

United way of metropolitan dallas

REQUEST FOR PROPOSALS

COMMUNITY IMPACT FUND

#### 2019-2022

#### Deadlines:

#### Step 1: Stewardship Report

**New Applicants: Friday, November 30, 2018 – 4:00 p.m.**

(Submitted Online)

**Current Service Providers: Monday, December 31, 2018 – 4:00 p.m.**

(Submitted Online)

#### Step 2: Community Impact Fund Letter of Intent

#### All Applicants: Friday, November 30, 2018 – 4:00 p.m.

#### (Submitted Online)

#### Step 3: Community Impact Fund Final Application

#### Friday, February 22, 2019 – 4:00 p.m.

#### (Submitted Online)

# TABLE OF CONTENTS

INTRODUCTION

 ABOUT UNITED WAY OF METROPOLITAN DALLAS 3

PURPOSE OF THIS REQUEST FOR PROPOSALS 3

ELIGIBILITY 3

COMMUNITY IMPACT FUND STAFF CONTACT LIST 4

COMMUNITY IMPACT FUND IMPACT AREAS, STRATEGIES AND PRIORITY STATEMENTS 5

1. EDUCATION 5
2. INCOME 6
3. HEALTH 7

COMMUNITY IMPACT FUND PROCESS 8

OVERVIEW OF PROCESS 8

 1. STEWARDSHIP REVIEW 9

 2. LETTER OF INTENT REVIEW 9

 3. COMMUNITY IMPACT FUND FINAL APPLICATION REVIEW 10

 4. PROGRAM SITE VISIT EVALUATION 10

5. FUNDING RECOMMENDATION 11

6. FUNDING APPROVAL 12

CHANGES IN REPORTED INFORMATION 12

UNRESTRICTED FUNDING 12

FOUNDATIONCONNECT ONLINE APPLICATION SYSTEM 13

TIMELINE 14

 LETTER OF INTENT DEADLINE 14

 STEWARDSHIP DEADLINE 14

 COMMUNITY IMPACT FUND FINAL APPLICATION RELEASE 14

 COMMUNITY IMPACT FUND FINAL APPLICATION DEADLINE 14

APPLICATION REVIEW AND SITE VISITS 14

FUNDING PERIOD 14

ORIENTATION SESSIONS 15

FUNDING ACCEPTANCE 16

COMMUNITY IMPACT FUND LETTER OF INTENT 17

COMMUNITY IMPACT FUND FINAL APPLICATION 32

 ORGANIZATION BACKROUND AND CONTACT INFORMATION 32

 PROGRAM REQUEST SUMMARY 35

 PROGRAM DETAIL 36

 NUMBER OF UNDUPLICATED CLIENTS 38

PROGRAM BUDGET AND PROGRAM BUDGET NARRATIVE FORM 40

COMMON MEASURES FORM 43

SITE VISIT LOGISTICS 58

APPROVAL FORM 59

FOUNDATIONCONNECT ONLINE APPLICATION INSTRUCTIONS 60

FOUNDATIONCONNECT FAQ 62

STEWARDSHIP STAFF REVIEW FORM 2018 64

STEWARDSHIP DOCUMENTATION CHECKLIST 66

SCORING RUBRIC COMMUNITY IMPACT FUND LETTER OF INTENT 68

SCORING RUBRIC COMMUNITY IMPACT FUND FINAL APPLICATION 70

COMMUNITY IMPACT FUND SITE VISIT SCHEDULE 72

# 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.

## ELIGIBILTY

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  |

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# 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 is 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 the 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.

### 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.

### 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.

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### 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.

### Program Site Visit Evaluation

* 1. **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](#_BASIC_NEEDS_GRANT) [Site](#_BASIC_NEEDS_GRANT) 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.

* 1. **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.

* 1. **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.

### 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.

### 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://unitedwaymetrodallas.force.com/grants/FGM_Portal__CommunitySignupRejected?id=a4W41000000Q6M2EAK&ln=en_US>

* 1. For a first-time user, please follow these steps:
		1. Click the “New User?” link
		2. Complete and save your registration
		3. 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.
		4. 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 Friday, November 2, 2018**

**(Morning session) (Afternoon session)**

9:00 a.m. – 11:00 a.m. 2:00 p.m. – 4:00 p.m.

United Way of Metropolitan Dallas United Way of Metropolitan Dallas

Citigroup Board Room Citigroup Board Room

1800 N. Lamar Street 1800 N. Lamar Street

Dallas, TX 75202 Dallas, TX 75202

[RSVP](https://email.leadliaison.com/link.php?M=19639594&N=746399&EML=mpollack%40unitedwaydallas.org&ET=3d4faf2d44c3c2c15fe5fc7b9a4c9ed8&L=1389710&F=H) [RSVP](https://email.leadliaison.com/link.php?M=19639594&N=746399&EML=mpollack%40unitedwaydallas.org&ET=3d4faf2d44c3c2c15fe5fc7b9a4c9ed8&L=1389709&F=H)

Monday, November 5, 2018 Monday, November 5, 2018

**(Morning session) (Afternoon session)**

9:00 a.m. – 11:00 a.m. 2:00 p.m. – 4:00 p.m.

United Way of Metropolitan Dallas United Way of Metropolitan Dallas

Citigroup Board Room Citigroup Board Room

1800 N. Lamar Street 1800 N. Lamar Street

Dallas, TX 75202 Dallas, TX 75202

[**RSVP**](https://email.leadliaison.com/link.php?M=19639594&N=746399&EML=mpollack%40unitedwaydallas.org&ET=3d4faf2d44c3c2c15fe5fc7b9a4c9ed8&L=1389708&F=H) [**RSVP**](https://email.leadliaison.com/link.php?M=19639594&N=746399&EML=mpollack%40unitedwaydallas.org&ET=3d4faf2d44c3c2c15fe5fc7b9a4c9ed8&L=1389707&F=H)

Tuesday, November 6, 2018 Tuesday, November 6, 2018

**(Morning session) (Afternoon session)**

9:00 a.m. – 11:00 a.m. 2:00 p.m. – 4:00 p.m.

United Way Metropolitan Dallas United Way of Metropolitan Dallas

Citigroup Board Room Citigroup Board Room

1800 N. Lamar Street 1800 N. Lamar Street

Dallas, TX 75202 Dallas, TX 75202

[RSVP](https://email.leadliaison.com/link.php?M=19639594&N=746399&EML=mpollack%40unitedwaydallas.org&ET=3d4faf2d44c3c2c15fe5fc7b9a4c9ed8&L=1389706&F=H) [RSVP](https://email.leadliaison.com/link.php?M=19639594&N=746399&EML=mpollack%40unitedwaydallas.org&ET=3d4faf2d44c3c2c15fe5fc7b9a4c9ed8&L=1389705&F=H)

## 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**](https://unitedwaydallas.org/about/community-investments/). Please round to the nearest whole dollar.

## 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.

## 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.

## 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.

## 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/***](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 8th grade Algebra |  |  |  |
| Number of students that demonstrate 8th 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:* 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:* 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:* 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:* 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 *average* amount of savings at intake (or first verification) among clients who were included in the positive savings measure |  |  |  |
| The *average* 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 *average* credit score at intake (or first verification) among clients who were included in the improved credit score measure |  |  |  |
| The *average* 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 *average* non-mortgage debt at intake (or first verification) among clients who were included in the non-mortgage debt reduction measure |  |  |  |
| The *average* 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:* 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** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

## 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** **2018-2019** | **Projected – Funding Year 1****2019-2020** | **Projected – Funding Year 2** **2020-2021** | **Projected – Funding Year 3****2021-2022** |
| **Total Program Expenses** |  |  |  |  |
| **Total Number of Unduplicated Clients** |  |  |  |  |
| **Average Cost per Client** |  |  |  |  |

## Contact Information

* 1. **CEO or Executive Director Contact Information**

**Salutation: \_\_\_\_\_**

**First Name: \_\_\_\_\_**

**Last Name: \_\_\_\_\_**

**Title: \_\_\_\_\_**

**Phone: \_\_\_\_\_**

**Email: \_\_\_\_\_**

* 1. **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: \_\_\_\_\_**

**First Name: \_\_\_\_\_**

**Last Name: \_\_\_\_\_**

**Title: \_\_\_\_\_**

**Phone: \_\_\_\_\_**

**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: \_\_\_\_\_**

1. **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: \_\_\_\_\_**

1. **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: \_\_\_\_\_**

1. **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: \_\_\_\_\_**

1. **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: \_\_\_\_\_**

1. **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:** \_\_\_\_\_

1. **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.

1. **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.

1. **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: \_\_\_\_\_**

1. **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**](https://unitedwaydallas.org/about/community-investments/). Please round to the nearest whole dollar.

##  PROGRAM DETAIL

## 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.

## 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.

## 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.

## 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.

1. **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.).

1. **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/***](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 22020-2021** | **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 8th grade Algebra |  |  |  |  |  |
| Number of students that demonstrate 8th 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**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Actual Funding Year 2017-2018** | **Estimated Funding Year****2018-2019** | **Projected Funding Year 1****2019-2020** | **Projected Funding Year 22020-2021** | **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 22020-2021** | **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:* 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:* 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:* 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:* 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 *average* amount of savings at intake (or first verification) among clients who were included in the positive savings measure |  |  |  |  |  |
| The *average* 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 *average* credit score at intake (or first verification) among clients who were included in the improved credit score measure |  |  |  |  |  |
| The *average* 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 *average* non-mortgage debt at intake (or first verification) among clients who were included in the non-mortgage debt reduction measure |  |  |  |  |  |
| The *average* 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:* 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 22020-2021** | **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.

1. **Preferred location of Site Visit (300 Characters): \_\_\_\_\_**

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

1. **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:** \_\_\_\_\_

1. **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](http://www.unitedwaydallas.org). Or enter the following web address into your internet browser:

<https://unitedwaymetrodallas.force.com/grants/FGM_Portal__CommunitySignupRejected?id=a4W41000000Q6M2EAK&ln=en_US>

**Logging In**

1. For a first-time user, please follow these steps:
	* 1. Click the “New User?” link
		2. Complete and save your registration
		3. 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.
		4. 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:
	* 1. Stewardship Ratios
		2. Stewardship Review Questions
		3. Patriot Act Compliance
		4. 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 deadlineif 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?
 |  |
| 1. Was the year-end covered in the audit within 18 months of review date? (No older than fiscal year-end 05/31/2017)
 |  |
| 1. Is there a management/internal control letter included with the audit?
 |  |
| 1. If there is a management letter, is there a response letting from organization leadership explaining how issues are being addressed?
 |  |
| 1. If there is a management letter included, is it absent of any material weaknesses and/or significant deficiencies?
 |  |
| 1. If there is a management letter included, was it absent of a “going concern”?
 |  |
| 1. If there is a management letter included, was it absent of an adverse opinion and/or a disclaimer opinion?
 |  |
| 1. Does the auditor’s report indicate that the agency complies with all GAAP (generally accepted accounting principles)?
 |  |
| 1. Is the auditor’s report an “unqualified” opinion?
 |  |
| 1. Liquidity: **Does the agency have 30 days of cash or more?**
 |  |
| 1. Program Expenses: **Is the percentage 70% or more?**
 |  |
| **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. |  |
| 1. Was the year-end covered in the 990/990EZ within 18 months of review date? (No older than fiscal year-ending 05/31/2017)
 |  |
| **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?
 |  |
| **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?
 |  |
| **Unaudited Financials** | **YES/NO** |
| 1. Did the agency submit unaudited financial statements dated within the previous 3 months? No later than August 2018
 |  |
| **Comments:**  |

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

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

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

|  |  |
| --- | --- |
| **Agency Score**An agency will receive a “fail” if any (other than highlighted areas) areas are checked “no”. |  |
| **Agency Documents To be Reviewed by CPA** |  |

|  |
| --- |
| **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.

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# 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-approvedbudget 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

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| **Statement of Needs and Program Narrative (25 points)** |
| **Question** | **Value** | **Score** | **Comments** |
| In reference to 5) Statement of Needs, does the applicant clearly provide:* A statement of needs that the program plans to address or currently addresses and why these needs are important to address

(1 - Not at all, 3 – Not Adequately, 5 - To Some Extent, 8 – To a Good Extent, 10 - Completely) | 10 |  |  |
| In reference to 6) Program Narrative, does the applicant clearly provide:* 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.

(1 - Not at all, 4 – Not Adequately, 8 - To Some Extent, 12 – To a Good Extent, 15 - Completely) | 15 |  |  |
| **SUBTOTAL** | **25** |  |  |

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| **Common Measures (10 points)** |
| **Question** | **Value** | **Score** | **Comments** |
| In reference to 7) Common Measures:* 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?

(1 - Not at all, 3 – Not Adequately, 5 - To Some Extent, 8 – To a Good Extent, 10 - Completely) | 10 |  |  |
| **SUBTOTAL** | **10** |  |  |

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| **Use of Funds (10 points)** |
| **Question** | **Value** | **Score** | **Comments** |
| In reference to 8) Use of Funds: * 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)?

(1 - Not at all, 3 – Not Adequately, 5 - To Some Extent, 8 – To a Good Extent, 10 - Completely) | 10 |   |   |
| **SUBTOTAL** | **10** |  |  |

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| **Overall Assessment (20 points)** |
| **Question** | **Value** | **Score** | **Comments** |
| * 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?

(1 - Not at all, 3 – Not Adequately, 5 - To Some Extent, 8 – To a Good Extent, 10 - Completely) | 10 |  |  |
| * 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?

(1 - Not at all, 3 – Not Adequately, 5 - To Some Extent, 8 – To a Good Extent, 10 - Completely) | 10 |  |  |
| **SUBTOTAL** | **20** |  |  |

# SCORING RUBRIC COMMUNITY IMPACT FUND FINAL APPLICATION

|  |
| --- |
| **Program Narrative (70 points)** |
| **Question** | **Value** | **Score** | **Comments** |
| In reference to 3) and 4) in the Program Request Summary, does the applicant clearly provide:* A description of the geographic service area for the program.

(1 - Not at all, 3 – Not Adequately, 5 - To Some Extent, 8 – To a Good Extent, 10 - Completely) | 10 |  |  |
| In reference to 1) in the Program Detail Section, does the applicant clearly provide:* A description of key job positions who are involved in the operation of the program and any relevant volunteer involvement.

(1 - Not at all, 3 – Not Adequately, 5 - To Some Extent, 8 – To a Good Extent, 10 - Completely) | 10 |   |   |
| In reference to 2) in the Program Detail Section, does the applicant clearly provide:* A statement of needs that the program plans to address or currently addresses

(1 - Not at all, 3 – Not Adequately, 5 - To Some Extent, 8 – To a Good Extent, 10 - Completely) | 10 |  |  |
| In reference to 3) in the Program Details Section, does the applicant clearly provide:* Descriptions of program activities
* (IF APPLICABLE) A description of how the program operates effectively as a Collaboration or Collective Impact program

(1 - Not at all, 5 – Not Adequately, 10 - To Some Extent, 15 – To a Good Extent, 20 - Completely) | 20 |  |  |
| In reference to 4) in the Program Details Section, does the applicant provide:* A clear picture of how the client flows through the program activities described
* A flow chart that helps demonstrate this client flow

(1 - Not at all, 3 – Not Adequately, 5 - To Some Extent, 8 – To a Good Extent, 10 - Completely) | 10 |  |  |
| In reference to 5) in the Program Details Section, does the applicant demonstrate:* How their program operates in an equitable or inclusive manner

(1 - Not at all, 3 – Not Adequately, 5 - To Some Extent, 8 – To a Good Extent, 10 - Completely) | 10 |  |  |
| **SUBTOTAL** | **70** |  |  |

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| --- |
| **Program Budget (15 points)** |
| **Question** | **Value** | **Score** | **Comments** |
| In reference to the Program Budget: * 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?

(1 - Not at all, 4 – Not Adequately, 8 - To Some Extent, 12 – To a Good Extent, 15 - Completely) | 15 |   |   |
| **SUBTOTAL** | **15** |  |  |

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| --- |
| **Common Measures (15 points)** |
| **Question** | **Value** | **Score** | **Comments** |
| In reference to outputs in the Common Measures Form:* 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?

(1 - Not at all, 4 – Not Adequately, 8 - To Some Extent, 12 – To a Good Extent, 15 - Completely) | 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.