

United way of metropolitan dallas

REQUEST FOR PROPOSALS

COMMUNITY IMPACT GRANT

#### 2022-2025

#### Deadline:

**February 11, 2022, by 5:00 pm Central Time Zone**

**(Submitted Online)**

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# INTRODUCTION

##

## ABOUT UNITED WAY OF METROPOLITAN DALLAS

United Way of Metropolitan Dallas is a social change organization that unites the community to create opportunity and access for all North Texans to thrive, challenging the systemic barriers associated with race. Together with our committed change-seekers, we are mobilizing a movement for lasting change, to ensure all our neighbors have access to Education, Income, and Health – the building blocks of opportunity.

[Aspire United 2030](https://unitedwaydallas.org/nonprofits/)

United Way of Metropolitan Dallas (UWMD) is working to build a future in which all North Texans have the opportunity and access to thrive. We collaborated with a broad spectrum of community partners to develop our Aspire United 2030 goals, a set of 10-year metrics to drive transformative change and advance racial equity in the areas of Education, Income, and Health in North Texas.

To drive progress in North Texas by 2030, UWMD will focus on three key levers, Education, Income, and Health, and approach them as overlapping, interconnected issues. We know that children who have good early health care are more likely to be prepared for school and kids who enter school ready to learn are more likely to be “reading to learn” by third grade. Students who read proficiently are more likely to graduate from high school ready for college or career and living-wage jobs, when they can save for the future and cover costs of healthcare – leading to success in school and life for their own children.



While the Aspire United 2030 outcome goals are straightforward, we know that the areas to influence or the barriers that need to be broken vary greatly. Therefore, in addition to developing direct measures to track progress, there are a number of specific indicators that can impact progress on a particular goal as well as cross-cutting indicators across goals. These indicators include those identified and tracked at a community level by PCCI, our data evaluation partner, and our UWMD Common Measures which are program level measures used by grantees to report the results of their work. When combined together, these indicators all roll up together to demonstrate the impact our work is having in our community.

These shared community goals are interconnected and interdependent. By strengthening Education, Income, and Health together, we can create lasting change for all North Texans.

## PURPOSE OF THIS REQUEST FOR PROPOSALS

The purpose of this Request for Proposals (RFP) is to clearly communicate each aspect of the Community Impact Grant 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 goals allowing UWMD to fund exceptional programs.

## 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 Grant process will be three-year grants. The next Community Impact Grant RFP would potentially be released in 2025; any program that either does not apply for funding or does not receive funding in the upcoming process must wait until 2025 to apply for a Community Impact Grant.

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 program plans and show a commitment to achieving outcomes and outputs aligned with our common measures.

## GRANT AWARD AND ASK AMOUNTS

The annual award amount for a Community Impact Grant will be the same over the course of the three-year grant. The maximum grant award for the 2022-2025 Community Impact Grant cycle will be $500,000.00 annually and the minimum grant award will be $30,000.00 annually.

## ELIGIBILTY

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

1. The organization must be a 501(c)(3) or have a fiscal sponsor that is 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 program must align with driving impact in our Aspire United 2030 goals. Competitive applicants will address at least one Impact Area – Education, Income, and Health – and impact at least one attainment indicator that underlies the Impact Area.
4. The applying organizations must pass the requirements of the Stewardship Report on an annual basis. (To view a complete list of report requirements, go to page 48 for the Stewardship Documentation Checklist.)
5. UWMD does not fund capital campaigns or scholarship programs and will not fund programs focused on evangelism

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

## COMMUNITY IMPACT GRANT STAFF CONTACT LIST

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

|  |  |  |
| --- | --- | --- |
| Title | Staff Person | Email |
| Chief Strategy & Impact Officer  | Susan Hoff | shoff@unitedwaydallas.org |
| Executive Director of Housing Stability & Senior Vice President of Community Impact | Ashley Brundage | abrundage@unitedwaydallas.org |
| Vice President of Early Childhood Initiatives | Abigail Sharp | asharp@unitedwaydallas.org |
| Vice President, Economic Mobility | Greg Mangum | gmangum@unitedwaydallas.org |
| Senior Director, Southern Dallas Thrives | Ashley Douglas | adouglas@unitedwaydallas.org |
| Senior Director, Health & Wellness | Daniel Bouton | dbouton@unitedwaydallas.org |
| Senior Director, Community Impact Grantmaking | Mark Pollack | mpollack@unitedwaydallas.org |
| Director of Education and Career Success | Cathy Kang | ckang@unitedwaydallas.org |
| Senior Manager, Housing Stability | Paola Martinez | pmartinez@unitedwaydallas.org |
| Senior Administrative Assistant | Alicia Crews | acrews@unitedwaydallas.org |
| Senior Administrative Assistant | Rosemary Grougnet | rgrougnet@unitedwaydallas.org |

# ASPIRE 2030 IMPACT AREAS AND COMMUNITY INDICES

UWMD is looking to fund programs that align with our three Impact Area Goals, influence attainment indicators and transform the cross-cutting community factors identified in the Aspire United 2030 Inaugural Report. The Aspire United 2030 inaugural report can be found here:

As articulated by Aspire United 2030, education, income, and health are intrinsically linked. Education is strongly associated with life expectancy and plays a critical role in health by shaping opportunities and income. A complex relationship exists between health and poverty, and there is broad agreement that social determinants of health include income and employment**.**

**UWMD’S IMPACT AREAS AND GOALS**

**Impact Area: Education**

**Increase by 50% the number of North Texas students reading on grade level by 3rd grade. Double the achievement rate for Black and Latinx students to close the racial gap.**

The Education Impact Area has a focus on programs that work to close the racial achievement gap among Black and Latinx students by addressing the opportunity gap.

**Impact Area: Income**

**Increase by 20% the number of North Texas young adults who earn a living wage.**

The Income Impact Area has a focus on programs that work to increase the percentage of Black and Latinx young adults who earn a living wage.

**Impact Area: Health**

**Increase to 96% the number of North Texans with access to affordable health care coverage.**

The Health Impact Area has a focus on programs that reduce health disparities and address racial, economic, and other barriers to healthcare.

**COMMUNITY INDICES**

Building on these Impact Areas and Goals are a number of more detailed factors, known as Cross-Cutting Community Factors which arecritical factors that can influence, impede―or conversely, accelerate―progress across all three of our Impact Areas. These factors are the conditions in which people are born, grow, work, live and age, and the wider set of forces and systems shaping the conditions of daily life. Because of their critical importance and potential multiplier effect in accelerating (or impeding) progress across all three Aspire United 2030 Impact Areas and advancing racial equity, we have grouped our cross-cutting community factor indexes into four specific categories (Household Essentials, Empowered People, Equitable Communities and Access to Vital Services). The cross-cutting community factors are further described in the Aspire United 2030 Inaugural Report linked above.

**Equitable Communities Index**

The Equitable Communities Index represents economic and non-economic factors that underpin stable neighborhoods and create a safe/vibrant community. Specifically, this index combines indicators that include:

Green Space

Neighborhood Safety

 -Family, Child, and Elder Abuse Prevention and Services (Therapy and Advocacy)

Affordable Housing

 -Housing/Rental Assistance

Unemployment

**Household Essentials Index**

The Household Essentials Index represents economic and non-economic factors that underpin stable households. Specifically, this index combines indicators that include:

Household Income

 -Increase Savings, Improve Credit, and Increase Assets

Paycheck Predictability

Earning Potential

 -Job Training

 -Career Development, Job Placement, and Supportive Services

 -Adult Basic Education

 -English as a Second Language (ESL)

Food Insecurity

Health Insurance Coverage

**Empowered People Index**

The Empowered People Index represents economic and non-economic factors that underpin a person’s ability to achieve their greatest potential. Specifically, this index combines indicators that include:

Education Attainment

 -Entering Kindergarten Ready to Learn

 -Out of School Time Support (Afterschool and Summer Programs)

 -Tutoring and Mentors

 -College, Career, Military Ready Programs and Activities

Literacy

 -Early and Adult Literacy

Neighborhood Walkability

Vehicle Access

Internet Access

**Access to Vital Services Index**

The Access to Vital Services Index captures two equally important aspects of communities being able to access vital services – supply and demand. The combination of these two aspects provides an initial view of where the balance of supply and demand may be misaligned, impacting a person’s ability to access resources across communities.

Childcare Access

Healthcare Access

-Preventive Healthcare

-Primary Care

-Prenatal and Early Childhood Healthcare

-Mental and Behavioral Health and Wellness

-Dental and Vision

-Sobriety

Food access

 -Healthy eating and physical activity

United Way recognizes the importance of broader community-based factors that influence prosperity. If your organization offers services that address the Impact Areas and areas of work that are part of our indexes, then the organization would align with the Community Impact Grants made by UWMD.

# COMMUNITY IMPACT GRANT PRIORITY GEOGRAPHIC AREAS AND FUNDING GOALS

**PRIORITY GEOGRAPHIC AREAS**

United Way of Metropolitan Dallas is focusing on funding applications that provide services to clients in our Priority Geographic Areas. Applicants that can demonstrate that they serve clients that reside in our Priority Geographic Areas will be more competitive in our grant process.

With the guidance of PCCI, UWMD’s evaluation partner, each census tract in our UWMD service area was classified on a scale of vulnerability in each of the four categories, Equitable Communities, Household Essentials, Empowered People, and Access to Vital Services. The top 20% of census tracts were identified as “most vulnerable” in each of the categories. To determine the Priority Geographic Areas in each county, UWMD and PCCI identified the zip codes with both the highest number of “most vulnerable” census tracts and where each category had a minimum number of “most vulnerable” census tracts. The Priority Geographic Areas defined by zip code in Collin, Dallas, Rockwall, and Southern Denton counties are listed below:

**Collin County**

75023

75069

75071

75075

75252

**Dallas County**

75038

75040

75041

75043

75050

75051

75061

75104

75115

75134

75149

75150

75159

75180

75201

75203

75206

75208

75210

75211

75212

75215

75216

75217

75220

75224

75231

75232

75243

**Rockwall County**

75032

75087

**Southern Denton County**

75007

75028

75056

75057

75067

**FUNDING GOALS**

All applications will be grouped into five categories that are related to our Priority Geographic Areas based on the information provided in the application. The objective of United Way of Metropolitan Dallas is to award grants to applications that align with these Priority Geographic Areas and meet the funding percentage goal that are assigned to each of the five categories. The category descriptions that will be used by United Way to group applications into categories and the percentage goals of funding associated with each category is detailed below:

1. **Applications Concentrated in Priority Geographic Areas: (Funding Percentage Goal 65%)**

An application is considered in this category when greater than 60% of the clients that are served reside in a Priority Geographic Area in Dallas County.

1. **Applications Less Concentrated in Priority Geographic Areas: (Funding Percentage Goal 10%)**

An application is considered in this category when less than 60% of the clients that are served reside in a Priority Geographic Area in Dallas County.

1. **Surrounding Counties: (Funding Percentage Goal 10%)**

An application is considered in this category when the clients that are served reside in a Priority Geographic Area located in Collin, Rockwall, or Southern Denton County.

1. **Citywide Efforts and Powerhouses: (Funding Percentage Goal 10%)**

An application is considered for this category when organizations may provide services to clients located outside of the Priority Geographic Area, but are working in ways that share resources, power, and funding to benefit those throughout the city, in addition to those who reside in a Priority Geographic Area.

1. **Other: (Funding Percentage Goal 5%)**

An application is considered for this category when the application does not primarily serve clients in any identified priority geographic area, or when the organization does not track the residential location of their clients and are thus unable to provide that information in the application.

# COMMUNITY IMPACT GRANT PROCESS

## APPLICATION LIMIT

For the 2022-2025 Community Impact Grant RFP, organizations can submit ONE APPLICATION for their organization’s own programming. This application is designed to be holistic and can cover any of an organization’s programming that aligns with our Impact Areas and Community Indices in Education, Income, and Health.

In addition to or instead of one application focused on their individual organization’s work, an organization may apply multiple times as either the fiscal sponsor or lead organization for a collaboration or collective impact program or as part of a different collaboration or collective impact program. It is strongly recommended that the collaboration or collective impact program was created prior to December 31, 2020, in order to have a more competitive application.

**HOLISTIC APPLICATIONS**

Holistic programming or systems work refers to programming that addresses the whole person, including their physical, mental, social, financial, and emotional health. United Way recognizes that many of the issues our grantees are addressing are interconnected, and different aspects of the applicant’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 programs and services that are provided to improve a client’s life, 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. Through the course of the application, you will have an opportunity to demonstrate how the bundled programs provide holistic services to clients.

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. There are many ways this could be done, but examples could include:

1. A client that participates in a job training program may also receive childcare assistance.
2. A domestic violence shelter may provide services that include all of United Way’s Impact Areas. These services could include shelter and basic needs, mental health care, childcare support, and job training.
3. A financial stability program that includes job training, addressing food insecurity, transportation, and housing.

“Holistic” does not need to be limited to “overlapping”, especially in education services. Programs can also scaffold services. An example could be 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 four general steps in the Community Impact Grant process:

1. Community Impact Grant Application Submission and Review
2. Site Visit Evaluation
3. Funding Recommendation
4. Funding Approval

The process begins with applicants submitting the Community Impact Grant Application. This application will include both questions related to programming and services provided to clients as well as documentation required as part of UWMD’s Stewardship requirements. Each application will be evaluated by UWMD staff and community volunteers. Applications that pass the review process will be notified and asked to host a site visit (virtual and/or in-person).

All applications are evaluated using standardized tools that measure the relative strength of both the application and the site visit. Successful applications 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.

### Community Impact Grant Application and Stewardship Review

* 1. Applications will be reviewed and scored by UWMD staff and a panel of community volunteers using the Community Impact Grant Application Scoring Rubric (Page 50). 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 and Community Indices.
			- **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 applicant contact person prior to the site visit, should the organization be selected to receive a site visit. This will allow applicant staff to respond to key questions raised by the volunteer panel during the site visit.

* 1. In addition to the review of the application, an evaluation of the Stewardship documents will also be completed by UWMD staff to ensure the organization’s financial health. Please see the Stewardship Staff Review Form (pages 46-47) 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 March of 2022 and your application will be removed from consideration during the 2022-2025 funding cycle.

### Site Visit

Community Impact Grant applications may be selected to receive a site visit. At this time UWMD is planning on having a combination in-person/virtual site visit where some attendees will be in-person, and some will be attending virtually. Using the information provided in the application, UWMD staff will notify the organization staff of the date and time the site visit will take place. In order to be selected for a site visit an applicant must be recommended based on their application and pass UWMD’s Stewardship review.

A general [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.

In the applications organizations need to indicate where they will host their site visit, should their application be selected for a site visit. 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. **Should it be necessary to host site visits entirely virtually, United Way staff will reach out at a later time with those details.**

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.

Due to the expected volume of site visits, applying 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 application using the question “From Site Visit Schedule, Days/Times UNAVAILABLE for site visit”. 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. **Site Visit Content**

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

* Review of key program activities and services
* 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: Executive Director, Program Staff, Grant Writer, and Finance staff. It is not necessary for a client/recipient of services to be in attendance.

* 1. **Evaluation**

Each volunteer and UWMD staff member will only be permitted to complete an evaluation if they attended the Site Visit. Volunteers who miss more than 50 percent of the scheduled site visits will not be allowed to rank any applications under consideration.

### 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 2022. Funding decisions will be promptly communicated to each organization via e-mail.

## CHANGES IN REPORTED INFORMATION

If reported information changes during the Community Impact Grant application process (after submission of the application but before funding has been awarded), the organization must submit 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 application that is being evaluated. Please direct such communication to the Senior Director, Community Impact Grantmaking, 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, Executive Director of Housing Stability and SVP, Community Impact abrundage@unitedwaydallas.org.

## UNRESTRICTED FUNDING

United Way of Metropolitan Dallas believes that nonprofit organizations themselves are in the best place to assess and determine where grant dollars are most needed, allowing for innovation, flexibility, and sustainability. In an effort to help applicants achieve their mission with greater effectiveness, all 2022–2025 Community Impact Grant awards will be unrestricted grants.

# SURVEY MONKEY APPLY ONLINE APPLICATION SYSTEM

The Community Impact Grant Application must be submitted through Survey Monkey Apply; the online grant application system used by United Way of Metropolitan Dallas. All applicants must register online and create an account in order to submit their application. If an applicant already has an account in the system, they can continue to use that account for this application.

***If there is a discrepancy in language between this RFP and that found in the online application, default to the language used in the online application.***

## Logging into Survey Monkey Apply

Applying organizations will access or create their Survey Monkey Apply account by using this direct link to the login screen:

[**https://UnitedWayDallas.smapply.io/prog/\_community\_impact\_grants\_2022-2025**](https://UnitedWayDallas.smapply.io/prog/_community_impact_grants_2022-2025)

* 1. For a first-time user, please follow these steps:
		1. Select “Register as an individual”
		2. Complete the requested information and select “Create an Account”
		3. Once you submit your registration, you will receive an email from the Survey Monkey Apply grant system asking you to confirm your registration.
		4. Follow the instructions on that message to finalize your login and gain access to the grant system
	2. For returning users:
		1. Select the “Log In” link at the top right of the screen
		2. Enter your email and password and select “Log In”
		3. If you have forgotten your password, use the “Forgot Your Password?” function to reset it.

**Edits of Applications Once Submitted**

Prior to the submission deadlineif changes need to be made to an application after it has been submitted, contact Mark Pollack (mpollack@unitedwaydallas.org or 214-978-2012). If the deadline has passed, please follow the instructions on page 14 of this RFP.

**Saving and Printing the Community Impact Grant Application**

When viewing your application in the Survey Monkey Apply grant system, there is a button that is three dots generally at the top right of the screen. If you select that button you are presented with the option to download the application. Select the download option and your application will be downloaded. Once it is downloaded you can save and/or print the application as you need.

***Note: Printed applications ARE NOT REQUIRED NOR ACCEPTED BY United Way of Metropolitan Dallas.***

We have included a list of Frequently Asked Questions about Survey Monkey Apply on page 44. If you still have questions regarding how to navigate Survey Monkey Apply after reviewing both of these resources, contact Mark Pollack at 214-978-2012 or mpollack@unitedwaydallas.org.

# TIMELINE

## COMMUNITY IMPACT GRANT RFP RELEASE

#### January 10, 2022

##

## APPLICATION DEADLINE

February 11, 2022, by 5:00 p.m. (Submitted Online)

## APPLICATION REVIEW AND SITE VISITS

Applications will be reviewed in February and March. After the review, applications selected for a Site Visit will be notified via email in late March. Applications not selected for site visits and therefore no longer under consideration for grant funding, will be notified in early April.

## SITE VISIT

Site Visits will take place from Mid-April through early May.

## GRANT NOTIFICATION

For organizations that received a site visit, final grant award decisions will be communicated in mid-June 2022.

## GRANT FUNDING PERIOD

The funding period will be July 1, 2022, through June 30, 2025. The funding award is subject to change and is dependent on the amount of dollars raised by United Way of Metropolitan Dallas.

## COMMUNITY IMPACT GRANT REPORTING REQUIREMENTS

If an applicant is selected for funding, United Way of Metropolitan Dallas requires reporting throughout the Grant Funding Period. Mid-Year and Annual Grant Reports are required every six months and after the 18-month report, in the Spring of 2024, United Way staff and volunteers will schedule a site visit. Reports will be completed online and will consist of information related to clients served, common measures, and financial documentation.

# ORIENTATION SESSIONS

## COMMUNITY IMPACT GRANT APPLICATION ORIENTATION SESSIONS

In the application orientation session, United Way staff will provide an explanation of the application and the site visit process. There will also be an opportunity for general questions to be answered. For this RFP, the application orientation sessions will be conducted virtually, and each session is a duplicate of the others. **Please have a copy of the RFP to reference during the application orientation.** Application orientation sessions are optional, but attendance is highly encouraged.

**Please RSVP for the virtual orientation session listed below:**

**Wednesday, January 12, 2022**

2:00 p.m. – 4:00 p.m.

Zoom

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

[*https://us02web.zoom.us/meeting/register/tZ0pduqpqz8vHddKwNZJ8Q81EPcf3AAodQEn*](https://us02web.zoom.us/meeting/register/tZ0pduqpqz8vHddKwNZJ8Q81EPcf3AAodQEn)

Thursday, January 13, 2022

9:30 a.m. – 11:30 a.m.

Zoom

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

[*https://us02web.zoom.us/meeting/register/tZMvf-2sqT8tHtWw\_1kt8Ab8na7mhzCE5rcL*](https://us02web.zoom.us/meeting/register/tZMvf-2sqT8tHtWw_1kt8Ab8na7mhzCE5rcL)

Tuesday, January 18, 2022

11:00 a.m. – 1:00 p.m.

Zoom

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

[*https://us02web.zoom.us/meeting/register/tZwvf-qtrTspGtWuPb9OdpdL8QfkuUQUcTHI*](https://us02web.zoom.us/meeting/register/tZwvf-qtrTspGtWuPb9OdpdL8QfkuUQUcTHI)

# FUNDING ACCEPTANCE

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

* Funding Letter
* 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.**

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
Executive Director of Housing Stability and SVP, Community Impact

United Way of Metropolitan Dallas

abrundage@unitedwaydallas.org

# COMMUNITY IMPACT GRANT APPLICATION

Below are directions and questions for the Community Impact Grant Application. This document cannot be submitted as your official Community Impact Grant Application and must be submitted online using the Survey Monkey Apply grant system.

***If there is a discrepancy in language between this RFP and that found in the online application, default to the language used in the online application.***

## ORGANIZATIONAL DETAILS

1. **Organization Name: \_\_\_\_\_**
2. **Doing Business As (if applicable): \_\_\_\_\_**
3. **Primary Mailing Address: \_\_\_\_\_**
4. **City: \_\_\_\_\_**
5. **State: \_\_\_\_\_**
6. **Zip Code: \_\_\_\_\_**
7. **County of Primary Mailing Address: \_\_\_\_\_**
8. **Main Phone Number: \_\_\_\_\_**
9. **Organization Website: \_\_\_\_\_**
10. **Organization Mission Statement (750 Characters): \_\_\_\_\_**

## CONTACT INFORMATION

Please enter the contact information for the staff/volunteers listed below. If this application is for a collaboration or collective impact program, please enter the staff information for the lead organization.

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

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

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

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

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

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

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

1. **Primary Staff Contact Information**

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

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

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

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

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

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

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

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

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

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

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

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

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

1. **Board Chair Contact Information**

Please enter contact information for the Board Chair who will serve in **JUNE 2022**. This person cannot be the same as the CEO/President or the Program Contact.

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

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

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

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

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

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

## APPLICATION REQUEST INFORMATION

1. **Anti-Discrimination Statement**

Does your organization discriminate on the basis of race, color, national origin, or ethnic origin, ancestry, age, religion, disability, medical condition, sex or gender (including pregnancy), gender identity and/or expression (including a transgender identity), sexual orientation, marital status, family/parental status, military or veteran status, genetic disposition, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, or any other characteristic protected under law?

If yes, please explain your organizations policy related to anti-discrimination and which characteristic(s) your organization discriminates.

1. **Program Name:** \_\_\_\_\_

1. **Program Summary (750 Characters):** \_\_\_\_\_

Please share a summarized the goal of the proposed program and a brief description of key program activities and outcomes. This response will be used on the Community Investments section of the United Way website.

## Select the Impact Area(s) this program will address:

Please select the Impact Area(s) the services described in this application will address. You must select at least one Impact Area, but you can select multiple Impact Areas as long as the services described and selected common measures align with the Impact Areas selected.

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

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

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

1. **What is the Geographic Area Served? (1,500 Characters): \_\_\_\_\_**

Describe the geographic area served by the services described as part of this application.

1. **List the top zip codes of where clients who are receiving the services described in this application reside.**

Enter up to five zip codes in descending order with the zip code where the highest number of clients reside listed first. If the resident zip code for clients is unknown, please select that option:

Zip Code 1: \_\_\_\_\_

Zip Code 2: \_\_\_\_\_

Zip Code 3: \_\_\_\_\_

Zip Code 4: \_\_\_\_\_

Zip Code 5: \_\_\_\_\_

Zip Code Unknown: \_\_\_\_\_

22a. What percentage of the clients receiving the services described in this application have a known zip code?: **\_\_\_\_\_**

1. **Annual Grant 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 three-year grant. **The maximum grant award and request amount is $500,000.00 annually and the minimum grant award and request amount is $30,000.00 annually**. Please round to the nearest whole dollar.

##  APPLICATIONS DETAILS

## Statement of Needs

Please describe the target population served and describe the specific need(s) your target population faces (2,500 characters) : \_\_\_\_\_

* Please share quantitative and qualitative data specific to your target population’s demographics as well. For instance, are persons of color or women disproportionately impacted and how so?
* Please share quantitative and qualitative data specific your geographic focus areas. We encourage you to provide data from as local to your area of service as possible such as zip codes, neighborhoods, and/or local cities instead of macro level data.

## Program Plan

How does the proposed program meet the identified needs of your target population? 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 Program Activities – Program activities refer to essential tasks, projects, or services that directly impact program goals and outcomes.
* Include any partners or networks that are important to providing effective services to the clients that the organization works with.
* 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.
* Briefly describe employee and volunteer roles that directly oversee, manage, and/or implement the proposed program.
* For applicants who use evidence-based curriculum, please provide the name of your evidence-based curriculum.
* Describe how your organization strategically identifies and/or implements the services to close racial equity gaps?
* **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 (2,000 Characters): \_\_\_\_\_

* 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.
* In the case where a client may not qualify for services or no longer receives services that were started, what practices are in place to support the client?

**Optional: Client Flow Chart:** \_\_\_\_\_

If you believe a simple visual client flow chart would aid reviewers in understanding how your program operates, please upload it here.

**RACIAL EQUITY**

United Way of Metropolitan Dallas is fully committed in all aspects of our work to becoming a fully inclusive, multicultural, antiracist organization. Organizations who share in this commitment and who are willing to actively engage in antiracist ideas, behaviors, and actions are organizations we want to support.

1. Describe how individuals and communities most impacted by the issue(s) that your organization seeks to address have been involved in defining issues, developing proposed strategies and solutions, and making organizational decisions. (2,000 Characters): \_\_\_\_\_
2. Describe how the demographics of your organization’s staff, board, and volunteers (as applicable) reflect the demographics of the population(s) you serve and the demographics of the broader community in your service area. (2,000 Characters): \_\_\_\_\_
3. Share any efforts that your organization is currently implementing or planning to implement in order to increase the diversity of board, staff, and volunteers, to provide racial equity education, or to provide racial equity training (2,500 Characters): \_\_\_\_\_

**ORGANIZATION BUDGET**

1. **Please upload the organization’s Annual Budget:**

The budget should be the current Board-approved budget with comparison to previous year and current year-to-date actual revenues and expenditures.

## Organization Budget Narrative

Please explain any significant budget variances as well as areas of the budget that may require additional explanation. The response may also indicate if UWMD funds will be used as a match grant. (3,000 Characters): \_\_\_\_\_

## NUMBER OF UNDUPLICATED CLIENTS

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

For the purposes of this application, 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 childcare 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.**

Please note that the dates of the funding year change in the Projected Funding Year 1 column and are for an 11-month period.

|  |  |  |  |
| --- | --- | --- | --- |
| **Category** | **Actual Year (July 1, 2020-June 30, 2021)** | **Estimated Year (July 1, 2021-June 30, 2022)** | **Projected Funding Year 1 (July 1, 2022-May 31, 2023)** |
| **1. Gender** | Man |  |  |   |
| Woman |  |  |   |
| Gender Non-Conforming/Non-Binary |  |  |   |
| Other |  |  |  |
| Gender 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+ |  |  |  |
| Age Unknown |  |  |  |
| **Total Age** |  |  |  |
| **3. Race/Ethnicity**  | African American/Black |  |  |  |
| Asian/Pacific American  |  |  |  |
| White |  |  |  |
| Hispanic/Latinx |  |  |  |
| Native American |  |  |  |
| Two or More Races |  |  |  |
| Other |  |  |  |
| Race/Ethnicity Unknown |  |  |  |
| **Total Race/Ethnicity** |  |  |  |
| **Category** | **Actual Year (July 1, 2020-June 30, 2021)** | **Estimated Year (July 1, 2021-June 30, 2022)** | **Projected Funding Year 1 (July 1, 2022-May 31, 2023)** |
| **4. County of Residence** | Collin County |  |  |  |
| Dallas County |  |  |  |
| Rockwall County |  |  |  |
| Southern Denton County *(see page 5)* |  |  |  |
| Other County |  |  |  |
| County Unknown |  |  |  |
| **Total County of Residence** |  |  |  |
| **5. Household Income** | Under $26,700 |  |  |  |
| $26,701-$44,500 |  |  |  |
| $44,501-$71,200 |  |  |  |
| Over $71,200 |  |  |  |
| Household Income Unknown |  |  |  |
| **Total Household Income**  |  |  |  |

## COMMON MEASURES FORM

A list of common measures is provided below separated by Impact Area. **At a minimum, applying programs will be required to select at least one common measure that aligns with the services described in the application.** The measure(s) selected will be used for grant reporting and tracking should the application be selected for a grant. Selected common measures can be from any Impact Area and should reflect the breadth of the work described in the application.

Each selected common measure must have information entered in all five columns. If a measure was not tracked historically or currently (the Actual and/or Estimated columns), please enter 0 for that column, and then enter projected data for Year 1, Year 2, and Year 3.

**Common Measure Notes:**

-Please note that the dates of the funding year change in the Projected Funding Year 1 and going forward.

-Please read the measure closely to make sure that you enter the type of value correctly. For example, a common measure may ask for a number or a percentage.

***For more information and details about how a common measure is specifically defined, review the Standards of Measurement and Practice document that can be directly accessed here:*** [***https://unitedwaydallas.org/nonprofits/***](https://unitedwaydallas.org/nonprofits/)

**EDUCATION**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Actual Year (July 1, 2020 - June 30, 2021)** | **Estimated Year (July 1, 2021 - June 30, 2022)** | **Projected****Funding Year 1 (July 1, 2022 - May 31, 2023)** | **Projected** **Funding Year 2 (June 1, 2023 - May 31, 2024)** | **Projected Funding Year 3 (June 1, 2024 - May 31, 2025)** |
| Number of children that will demonstrate Pre-Kindergarten or Kindergarten readiness by end of program year as measured by a reliable assessment |  |  |  |  |  |
| Number of children attending the program at least 75% or more during the program year who increase their social, emotional, and cognitive developmental trajectory as measured by a reliable developmental assessment |  |  |  |  |  |
| Number of caregivers who demonstrate growth in caregiving practices as measured by a reliable caregiver assessment |  |  |  |  |  |
| 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 mentoring 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/or professional development opportunities |  |  |  |  |  |
| 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 Year (July 1, 2020 - June 30, 2021)** | **Estimated Year (July 1, 2021 - June 30, 2022)** | **Projected****Funding Year 1 (July 1, 2022 - May 31, 2023)** | **Projected** **Funding Year 2 (June 1, 2023 - May 31, 2024)** | **Projected Funding Year 3 (June 1, 2024 - May 31, 2025)** |
| 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 |  |  |  |  |  |
| 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 |  |  |  |  |  |
| 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 |  |  |  |  |  |
| Number of individuals who develop a safety plan |  |  |  |  |  |
| 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 |  |  |  |  |  |
| 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 Year (July 1, 2020 - June 30, 2021)** | **Estimated Year (July 1, 2021 - June 30, 2022)** | **Projected****Funding Year 1 (July 1, 2022 - May 31, 2023)** | **Projected** **Funding Year 2 (June 1, 2023 - May 31, 2024)** | **Projected Funding Year 3 (June 1, 2024 - May 31, 2025)** |
| 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 |  |  |  |  |  |
| Total number of shelter nights until client exits to permanent housing |  |  |  |  |  |
| Number of households who received emergency shelter stay or transitional housing services who exit to permanent housing  |  |  |  |  |  |
| 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 |  |  |  |  |  |
| Total number of pantry visits by all 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 |  |  |  |  |  |
| 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 |  |  |  |  |  |
| Number of households who received $499.99 or less in rental/mortgage assistance |  |  |  |  |  |
| Number of households who received $500.00 to $999.99 in rental/mortgage assistance |  |  |  |  |  |
| Number of households who received $1,000.00 or more in rental/mortgage assistance |  |  |  |  |  |
| 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 |  |  |  |  |  |
| Number of households who received $499.99 or less for utility assistance |  |  |  |  |  |
| Number of households who received $500.00 or more for utility assistance |  |  |  |  |  |
| Number of clients who received transportation assistance |  |  |  |  |  |
| Number of households who received furniture/home goods/housewares |  |  |  |  |  |
| Number of clients who received Information & Referrals |  |  |  |  |  |
| 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) |  |  |  |  |  |
| Number of clients placed in employment with an hourly wage of $9.99 or less |  |  |  |  |  |
| Number of clients placed in employment with an hourly wage of $10.00 to $14.99 |  |  |  |  |  |
| Number of clients placed in employment with an hourly wage of $15.00 or more |  |  |  |  |  |
| Number of clients placed in employment, who received employer-sponsored healthcare coverage as an employee benefit  |  |  |  |  |  |
| 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 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 |  |  |  |  |  |
| Number of industry-recognized credentials or certifications earned |  |  |  |  |  |
| 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 |  |  |  |  |  |
| Number of clients who have increased emergency savings and have a balance of $499 or less |  |  |  |  |  |
| Number of clients who have increased emergency savings and have a balance of $500 to $999 |  |  |  |  |  |
| Number of clients who have increased emergency savings and have a balance of $1,000 or more |  |  |  |  |  |
| Number of unduplicated individuals who report an improvement in their credit score |  |  |  |  |  |
| Number of clients who improved their credit score to 580-619 (sub-prime) |  |  |  |  |  |
| Number of clients who improved their credit score to 620-719 (near prime) |  |  |  |  |  |
| Number of clients who improved their credit score to 720-850 (prime) |  |  |  |  |  |
| Number of unduplicated individuals who reduce non-mortgage debt |  |  |  |  |  |
| Number of clients who reduced their non-mortgage debt by $499 or less |  |  |  |  |  |
| Number of clients who reduced their non-mortgage debt by $500 to $999 |  |  |  |  |  |
| Number of clients who reduced their non-mortgage debt by $1,000 or more |  |  |  |  |  |
| 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  |  |  |  |  |  |
| Number of clients that secured a new, affordable loan |  |  |  |  |  |

**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** | **Actual Year (July 1, 2020 - June 30, 2021)** | **Estimated Year (July 1, 2021 - June 30, 2022)** | **Projected****Funding Year 1 (July 1, 2022 - May 31, 2023)** | **Projected** **Funding Year 2 (June 1, 2023 - May 31, 2024)** | **Projected Funding Year 3 (June 1, 2024 - May 31, 2025)** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**OPTIONAL - ADDITIONAL COMMON MEASURES CONTEXT:**

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

**EVALUATION**

1. Describe efforts that are taken to evaluate the effectiveness of the activities described and common measures selected in this application. Be sure to include the method or tools used to evaluate and the timing of those evaluations.

Examples could include quarterly, bi-annually, or annual pre/post assessments, attendance logs, standard tests/assessments, health record systems, evidence-based assessments or scales, case management logs, HMIS, client self-report, etc. (2,500 characters):

**SITE VISIT LOGISTICS**

At this time United Way is planning for site visits to be a combination of in-person and virtual with some participants attending in-person and others attending via video call.

Site Visit Availability (500 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.

Is your organization allowing in-person meetings with 10-20 attendees at your location? Should a “No” response be selected the site visit will automatically be entirely virtual.

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

No: **\_\_\_\_\_**

If your organization is allowing in-person meetings with 10-20 attendees at your location, please enter the preferred location of Site Visit (500 Characters): \_\_\_\_\_

*Provide the name of the location, full physical address, specific parking and/entry instructions, and any additional special directions or landmarks that may help our team find your location.*

Please provide the name and cell phone number of an individual to contact JUST PRIOR TO or 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 information would be used if the volunteer panel is running late, is lost, or had some sort of emergency arise.*

#

# SURVEY MONKEY APPLY FREQUENTLY ASKED QUESTIONS

**Q: My password for accessing the Survey Monkey Apply grant website is not working. What should I do?**

A: Use the password reset function on the Survey Monkey Apply login page. Click the “Forgot your password?” 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: I have a question or technical issue with using Survey Monkey Apply. What do I do?**

A: Survey Monkey Apply provides support to applicants using the grant system. In the top right corner of the screen, you will find an icon that is black circle with a lowercase “a” inside of it with a drop-down arrow. Select the drop-down arrow and several options will appear to provide assistance. This assistance is also available prior to logging into the system if necessary.

**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.

**Q: How can other staff or volunteers have access to view or edit the application?**

A: The Survey Monkey Apply grant system allows for multiple individuals to have access to the application to either view and/or edit the application. Once an application is created the initial user has the opportunity to “Add Collaborator(s)” who can view or view and edit the application. On the home screen of the application the user can select the “Add Collaborator” button which opens a screen allowing for the email addresses of individuals who need to join as a collaborator to be added. The user also has the option to enter a brief message. Once that invitation is sent the recipient will receive a message and can access the application either through an existing account or will be asked to create an account in the system before accessing the application. If this email is not received check your junk mail or company spam filters.

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

A: You should ALWAYS click Save and Continue Editing before closing an application; otherwise, you will lose the information/data you just entered. You may have to enter space holder information in required fields in order for the system to allow you to save.

**Q: I am trying to save the application, 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 or required fields that do not have any response entered. If there are, make sure those errors are corrected and then try saving again. If you are over the character limit, the system will not allow you to save and leave a form.

**Q: I am trying to enter data into a section of the application I’ve already “Marked as Complete”, but it will not allow me to. Why is this occurring?**

A: Once you have a section that has been “Marked as Complete” you are unable to make changes unless you click the “Edit” button. To reopen a section of the application that has been “Marked as Complete”, click on the section on the left menu and then on the right side of the section where you enter responses there is a button that is 3 dots. Select that button and then select Edit. This action reopens the section and allows you to make any changes. To recomplete the section, you will have to scroll to the bottom and select “Mark as Complete”.

**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: How do I review my full application prior to submitting it?**

A: Once all the application sections have been “Marked as Complete” you have the option to fully submit the actual application. To the left of the blue “Submit” button there is a gray “Review” button. Click the Review button and it allows you to review the entire application. You are also presented with an option to Download the entire application should you want to. Once your review is complete it can be submitted within this screen, or you can return to the application to make any needed changes or submit.

**Q: What is the easiest way to download a copy of my application in order to print it or save it for our records?**

A: When viewing your application in the Survey Monkey Apply grant system, there is a button that is three dots generally at the top right of the screen. If you select that button you are presented with the option to download. Select the download option and your application will be downloaded.

#

# STEWARDSHIP UWMD STAFF REVIEW FORM 2022

|  |  |
| --- | --- |
| Agency Name:  | Staff Name:  |
| Review Date: |  |

|  |  |
| --- | --- |
| **Audit** | **YES/NO** |
| 1. Did the agency submit an independent audit?
 |  |
| 1. If no, is the organization’s Gross Annual Budget less than $750,000? (reference Line 12 of the organizations Form 990)
 |  |
| 1. Was the year-end covered in the audit within 24 months of review date? (No older than fiscal year-end 02/11/2020)
 |  |
| 1. Is there a management/internal control letter included with the audit?
 |  |
| 1. If there is a management letter, is there a response letter from organization leadership explaining how identified 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:**  |

|  |  |
| --- | --- |
| **IRS FORM 990 or 990EZ** | **YES/NO** |
| 1. Did the agency submit a Form 990 or Form 990EZ?

**NOTE:** Churches and some governmental organizations are exempt from filing a 990. If applicant agency is a church or governmental organization, select NO, but enter comments in the below indicating that the agency is a church or governmental organization. A Form 990-N does not meet the requirements for this section. |  |
| 1. Was the year-end covered in the Form 990/990EZ within 24 months of review date? (No older than fiscal year-ending 02/11/2020)
 |  |
| **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 October 2021
 |  |
| **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 4-12 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 eligible to receive a grant for this*

*cycle.*

# STEWARDSHIP DOCUMENTATION REFERENCE CHECKLIST

**Agency Name:**

All organizations that are applying for a Community Impact Grant will need to complete the Stewardship section of the application. This is a checklist that can be used while completing the Stewardship section of the application.

**a.** **Independent Audit** – If an organization’s Gross Annual Budget (Line 12 of Form 990 Tax Return) exceeds $750,000 then the organization must provide the most recent independently audited Financial Statements. To qualify, the Audit must have a year-end no older than 24 months before the application deadline **(year-end no older than 02/11/2020).**

If an organization’s Gross Annual Budget (Line 12 of Form 990 tax return) does not exceed $750,000 then no independent audit is required.

To determine if an audit is required, please use the IRS Form 990 tax return that is uploaded for this application

**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.)

Notes:

If a management letter with is included, 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 Form 990EZ. To qualify, the Tax return must have a year-end no older than 24 months before the Stewardship deadline **(year-end no older than 02/11/2020).**

Notes:

An organization MUST SUBMIT an IRS Form 990/990EZ unless your organization is a church or other house of worship or governmental organization that is not required by the IRS to file a return. This exemption DOES NOT apply to general faith-based nonprofit service organizations.

An IRS Form 990-N (e-postcard) does not meet the requirements for United Way and would mean that the organization is not eligible to apply for a Community Impact Grant.

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

 Name

 Company Relationship (if applicable)

 Officer Role (if applicable)

Committee Membership (if applicable)

 Gender

 Race/Ethnicity

**e. Unaudited Financial Statements** – Three months of most recent financial statements, no earlier than **October 2021**, should include a Statement of Financial Position (Balance Sheet) and Statement of Activities (Financial Stability Statement).

**f.  IRS Determination Letter** – Most recent IRS determination letter or IRS Determination Letter of fiscal sponsor.

**g. 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.

**h. 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.

**i.** **Stewardship Notes/Explanations (if needed)**

# SCORING RUBRIC COMMUNITY IMPACT GRANT APPLICATION

|  |
| --- |
| **Program Narrative (70 points)** |
| **Question** | **Value** | **Score** | **Comments** |
| In reference to 21) in the Application Request Information section, does the applicant clearly provide:* A description of the geographic service area for the program.

*(1 - Not at all, 2 – Not Adequately, 3 - To Some Extent, 4 – To a Good Extent, 5 - Completely)* | 5 |  |  |
| In reference to 24) in the Application Details Section, does the applicant clearly provide:* A description of the target population served and a description of the needs the target population faces using data to support the needs that are described.

*(1 - Not at all, 3 – Not Adequately, 5 - To Some Extent, 8 – To a Good Extent, 10 - Completely)* | 10 |  |  |
| In reference to 25) in the Application Details Section, does the applicant clearly provide:* Descriptions of program activities and how those services address the statement of needs provided in the application
* (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 26) in the Application Details Section, does the applicant provide:* A clear picture of how the client flows through the program activities described

*(1 - Not at all, 2 – Not Adequately, 3 - To Some Extent, 4 – To a Good Extent, 5 - Completely)* | 5 |  |  |
| In reference to 27) in the Application Details Section, does the applicant demonstrate:* How individuals and communities most impacted by the issue(s) the organization is seeking to address are involved with the organization

*\*The more the organization involves individuals and communities, the higher the score for this response* *(1 - Not at all, 3 – Not Adequately, 5 - To Some Extent, 8 – To a Good Extent, 10 - Completely)* | 10 |  |  |
| In reference to 28) in the Application Details Section, does the applicant demonstrate:* How the demographics of their staff, board, and volunteers reflect the demographics of the clients that are served and the demographics of the community in your service area.

*\*Organizations with staff, boards, and volunteers that more closely match the demographics of the clients they serve would receive a higher score for this response.**(1 - Not at all, 3 – Not Adequately, 5 - To Some Extent, 8 – To a Good Extent, 10 - Completely)* | 10 |  |  |
| In reference to 29) in the Application Details Section, does the applicant demonstrate:* Plans or efforts that the organization is implementing to increase the diversity of board and staff, provide racial equity education, or provide racial equity training

*\*Organizations with current or planned efforts on these topics would receive a higher score for this response.**(1 - Not at all, 3 – Not Adequately, 5 - To Some Extent, 8 – To a Good Extent, 10 - Completely)* | 10 |  |  |
| ***SUBTOTAL*** | ***70*** |  |  |

|  |
| --- |
| **Organization Budget** |
| **Question** | **Value** | **Score** | **Comments** |
| After reviewing the Organization Budget, 30) and Organization Budget Narrative, 31), do you have any questions or concerns? * Yes. If yes, please explain further.
* No
 | Yes or No | N/A  |   |

|  |
| --- |
|  |

|  |
| --- |
| **Common Measures (30 points)** |
| **Question** | **Value** | **Score** | **Comments** |
| In reference to the responses in the Common Measures Form:* Do the selected common measures align with what the program is addressing and with the description of services provided in the application?

*(1 - Not at all, 2 – Not Adequately, 3 - To Some Extent, 4 – To a Good Extent, 5 - Completely)* | 5 |  |  |
| In reference to the responses in the Common Measures Form:* Does it seem like the evaluation plan described in question 33) matches the common measures they reported and would the evaluation plan be able to demonstrate the effectiveness of the services provided to their clients.

*(1 - Not at all, 3 – Not Adequately, 5 - To Some Extent, 8 – To a Good Extent, 10 - Completely)* | 10 |  |  |
| In reference to the responses in the Common Measures Form and all other information presented in the application:* Do the services described, historical results, and projected common measures appear to drive progress and support an investment in this application?

*(1 - Not at all, 4 – Not Adequately, 8 - To Some Extent, 12 – To a Good Extent, 15 – Completely)* | 15 |  |  |
| **SUBTOTAL** | **30** |  |  |

|  |
| --- |
| **Site Visit (20 points)** |
| **Question** | **Value** | **Score** | **Comments** |
| Please rate your level of agreement:* The applicant led a site visit that shared needed information, addressed questions submitted by United Way, and showed that thought and preparation went into the site visit.

*(1 - Not at all, 5 – Not Adequately, 10 - To Some Extent, 15 – To a Good Extent, 20 - Completely)* | 20 |   |   |
| **SUBTOTAL** | **20** |  |  |

# COMMUNITY IMPACT GRANT SITE VISIT SCHEDULE

Below is the schedule of site visits for Community Impact Grant applications. Receiving this schedule now will allow agencies to make the necessary arrangements to be able to present on the dates listed. As of the date of the release of the RFP, United Way is planning on having site visits be primarily in person with an option for volunteers and staff to attend virtually as needed a mixture of in person and virtual.

**Site Visit Calendar Schedule**

|  |  |
| --- | --- |
| Site Visit Week 1 | April 11 – April 15, 2022 |
| Site Visit Week 2 | April 18 – April 22, 2022 |
| Site Visit Week 3 | April 25 – April 29, 2022 |
| Site Visit Week 4 | May 2 – May 6, 2022 |
| Site Visit Week 5 | May 9 – May 13, 2022 |

**APPLICATIONS PRIMARILY FOCUSED ON EDUCATION**

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

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

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

**APPLICATIONS PRIMARILY FOCUSED ON INCOME**

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

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

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

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

**APPLICATIONS PRIMARILY FOCUSED ON HEALTH**

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

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

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