-2021)	Funding Year 3 (2021-2022)
Government Grants					
Foundations					
Corporations					
UWMD – CIG/Basic Needs					
UWMD – Initiatives/Projects					
UWMD – Designations					
Individual Contributions					
Fundraising Events or Products					
Government Contracts					
Fee for Service/Earned Income					
Other*					
Total					

*To enter data into “Other Item” in foundationConnect, click on the word “Other Item” and type in the program expense. Click on the + icon to the right of the table if more than two lines are needed. Be sure to label what the “Other Item” category is.

3. Program Expenses

	Actual (Year 2017- 2018)	Estimated (Year 2018- 2019)	Funding Year 1 (2019-2020)	Funding Year 2 (2020-2021)	Funding Year 3 (2021-2022)	UW Request Funding Year 1 (2019-2020)
Salaries & Wages						
Benefits & Payroll Taxes						
Consultant/ Professional Fees						
Office Supplies/ Materials						
Rent/Occupancy						
Utilities						
Marketing						
Other*						
Total						

*To enter data into “Other Item” in foundationConnect, click on the word “Other Item” and type in the program expense. Click on the + icon to the right of the table if more than two lines are needed. Be sure to label what the “Other Item” category is.

4. Program Costs/Expenses

	Estimated – Application Year 2018-2019	Funding Year 1 (2019-2020)	Funding Year 2 (2020-2021)	Funding Year 3 (2021-2022)
Total Program Expenses				
Total Unduplicated Clients				
Average Cost per Client				

PROGRAM BUDGET NARRATIVE

Complete this form with reference to the proposed program being submitted for funding.

1. **How will UWMD requested funds be used, specifically? How will UWMD requested funds impact the program overall? (600 Characters):** _____

Please detail exactly how the proposed program plans to use the funding amount requested (i.e. expansion of program, additional staff, more locations, etc.).

2. **Please explain any significant budget variances as well as areas of the budget that may require additional explanation. The response must also indicate if UWMD funds will be used as a match grant. (2,000 Characters):** _____

COMMON MEASURES FORM

Applying programs will be required to expand the projections for common measures that align with services offered in the proposed program.

Each selected common measure must have information entered or selected in all five columns

Please review the Standards of Measurement and Practice document or the detailed information below to see how a common measure is specifically defined. This document can be accessed here <https://unitedwaydallas.org/assets/nonprofit-toolkit/>

Funding Year is July 1 – June 30 for each respective year.

EDUCATION

	Actual Funding Year 2017- 2018	Estimated Funding Year 2018-2019	Projected Funding Year 1 2019-2020	Projected Funding Year 2 2020-2021	Projected Funding Year 3 2021-2022
STRONG START					
Number of children that will transition to Pre-Kindergarten/Kindergarten					
Number of children attending the program at least 85% or more during the program year who demonstrate progress toward developmental milestones					
Number of children attending the program at least 85% or more during the program year who meet or exceed their individual developmental milestones					
Number of parents/caregivers who demonstrate growth in parenting practices.					
ACADEMIC SUCCESS					
Number of students that demonstrate an increase in core subject test scores					
Number of students that demonstrate an increase in grades					

Number of students that show maintaining and/or improvement in reading level					
Number of students that maintain or increase STEM specific content knowledge					
Number of students that show maintaining and/or improvement in 8 th grade Algebra					
Number of students that demonstrate 8 th grade science promotion					
Number of students demonstrating improvement in school attendance					
Number of students promoted to the next grade level on time					
Number of students demonstrating an increased accountability and/or sense of personal responsibility					
Number of students demonstrating ability and interest to lead others or activities					
Number of students demonstrating an increase in action and engagement on specific issues affecting life and community					
Number of students that demonstrate an improvement in work and study habits					
Number of students that demonstrate reduction or prevention of incidence in reduction in risky behaviors					
Number of students demonstrating an increase					

in positive interaction with peers and/or adults					
Number of students and/or adults that report an increased duration of quality relationship between adult and student					
Number of adult mentors retained year after year					
Number of parents reporting an increase in school-based engagement participation					
Number of teacher and/or program staff reporting an increase in certification completion, continuing education credits and professional development opportunities					
SUCCESS AFTER HIGH SCHOOL					
Number of students demonstrating an increased understanding of high school choices					
Number of high school seniors graduating on time					
Number of students demonstrating an increased knowledge of college choices					
Number of students that graduate college ready					
Number of students that enroll in post-secondary education					
Number of students that demonstrate post-secondary persistence					
Number of students demonstrating increased awareness of an interest in careers and employment pathways					

Number of students demonstrating increase in job readiness skills					
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HEALTH

	Actual Funding Year 2017-2018	Estimated Funding Year 2018-2019	Projected Funding Year 1 2019-2020	Projected Funding Year 2 2020-2021	Projected Funding Year 3 2021-2022
PRIMARY AND CLINICAL CARE					
Number of individuals, of any age, who receive ongoing care for one or more chronic conditions					
Number of individuals, who are at least 6 years old or older, who receive a check-up/well visit					
Number of individuals, who are at least 6 years old or older, who receive an immunization					
Number of individuals, of any age, who receive a preventative health service or screening					
Number of individuals enrolled or renewed for health coverage as a result of program					
Number of individuals with an ongoing medical care provider					
Number of individuals who receive transportation to medical appointments, as a result of the work of the program/agency staff or a result of program					
Number of children, who are 5 years old or younger, who receive a well-child/baby exam					

Number of children, who are 5 years old or younger, who receive an immunization					
Number of pregnant women who start prenatal care in the first trimester					
Number of pregnant women who receive prenatal care based on the standard prenatal care schedule and/or their medical provider's recommendations					
Number of infants born at very low birth weight, <1500 grams (3.3lbs)					
Number of infants born at low birth weight, between 1500 grams (3.3lbs) and <2500 grams (5.5lbs)					
Number of infants born at healthy/normal birth weight, between 2500 grams (5.5lbs) and <4000 grams (8.8lbs)					
Number of babies born prior to 37 weeks of pregnancy					
BEHAVIORAL AND MENTAL HEALTH					
Number of individuals who receive individual (one on one) therapy services					
Number of individuals who receive group support services. Group services can be either a family group or a non-related group					
Number of individuals who receive mental health crisis intervention					
Number of individuals who have access to needed prescription drugs					

used to treat or control a mental health condition, as a result of the work of the program/agency staff or a result of program					
Number of individuals who show a positive increase on an evidence-based functionality scale delivered by a licensed counselor					
SUBSTANCE ABUSE					
Number of individuals completing an evidence-based and skill-building program relating to learning healthy coping behaviors and/or maintaining a substance abuse free lifestyle					
Number of individuals completing residential substance abuse treatment					
Number of individuals completing outpatient substance abuse treatment					
Number of individuals in recovery support services					
FAMILY VIOLENCE					
Number of individuals who develop a safety plan					
Number of individuals who achieve a permanent and stable living environment					
Number of individuals who receive family violence related legal services, client advocacy, or assistance, as a result of the work of the program/agency staff or a result of program					
Number individuals who receive case investigation					

services, as a result of the work of the program/agency staff or a result of program					
Number of individuals who receive any family violence services					
Number of individuals who receive family violence related crisis intervention					
Number of individuals who receive residential domestic/intimate partner violence services					
Number of individuals who receive transitional housing services, as part of domestic/intimate partner violence services					
Number of individuals who complete battering intervention and prevention (BIPP) services/treatment					
Number of individuals who complete an evidence-based skill building program related to the following life skills: age appropriate discipline child development, positive communication, relationship building, pro-social behavior, bullying prevention, self-management of anger, healthy relationships, or other social and emotional skills					
Number of individuals that have an increasing system of support to discuss serious problems					
HEALTH PROMOTIONS					
Number of individuals completing evidence-					

based and skill-building, education related to physical activity					
Number of individuals completing evidence-based and skill-building education related to nutrition and healthy eating					
Number of individuals who decrease their BMI/zBMI					
Number of individuals who attain a reduction in waist circumference					
Number of individuals who reach and maintain a healthy BMI					
Number of individuals who report a behavior change related to diet or exercise post intervention					

INCOME

	Actual Funding Year 2017-2018	Estimated Funding Year 2018-2019	Projected Funding Year 1 2019-2020	Projected Funding Year 2 2020-2021	Projected Funding Year 3 2021-2022
BASIC NEEDS – EMERGENCY SHELTER AND TRANSITIONAL HOUSING					
Number of households who received emergency shelter					
Number of clients who received emergency shelter services					
Average length (nights) at the emergency shelter					
Number of households who received transitional housing services					
Number of clients who received transitional housing services					
Average length (nights) at the transitional shelter					
Percent of clients who received emergency shelter or					

transitional housing services interviewed using HMIS					
Number of households who received emergency shelter stay or transitional housing services who transitioned to Permanent Supportive Housing or to their own housing					
Number of households who maintained permanent supportive housing or their own housing for 3 months after exiting your emergency shelter stay or transitional housing program					
PREPARED MEALS AND FOOD PANTRY MEALS					
Number of clients who received prepared meals					
Total number of prepared meals provided					
Number of households who received food pantry services					
Number of clients who received food pantry services					
Average number pantry visits by households					
Total pounds of food distributed as defined by North Texas Food Bank's guidelines					
Total pounds of healthy food distributed as defined by North Texas Food Bank's guidelines					
Total number of hours the Food Pantry is open per week					
RENTAL/MORTGAGE AND UTILITY ASSISTANCE					
Number of households who received rental/mortgage assistance					
Number of clients who received rental/mortgage assistance					
Number of households who received rental/mortgage assistance who maintained housing 3 months after					

The average amount of rental assistance provided					
Number of households who received utility assistance					
Number of clients who received utility assistance					
Number of households who received utility assistance who remained connected to utilities for at least 3 months after					
The average amount of utility assistance provided					
TRANSPORTATION AND FURNITURE ASSISTANCE					
Number of clients who received transportation assistance					
Number of households who received furniture/home goods/housewares					
INFORMATION AND REFERRAL					
Number of clients who received Information & Referrals					
CAREER PATHWAYS					
Number of unduplicated individuals who participated in at least one service provided through your organization that helps a person obtain and/or maintain employment					
Number of individuals who participated in employment services who secured a job at 30 hours per week or more and completed their first day					
Number of individuals who participated in employment services who secured a job at less than 30 hours per week and completed their first day					
Number of individuals who participated in employment services who secured a job with unknown hours and completed their first day					
The sum of employment (full-time), employment (part-time), and employment (unknown)					

Average hourly wage among all individuals included in employment (total)					
Number of individuals who satisfy both conditions below: <ul style="list-style-type: none"> Secured employment during the current reporting period OR secured employment during the last 30 days of the previous reporting period Remained employed 30 days post-job placement with the same employer 					
Number of individuals who satisfy both conditions below: <ul style="list-style-type: none"> Secured employment during the current reporting period OR secured employment during the last 90 days of the previous reporting period Remained employed 90 days post-job placement with the same employer 					
Number of individuals who satisfy both conditions below: <ul style="list-style-type: none"> Secured employment during the current reporting period OR secured employment during the last 180 days of the previous reporting period Remained employed 180 days post-job placement with the same employer 					
Number of individuals who secured employment during the current reporting period or past reporting period who achieved one of the following indicators of advancement: <ul style="list-style-type: none"> Promotion along an identified career path at a business Increase in hourly wage or salary 					

<ul style="list-style-type: none"> • Increase in hours worked each month • Improved working conditions (better hours or benefits) 					
Number of unduplicated individuals who enrolled in an ESL course provided through your organization in order to improve written and spoken English language proficiency, life skills, and cultural competency					
Number of unduplicated individuals who accessed ESL services who improved by at least one level during the reporting period					
Number of unduplicated individuals who accessed an Adult Basic Education course provided through your organization that helps a person improve reading proficiency, writing proficiency, math proficiency, and/or earn a GED					
Number of unduplicated individuals who accessed adult basic education services who improved by at least one level in the areas of either writing, reading, or math during the reporting period					
Number of individuals who accessed a vocational training course provided through your organization in order to earn an industry-relevant credential, certificate, or skill					
Number of individuals who accessed vocational training services who completed the vocational training program					
FINANCIAL STABILITY					
Number of unduplicated individuals who accessed a financial education course offered through your					

organization in order to increase financial literacy					
Number of unduplicated individuals who accessed one-on-one financial coaching services offered through your organization that help individuals set and make progress towards financial goals					
Number of unduplicated individuals who accessed financial coaching services who show an improvement on the Financial Capability Scale during the reporting period					
Number of unduplicated individuals who report increased savings					
The <i>average</i> amount of savings at intake (or first verification) among clients who were included in the positive savings measure					
The <i>average</i> amount of savings at the most recent verification among clients who were included in the positive savings measure					
Number of unduplicated individuals who report an improvement in their credit score					
The <i>average</i> credit score at intake (or first verification) among clients who were included in the improved credit score measure					
The <i>average</i> credit score at the most recent verification among clients who were included in the improved credit score measure					
Number of unduplicated individuals who reduce non-mortgage debt					
The <i>average</i> non-mortgage debt at intake (or first verification) among clients who were					

included in the non-mortgage debt reduction measure					
The <i>average</i> non-mortgage debt at most recent verification among clients who were included in the non-mortgage debt reduction measure					
Number of individuals who accessed a benefits screening service provided through your organization that helps a person identify and apply for public benefits					
Number of individuals who accessed benefits screening services who enrolled in one of the following public benefits: <ul style="list-style-type: none"> • Supplemental Nutrition Program (SNAP) • Nutrition Program for Women, Infants, and Children (WIC) • Temporary Assistance for Needy Families (TANF) • Supplemental Security Income (SSI) • Social Security Disability Insurance (SSDI) • Children's Health Insurance Program (CHIP) / Medicaid • Head Start • Utility Assistance • Phone Assistance • School Meals 					
Number of individuals who accessed free tax preparation services through your organization					
Number of unbanked individuals who open an FDIC insured account to become banked					

OTHER WRITE IN MEASURES

Applicants have the opportunity to enter up to three write-in measures that they would like to report on. Applicants are not required to enter any additional write-in measures.

	Actual Funding Year 2017- 2018	Estimated Funding Year 2018-2019	Projected Funding Year 1 2019-2020	Projected Funding Year 2 2020-2021	Projected Funding Year 3 2021-2022

ADDITIONAL CONTEXT

1. Would you like to share any context about the common measures you reported? (500 characters): _____

SITE VISIT LOGISTICS

1. From Site Visit Schedule, Days/Times UNAVAILABLE for site visit (300 Characters): _____

Please refer to the Site Visit Schedule and indicate here which dates/times are *unavailable* for a Site Visit. It will be assumed that, unless otherwise indicated here, you are available for a Site Visit on all dates and times listed.

2. Preferred location of Site Visit (300 Characters): _____

Please provide the name of the location, full address, parking instructions, and any special directions or landmarks.

3. Name and cell phone number of person to contact DURING the site visit in case of emergency:

Name: _____

Phone Number: _____

This person should be someone that will be at the Site Visit with a cell phone OR able to reach someone at the Site Visit with a cell phone. This is in case the volunteer panel is running late, is lost, or had some sort of emergency arise.

APPROVAL FORM

Approval is required from the Service Provider President/CEO and Board Chair verifying that they have reviewed and approved the application before submission to United Way.

1. President/CEO

By entering the President/CEO's name, you are verifying that the application has been reviewed and approved by the President/CEO.

Review & Approval Date: _____

President/CEO Name: _____

2. Board Chair

By entering the Board Chair's name, you are verifying that the application has been reviewed and approved by the Board Chair.

Review & Approval Date: _____

Board Chair Name: _____

FOUNDATIONCONNECT ONLINE APPLICATION INSTRUCTIONS

Access

Go to “foundationConnect Service Provider Login” under “For Nonprofits” at the bottom center of the main UWMD web page at www.unitedwaydallas.org. Or enter the following web address into your internet browser:

https://unitedwaymetrodallas.force.com/grants/FGM_Portal_CommunitySignupRejected?id=a4W4100000Q6M2EAK&ln=en_US

Logging In

1. For a first-time user, please follow these steps:
 - i. Click the “New User?” link
 - ii. Complete and save your registration
 - iii. Once you submit your registration, United Way staff will review and approve your organization. When the organization has been approved you will receive an email confirmation message.
 - iv. Follow the instructions on that message to login
2. For returning users, please enter your username and password, then click the “Sign in” button

Home Page

At the top left of the foundationConnect home page are four tabs:

1. Grantee Dashboard – Provides an update on open or closed grants, grantee reports, inquiries, and/or amendments that have been completed or are in the process of being completed by your organization. Open items are active and closed items are historical items that have been previously completed.
2. Grant Opportunities – Please select the Community Impact Fund Letter of Intent (LOI). Click the “Create Application” button to begin the grant application.
3. Profile – Has two tabs that allow an agency to review the organization and contact information that was entered when the account was created. To make changes select the “Edit” button at the top right of the page.
4. Stewardship Forms – This is where the organization completes the Stewardship forms that are required to apply for funding.

Stewardship Report

Below are instructions for submitting the Stewardship Report. As a note, you cannot save the Stewardship Report in the middle of completing it. The recommendation is to gather the required information and documents and enter the information in one sitting.

1. Locate the Stewardship Forms tab on your foundationConnect homepage
2. Click the “New Stewardship” button
3. Complete the following Stewardship forms:
 - a. Stewardship Ratios
 - b. Stewardship Review Questions
 - c. Patriot Act Compliance

d. Stewardship Attachments

4. Submit the Stewardship Review

Completing a Community Impact Fund LOI

1. On the Grant Opportunities Tab select the Community Impact Fund LOI. Click the “Create Application” button to begin the grant application.
2. This will open a new LOI. If you get a notification that there is already an existing application for this type of grant, please go to the Grantee Dashboard to check.
Remember that only one application per organization can be submitted.
3. The first screen is the Community Impact Fund Eligibility Tab. Please review this information and if you remain interested in applying select the “Save and Next” button
4. At this point you can select any of the additional tabs that are required for submitting an application.
5. The Collaborators tab allows you to add additional individuals who can work on the application. Please follow the instructions on the screen to do so.
6. Remember to select the “Save” buttons at the bottom of each tab before navigation to a different screen or tab, otherwise you will lose any data entered into that tab.
7. When all forms are complete, select the “Review/Submit” button to submit the application to UWMD. The “Review/Submit” button will only display the Program Narrative tab, the Organization Information tab, and the Approval Form tab. To review the other tabs, you must click on each one individually.
8. **This button brings up the option to return to your application, print the application, or submit the application. To submit click the “Submit” button. Once submitted, you cannot modify the application or the attachments. The Stage column will change from In Progress to Submitted when this step is completed. You will also receive a confirmation email message.**

NOTE: Prior to the submission deadline if changes need to be made after submission, contact Mark Pollack (mpollack@unitedwaydallas.org or 214-978-2012).

Printing the Community Impact Fund LOI and Final Application

If you wish to print a copy of the application for your reference, the “Review/Submit” button will print all tabs except for those with tables or charts such as the Common Measures tab, Budget related tabs, and Client Demographic tabs. To print the other tabs that are part of the application, you must click on each one individually.

However, on most internet browsers it only prints the part of the screen you can see, so we’ve had the best results by copying and pasting each tab into a single Word document using the merge formatting paste option.

Note: Printed applications ARE NOT required to be submitted to UWMD.

FOUNDATIONCONNECT FREQUENTLY ASKED QUESTIONS

Q: My password for accessing the foundationConnect website is not working. What should I do?

A: Use the password reset function on the foundationConnect login page. Click the “Can’t access your account?” link and follow the instructions to reset your password. The UWMD system administrator cannot tell you what your password is due to security settings. You will receive an email to reset the password. If this email is not received check your junk mail or company spam filters.

Q: When completing the Stewardship Forms I cannot save to leave and return. Why is that?

A: Unfortunately, due to the way this portion of the application is set up, the user is unable to enter a portion of the data, save, leave the application, and then return to the forms to complete their work. Our suggestion is to complete the calculations on a different document, gather the required uploads, and then enter and upload everything together at one time.

Q: Do spaces and hard returns count in the character/space limit?

A: Yes, spaces and hard returns are counted in the character/space limit. Hard returns are counted as 2 spaces.

Q: I input data into a form last time I logged in and now the information is missing. What happened?

A: You should ALWAYS click Save before closing a Form; otherwise, you will lose the information/data you just entered.

Q: I am trying to save a form, but it will not allow me to. Why is this occurring?

A: Scroll through your entire form and see if there are any error messages in red letters. If there are, make sure those errors are corrected and then try saving again. If you are over the character limit or place letters in numeric fields, the system will not allow you to save and leave a form.

Q: I am trying to enter data into a form, but it will not allow me to. Why is this occurring?

A: Be sure to click the “notepad/pen” icon under the edit column on the Grantee Dashboard Tab. If you click the “magnifying glass” icon under the view column you will just be able to see the application and not make any edits, uploads, or submit the form. By clicking the notepad/pen option under the edit column you should be able to type what is needed in any form or upload a document.

Q: Are there tabs with two pages?

A: Some tabs may require two pages of information. This means that you cannot see the save button or save the entered information until you get to the bottom of the second page within that tab.

Q: The data I entered has changed since the last time I logged on. How did this happen?

A: If more than one staff person at your Organization has access to the online application system, it is likely that another Organization staff person has modified the grant application. If you are working with another Organization staff person to complete a specific application, please make each other aware when you have accessed an application and made revisions.

Q: The character/space count feature in foundationConnect is not counting down as I type or when I copy and paste info from a Word document. Why isn't this feature working?

A: There is a technical glitch on some of the tabs with the character/space count feature. Each answer field does have the character limit displayed in the question, but it may not count down as you type. If you write in a Word document and then copy and paste into foundationConnect and you are receiving an error message that you have exceeded the character limit, please adjust your answer.

Q: I'm trying to review my application, but only a portion of the application is displayed when I click the Review/Submit button. Why is this occurring?

A: The application is actually made up of two different programs so the tabs that don't show up when you hit review and print are technically in the other program. These tabs are typically the ones that have tables. In the case of the LOI, this includes each of the Common Measures tabs, the Use of Funds tab, and the Contact Information Tab. If you would like to review these tabs you will have to do so in the application itself.

Q: I'm trying to print my application, but only a portion of the application is printed when I use the Print button. Why is this occurring?

A: The application is actually made up of two different programs so the tabs that don't show up when you hit review and print are technically in the other program. These tabs are typically the ones that have tables (like the budget, common measures, and the client demographics). If you want a full printed version of what you submitted, you have to click through and print tab by tab. However, on most internet browsers it only prints the part of the screen you can see, so we've had the best results by copying and pasting each tab into a Word document using the "merge formatting" paste option. We apologize for any inconvenience this causes.

STEWARDSHIP STAFF REVIEW FORM 2018

Agency Name:	Staff:
Audit Date (mo/day/year):	Date Completed:

Audit	YES/NO
1. Did the agency submit an independent audit?	Yes/No
2. Was the year-end covered in the audit within 18 months of review date? (No older than fiscal year-end 05/31/2017)	Yes/No
3. Is there a management/internal control letter included with the audit?	Document Included?
4. If there is a management letter, is there a response letting from organization leadership explaining how issues are being addressed?	Yes/No
5. If there is a management letter included, is it absent of any material weaknesses and/or significant deficiencies?	Yes/No
6. If there is a management letter included, was it absent of a "going concern"?	Yes/No
7. If there is a management letter included, was it absent of an adverse opinion and/or a disclaimer opinion?	Yes/No
8. Does the auditor's report indicate that the agency complies with all GAAP (generally accepted accounting principles)?	Yes/No
9. Is the auditor's report an "unqualified" opinion?	Yes/No
10. Liquidity: Does the agency have 30 days of cash or more?	Yes/No
11. Program Expenses: Is the percentage 70% or more?	Yes/No
Comments:	

990	YES/NO
1. Did the agency submit a 990 or 990EZ? NOTE: Churches are exempt from filing a 990. If applicant agency is a church, select NO, but enter comments in the below indicating that the agency is a church.	Yes/No
2. Was the year-end covered in the 990/990EZ within 18 months of review date? (No older than fiscal year-ending 05/31/2017)	Yes/No
Comments:	

Agency Operating Budget	YES/NO
1. Did the agency submit an annual operating budget, with comparison to previous year and current year-to-date actual revenues and expenditures?	Yes/No
Comments:	

Board Governance	YES/NO
------------------	--------

1. Did the agency submit a current Board roster, indicating officers, committee membership on all standing committees, gender, and race/ethnicity?	Yes/No
Unaudited Financials	YES/NO
1. Did the agency submit unaudited financial statements dated within the previous 3 months? No later than August 2018	Yes/No
Comments:	

USA PATRIOT Act Compliance	YES/NO
1. Did the agency indicate that they comply with all areas of the Patriot Act?	Yes/No
Comments:	

Disclosures	YES/NO
1. Is the agency absent of any disclosures that would negatively impact current financial health?	Yes/No
Comments:	

IRS Determination Letter	YES/NO
1. Did the agency submit an IRS determination letter showing a non-profit status?	Yes/No
Comments:	

Agency Score An agency will receive a "fail" if any (other than highlighted areas) areas are checked "no".	Pass/Fail
Agency Documents To be Reviewed by CPA	Yes/No

COMMENTS

Note: If any of the highlighted portions (#s 4-10 in audit section & disclosure section), are triggered as a "no" that agency's documents will go to a volunteer auditor committee for review and determination if agency is allowed to submit grant applications for the current year.

STEWARDSHIP DOCUMENTATION REFERENCE CHECKLIST

Agency Name: _____

All organizations that do not currently receive grants from United Way of Metropolitan Dallas will need to complete the Stewardship Report in foundationConnect by November 30, 2018.

All organizations that do currently receive grants from United Way of Metropolitan Dallas will need to complete the Stewardship Report in foundationConnect by December 31, 2018.

Disclosures –Please indicate if there have been any adverse changes in or threats to the financial health, status, and outlook of your agency, changes in leadership of your agency, changes in the governance of your agency, or adverse public relations events or occurrences regarding your agency.

Patriot Act Compliance –If the Service Provider receives United Way funds and donations, in compliance with the USA PATRIOT (Uniting and Strengthening America by Providing Appropriate Tools Required to Intercept and Obstruct Terrorism) Act and other counterterrorism laws, the United Way requires that each Service Provider certify that those United Way funds and donations will be used in compliance with all applicable anti-terrorist financing and asset control laws, statutes and executive orders.

a. **Independent Audit** - Most recent audited Financial Statements. Service Providers are expected to obtain an audit of their Financial Statements within six months of the end of their fiscal year. The audit is expected to be done within Generally Accepted Accounting Principles. To qualify, the Audit must have a year-end no older than 18 months before the Stewardship deadline (**year-end no older than 05/31/2017**).

b. **Management Letter** – If the most recent audit had a management letter (also known as internal control deficiency letter) with it, please submit a copy of that management letter. (A management letter is a detailed letter from the auditor that is usually addressed to the board of directors or the audit committee. It presents weaknesses identified during the audit and offers recommendations to address them.)

i. As a separate document, provide the formal response from the organization’s leadership to how the issues identified in the management letter are being addressed. This document can be uploaded in the Stewardship Notes/Explanations (if needed) section.

c. **Tax Return** - Most recent IRS Form 990 or 990EZ. To qualify, the Tax return must have a year-end no older than 18 months before the Stewardship deadline (**year-end no older than 05/31/2017**).

NOTE: You **MUST SUBMIT** an IRS Form 990/990EZ unless your organization is a church or other house of worship, and thus not required by the IRS to file a return. This exemption **DOES NOT** apply to general faith-based nonprofit service organizations.

d. **Board Roster** – Most current roster of your Board of Directors indicating the following:

Name
Company Relationship (if applicable)
Officers
Committee Membership

Gender
Race/Ethnicity

- e. **Unaudited Financial Statements** – Most recent financial statements, no earlier than **August 2018**, should include a Statement of Financial Position (Balance Sheet) and Statement of Activities (Financial Stability Statement).
- f. **Agency Operating Budget** - Current Board-approved budget with comparison to previous year and current year-to-date actual revenues and expenditures.
- g. **IRS Determination Letter** - Most recent IRS determination letter.
- h. **Stewardship Notes/Explanations (if needed)**

COMMUNITY IMPACT FUND LOI SCORING RUBRIC

Statement of Needs and Program Narrative (25 points)			
Question	Value	Score	Comments
<p>In reference to 5) Statement of Needs, does the applicant clearly provide:</p> <ul style="list-style-type: none"> A statement of needs that the program plans to address or currently addresses and why these needs are important to address <p>(1 - Not at all, 3 – Not Adequately, 5 - To Some Extent, 8 – To a Good Extent, 10 - Completely)</p>	10		
<p>In reference to 6) Program Narrative, does the applicant clearly provide:</p> <ul style="list-style-type: none"> A description of the geographic service area for the program A clear description of key program activities. Historical evaluation results or findings that demonstrate the program's impact. A description of the future vision of this program over the 2019-2022 funding period. <p>(1 - Not at all, 4 – Not Adequately, 8 - To Some Extent, 12 – To a Good Extent, 15 - Completely)</p>	15		
SUBTOTAL	25		

Common Measures (10 points)			
Question	Value	Score	Comments
<p>In reference to 7) Common Measures:</p> <ul style="list-style-type: none"> Do the selected common measure(s) align with the area that the proposed application is addressing and with the description of the program provided in question 6)? Does the applicant clearly include a relevant evaluation method used for each selected common measure? Did the applicant choose an option for how often a common measure is measured for each selected common measure? Do the results or evidence support an investment in this program? <p>(1 - Not at all, 3 – Not Adequately, 5 - To Some Extent, 8 – To a Good Extent, 10 - Completely)</p>	10		
SUBTOTAL	10		

Use of Funds (10 points)			
Question	Value	Score	Comments
<p>In reference to 8) Use of Funds:</p> <ul style="list-style-type: none"> Is the information clear and does it make sense? Does the cost per client make sense based on the description of the program in question 6)? <p>(1 - Not at all, 3 – Not Adequately, 5 - To Some Extent, 8 – To a Good Extent, 10 - Completely)</p>	10		
SUBTOTAL	10		

Overall Assessment (20 points)			
Question	Value	Score	Comments
<ul style="list-style-type: none"> When considering all the information provided in this application, does the application demonstrate strong alignment with United Way's Impact Areas and the selected Strategy/Priority Statements? <p>(1 - Not at all, 3 – Not Adequately, 5 - To Some Extent, 8 – To a Good Extent, 10 - Completely)</p>	10		
<ul style="list-style-type: none"> When considering all the information provided in this application, does the application make a case that the program should be invited to submit a full application? <p>(1 - Not at all, 3 – Not Adequately, 5 - To Some Extent, 8 – To a Good Extent, 10 - Completely)</p>	10		
SUBTOTAL	20		

SCORING RUBRIC COMMUNITY IMPACT FUND FINAL APPLICATION

Program Narrative (70 points)			
Question	Value	Score	Comments
<p>In reference to 3) and 4) in the Program Request Summary, does the applicant clearly provide:</p> <ul style="list-style-type: none"> A description of the geographic service area for the program. <p>(1 - Not at all, 3 – Not Adequately, 5 - To Some Extent, 8 – To a Good Extent, 10 - Completely)</p>	10		
<p>In reference to 1) in the Program Detail Section, does the applicant clearly provide:</p> <ul style="list-style-type: none"> A description of key job positions who are involved in the operation of the program and any relevant volunteer involvement. <p>(1 - Not at all, 3 – Not Adequately, 5 - To Some Extent, 8 – To a Good Extent, 10 - Completely)</p>	10		
<p>In reference to 2) in the Program Detail Section, does the applicant clearly provide:</p> <ul style="list-style-type: none"> A statement of needs that the program plans to address or currently addresses <p>(1 - Not at all, 3 – Not Adequately, 5 - To Some Extent, 8 – To a Good Extent, 10 - Completely)</p>	10		
<p>In reference to 3) in the Program Details Section, does the applicant clearly provide:</p> <ul style="list-style-type: none"> Descriptions of program activities (IF APPLICABLE) A description of how the program operates effectively as a Collaboration or Collective Impact program <p>(1 - Not at all, 5 – Not Adequately, 10 - To Some Extent, 15 – To a Good Extent, 20 - Completely)</p>	20		
<p>In reference to 4) in the Program Details Section, does the applicant provide:</p> <ul style="list-style-type: none"> A clear picture of how the client flows through the program activities described A flow chart that helps demonstrate this client flow <p>(1 - Not at all, 3 – Not Adequately, 5 - To Some Extent, 8 – To a Good Extent, 10 - Completely)</p>	10		
<p>In reference to 5) in the Program Details Section, does the applicant demonstrate:</p> <ul style="list-style-type: none"> How their program operates in an equitable or inclusive manner <p>(1 - Not at all, 3 – Not Adequately, 5 - To Some Extent, 8 – To a Good Extent, 10 - Completely)</p>	10		
SUBTOTAL	70		

Program Budget (15 points)			
Question	Value	Score	Comments
<p>In reference to the Program Budget:</p> <ul style="list-style-type: none"> • Is the information clear and does it make sense? • Is the budget complete with all arithmetic correct? • Are figures that appear in multiple sections of the proposal, such as program request, total program expense, and clients served, consistent throughout the proposal? • Are there any significant variances in the budget when comparing actual and projected budget numbers that are not adequately explained in the budget narrative? • Does the budget narrative support the budget and program activities? <p>(1 - Not at all, 4 – Not Adequately, 8 - To Some Extent, 12 – To a Good Extent, 15 - Completely)</p>	15		
SUBTOTAL	15		

Common Measures (15 points)			
Question	Value	Score	Comments
<p>In reference to outputs in the Common Measures Form:</p> <ul style="list-style-type: none"> • Do the selected common measures align with what the program is addressing and with the description of the program? • Do the historical results and projected common measures support an investment in this program? <p>(1 - Not at all, 4 – Not Adequately, 8 - To Some Extent, 12 – To a Good Extent, 15 - Completely)</p>	15		
SUBTOTAL	15		

COMMUNITY IMPACT FUND SITE VISIT SCHEDULE

Below is the schedule of site visits for Community Impact Fund applications. Receiving this schedule now will allow agencies to make the necessary arrangements to be able to present on the dates listed.

Site Visit Calendar Schedule

Site Visit Week 1	April 2 – April 5, 2019
Site Visit Week 2	April 9 – April 12, 2019
Site Visit Week 3	April 16 – April 19, 2019
Site Visit Week 4	April 23 – April 26, 2019
Site Visit Week 5	April 30 – May 3, 2019
Site Visit Week 6	May 7 – May 10, 2019

PRIMARILY EDUCATION FOCUSED

Tuesday Morning – 8:30 a.m. – 12:30 p.m.

Tuesday Afternoon – 1:00 p.m. – 5:00 p.m.

PRIMARILY INCOME FOCUSED

Wednesday Morning – 8:30 a.m. – 12:30 p.m.

Wednesday Afternoon – 1:00 p.m. – 5:00 p.m.

PRIMARILY HEALTH FOCUSED

Thursday Morning – 8:30 a.m. – 12:30 p.m.

Thursday Afternoon – 1:00 p.m. – 5:00 p.m.

EDUCATION, INCOME, AND/OR HEALTH FOCUSED

Friday Morning – 8:30 a.m. – 12:30 p.m.