United Way for Clinton County
Community Investment
Allocation Application Form

Please complete the following questions as completely as possible, limiting your application to 6 pages. You will have the opportunity to elaborate on your request during your presentation with the Agency Allocations Committee.
Applications are due by MARCH 29, 2022. Applications received after this will not be accepted.

APPLICATION COVER SHEET

Section A. Organization Information

Date of Application: **Agency Name:**

Executive Director:

Executive Director phone:_____ ED email:_____

Contact Person if other than Executive Director: _____

Mailing Address:

City: **State: ____ Zip:**

Phone: **Fax:**

Email:

Website:

Your agency's mission statement:

I am authorized to submit the 2019 application for funding from the United Way for Clinton County:

_____ _____

Signature ***Date***

_____

Name and Title (please print/type)

Between this information and the presentation, we want to get a complete picture of your program, especially its measurable outcomes and its impact on priority community needs appropriate for United Way funding.

If you are requesting funds for more than one separate program, please complete Sections B – E2 and a Program Budget form for each program.

Section B. Funding Request

1. Funding Request for 2022 to United Way for Clinton County: $

2. Name of Program/Project for which you are seeking funding:

3. Brief Summary of Program and its Intended Outcomes: (This should be a sound bite - 200 or fewer words)

Section C: Community Impact

Primary United Way Funding Priority Area and Outcome your program meets: (Choose **ONE** only)

Education

Helping children and youth achieve their potential through education.

- □ Number of children enrolled in high quality, affordable early care and education programs
- □ Increase percentage of children who enter school (kindergarten) ready to learn
- □ Number of children receiving literacy supports (K-3)
- □ Number of children who maintain satisfactory school attendance or demonstrate improved school attendance
- □ Increase percentage of young people graduating from high school on time

Income/Financial Stability

Helping families become financially stable and independent.

- □ Increase income and assets, as well as job training for improved employability
- □ Help families meet transitional basic needs
- □ Number of youth or young adults participating in job skills training
- □ Number of workers who gain employment or improve employment
- □ Number of youth that participates in evidence-based youth leadership programming during out-of-school time

Health

Improving people's health.

- □ Increase access to quality preventative or primary care (prenatal thru adult)
- □ Increase access to evidence based substance abuse prevention, treatment, and recovery programs
- □ Decrease the rate of risky behaviors, both in adults and youth, in Clinton County (for example: smoking cessation during pregnancy, binge drinking among teens)
- □ Coordinated efforts to bring trauma-informed care to Clinton County

Need

Explain how your program is consistent with the priority area chosen above. Why do you think this program is needed in our community? (400 or fewer words) *EXAMPLES: Cite existing agency data, waiting lists, census, Kids Count, or other dependable research, etc.*

Primary Audiences Served

Briefly describe the audience that will be your primary focus (age, population, etc.)

Section D: Program Impact

This is <u>NOT A REPORT</u> on prior activity, this is a <u>Proposal</u> of THE IMPACT YOU EXPECT TO MAKE with the funds you are requesting.

Please note: All information should be limited to program activities in Clinton County. You may use additional space.

INPUTS *(Input Examples: money, staff, staff-time, volunteers, facilities, equipment, etc.)*

Describe the resources which will be dedicated to the program. Include your use, recruitment and retention of volunteers in this program.

ACTIVITIES & SERVICES *(Examples: sheltering & feeding, training, counseling, coaching, etc.)*

What specific activities and services will you engage in to carry out your program or project?

OUTPUTS *(Output examples: number of clients served, classes taught, counseling sessions conducted, educational materials distributed, etc.)*

What volume of work do you propose to accomplish? Please list number of unduplicated clients to be reached by county, as well as any relevant service data.

PROGRAM/PROJECT OUTCOMES *(Outcome example: short-term objectives should reflect new knowledge, attitudes, or skills. They should be stated in a quantified and measurable statement. e.g. "70% of the participants will have improved their ability to speak Spanish to a conversational level, as measured by pre and post tests by the end of the program.")*

What benefits or changes for individuals or populations will occur during or after participating in program activities? This is the "so-what;" the most important part of your proposal.

PROGRAM/PROJECT IMPACT *(Impact example: The Clinton County housing market stabilizes)*

Long-term objectives should produce meaningful changes in people's lives. We don't expect you to measure this during the grant period, but please state what the long-term outcome is expected to be.

INDICATORS *(Indicator examples: Data on improvement in housing stability, nutritional status, school performance, job retention, physical or mental health, risk behaviors, etc; Data can be collected from existing sources and through pre- and post-tests, a third party - such as families, teacher, or counselor testimonials, surveys or interviews, etc.)*

What specific data will you use to track and measure progress in achieving your outcomes? Each Partner Agency should develop its own, appropriate methods of measuring its program outcomes and collecting data.

Other Information

1. What are your plans to sustain this program/project beyond this grant?
2. If United Way for Clinton County funded this program in 2020 or 2021, is there any difference between how you stated you would use the funds and how you actually did? If so, please explain.

Section E. Budget and Financial Information

Please complete the Program Budget form. If any line items need explanation, please add a short narrative.

1. **What other sources of funding (e.g. grants, client fees, endowment earnings, etc.) does your organization have?**

Type of funding	Amount	Percent of Annual Budget	Circle one of the above
_____	$_____	%_____	Restricted/Unrestricted
_____	$_____	%_____	Restricted/Unrestricted
_____	$_____	%_____	Restricted/Unrestricted
_____	$_____	%_____	Restricted/Unrestricted
_____	$_____	%_____	Restricted/Unrestricted
_____	$_____	%_____	Restricted/Unrestricted

2. **Does Program Budget balance?** _____ Yes _____ No If no, explain.

3. **What is your agency's fiscal year?** _____ to _____

4. **What is your <u>agency's</u> overhead rate for the most recent fiscal year?** ____ %

<u>If you file the IRS 990</u>

Management and General (Part IX, Line 25, Col C)

\+ Fundraising (Part IX, Line 25, Col D)

=

Divide by Total Revenue (Part VIII, Line 12, Col A)

= OVERHEAD RATE **_____%**

<u>If you file the IRS 990EZ</u>

Total Expenses (Part I, Line 17)

\- Program Expenses (Part III, Line 32)

=

Divide by Total Revenue (Part I, Line 9)

= OVERHEAD RATE **_____%**

<u>If you don't file the IRS 990</u> you still **MUST** submit your overhead percentage calculation and a clear explanation of how you came to this percentage. Please use a local calculation, not your national organization's number.

Please note, United Way wishes to encourage financial stability in our partner agencies. We encourage you to develop operating reserves and endowment funds, as they indicate diversified and stable funding. You are not penalized for healthy balances in these funds. Reserves of 3 – 6 months of operating expenses are recommended.

5. Does your agency have an operating reserve? _____ yes _____ no

If yes, balance at end of most recently completed fiscal year $ _____

How many months does the reserve cover? _____ months

6. Does your agency have an endowment fund? _____ yes _____ no

If yes, balance at the end of most recently completed fiscal year $ _____

Do you reinvest the interest earned or use the interest? (explain)

Section F. Coordinating and Partnering with United Way

For previously funded organizations only, please describe how your agency assisted United Way for Clinton County in the most recently completed campaign:

____ Used UW logo on printed materials, etc.

____ Conducted internal campaign, encouraged agency staff and board members to give to United Way for Clinton County

____ Displayed United Way for Clinton County sign in office

____ Assisted United Way for Clinton County in fundraising and outreach events

____ Promoted the United Way for Clinton County campaign on social media and other digital platforms

____ Other (explain)