



**United Way
of Genesee County**

Serving Genesee & Shiawassee Counties

2020 Shiawassee County Community Impact Fund Application

Introduction

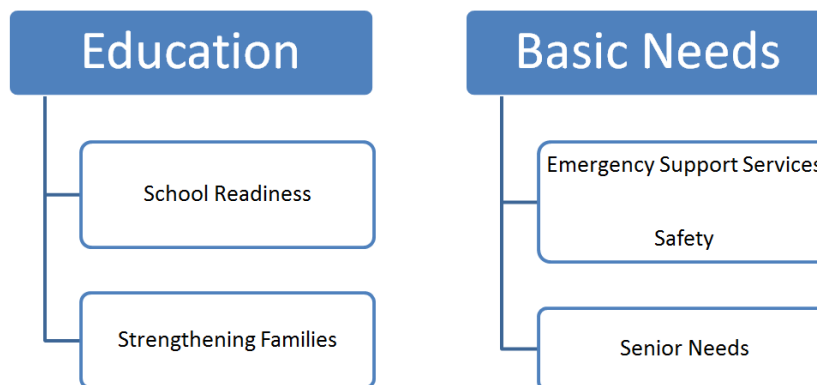
United Way of Genesee County, serving Genesee and Shiawassee Counties (UWGC), is at the forefront of uniting people, developing resources and creating solutions to build a better community. In an effort to improve lives in our community, UWGC invests donor gifts in exceptional programs that make measurable progress in its priority areas of **Education** and **Basic Needs**.

UWGC funds high-quality programs through the implementation of the Community Impact Grants Process, a competitive and transparent allocation process that is open to all nonprofit organizations that meet eligibility criteria. **This application is for programs that will support Shiawassee County residents only.**

Eligibility

The following requirements must be met in order for a program to receive funding through the Community Impact Grants Process:

- The organization must be a 501(c)(3) in good standing with the State of Michigan Nonprofit Corporation Act and IRS rules for Charitable Organizations; or governmental entity.
- The organization must be established for more than 3 years at time of submission.
- The organization must complete and submit all documents detailed on the Application Checklist section (page 12) of this proposal **no later than April 1, 2020.**
- The proposed program must concentrate its efforts and services within Shiawassee County.
- The United Way does not support capital improvements or campaigns.
- UWGC values programs that are non-duplicative, emphasize collaboration, are large in scale, and leverage dollars from other donors.
- The proposed program must make an impact in one or more of the following UWGC priority areas and its target strategies:



Impact Area	Target Strategy	Reporting Metrics (Awarded programs will be required to report on the items listed within the target strategy)
EDUCATION	School Readiness: Shiawassee County children (ages 0-5) access high quality, early learning programs that prepare them for school.	<ol style="list-style-type: none"> 1. Number of early childhood staff trained to provide quality programs, services. 2. Number of children (0-5) enrolled in high-quality early childhood programs supported by United Way. 3. Number of families, caregivers served that are provided with information, resources, tools, trainings, and/or teaching skills. 4. Number of children (0-5) served who were assessed for developmental milestones. 5. Number of children (0-5) served who achieved developmental milestones. 6. Number of children (0-5) served assessed for school readiness. 7. Number of children (0-5) served who are proficient on school readiness assessments.

**EDUCATION
(CONTD.)**

Strengthening Families: Shiawassee County parents, caregivers, children and families access programs that help families thrive, particularly ones that focus on employment, financial education and/or health.

1. Number of youth development staff trained to provide quality programs, services.
2. Number of youth served who participate in school and/or community-based out-of-school time programs and/or receive individualized supports.
3. Number of youth served assessed for developing soft skills.
4. Number of youth served who develop soft skills.
5. Number of youth reporting improved self-esteem, self-control, mood and critical thinking.
6. Number of youth with improved relationships with persons of immediate authority.
7. Number of health sector staff trained to deliver quality programs, services.
8. Number of individuals served participating in physical activity and/or healthy food access and/or nutrition programs.
9. Number of individuals served with access to healthcare insurance pre-intervention.
10. Number of individuals served with access to healthcare insurance post-intervention.
11. Number of individuals served with access to healthcare services and supports pre-intervention.
12. Number of individuals served with access to healthcare services and supports post-intervention.
13. Number of children/adults served who adopt healthy behaviors.
14. Number of youth/adults assessed for avoiding or reducing risky behaviors (eg. alcohol, drug abuse, unprotected sexual activity).
15. Number of youth/adults served who avoid or reduce risky behaviors (eg. alcohol, drug abuse, unprotected sexual activity).
16. Number of financial sector staff trained to deliver quality services.
17. Number of individuals served who received job skills training.
18. Number of individuals provided employment services.
19. Number of individuals served who gained employment.
20. Number of individuals in programs designed to increase their wages.
21. Number of individuals who increase their wages.
22. Number of individuals served who access affordable housing, financial products, and services.

** Programs do not have to address all of the areas listed in the reporting metrics for Strengthening Families. In the proposal, please indicate the metrics you will report.*

<p style="text-align: center;">BASIC NEEDS</p>	<p>Emergency Support Services: Shiawassee County residents access emergency disaster relief, financial assistance, food, and/or shelter needs.</p>	<ol style="list-style-type: none"> 1. Number of individuals served who accessed affordable housing. 2. Number of individuals that transitioned from emergency shelter to more permanent housing. 3. Number of individuals served who accessed emergency financial assistance. 4. Number of individuals served who accessed food, clothing and other emergency services. 5. Number of individuals served with access to healthcare insurance pre-intervention. 6. Number of individuals served with access to healthcare insurance post-intervention. 7. Number of individuals served with access to healthcare services and supports pre-intervention. 8. Number of individuals served with access to healthcare services and supports post-intervention. 9. Number of individuals served who increased their wages. 10. Number of individuals in programs designed to increase their wages. 11. Number of individuals who increased their disposable income by accessing benefits and/or reducing their costs. 12. Number of individuals in programs designed to increase their disposable income by accessing benefits and/or lowering their costs. 13. Number of individuals served who received job skills training. 14. Number of individuals served who gained employment. 15. Number of individuals provided employment services. 16. Number of individuals served who earned job-relevant licenses, certificates, and/or credentials. 17. Number of individuals in programs designed to earn job-relevant licenses, certificates, and/or credentials. <p><i>* Programs do not have to address all of the areas listed in the reporting metrics for Emergency Support Services. In the proposal, please indicate the metrics you will report.</i></p>
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BASIC NEEDS (CONTD.)	<p>Safety: Shiawassee County residents access services and programs to reduce violence and abuse; support provided to individuals in abusive/neglect situations.</p>	<ol style="list-style-type: none"> 1. Number of incidents of violent behavior pre-intervention. 2. Number of incidents of violent behavior post-intervention. 3. Number of child abuse intervention cases added during the 6 month period. 4. Number of child abuse intervention cases closed during the 6 month period. 5. Number of child abuse intervention court hearings attended. 6. Number of youth/adults served and assessed for avoiding or reducing risky behaviors (eg. alcohol, drug abuse, unprotected sexual activity). 7. Number of youth/adults served who avoid or reduce risky behaviors (eg. alcohol, drug abuse, unprotected sexual activity). 8. Number of individuals served who accessed affordable housing. 9. Number of individuals that transitioned from emergency shelter to more permanent housing. 10. Number of individuals served who accessed emergency financial assistance. 11. Number of individuals served who accessed food, clothing and other emergency services. <p><i>*Programs do not have to address all of the areas listed in the reporting metrics for Safety. In the proposal, please indicate the metrics you will report.</i></p>
	<p>Senior Needs: Shiawassee County seniors (age 60 & over) access programs that improve quality of life, providing them with independent living situations and enrichment opportunities.</p>	<ol style="list-style-type: none"> 1. Number of health sector staff trained to deliver quality programs, services to seniors. 2. Number of seniors served participating in physical activity and/or healthy food access and/or nutrition programs. 3. Number of individuals served with access to healthcare insurance pre-intervention. 4. Number of individuals served with access to healthcare insurance post-intervention. 5. Number of individuals served with access to healthcare services and supports pre-intervention. 6. Number of individuals served with access to healthcare services and supports post-intervention. 7. Number of seniors served living in group/nursing/assisted living homes. 8. Number of seniors served living in personal/rented homes. 9. Number of seniors who access affordable housing, financial products, and services.

In addition, all programs regardless of target strategy will be required to report persons served by the client's home zip code.

Monitoring

All programs that are awarded funding will be required to track and report outcome results to UWGC every six months. UWGC staff and Community Impact Cabinet volunteers will utilize the information in the six-month reports to determine whether or not each program is exceeding, meeting, or falling below expectations outlined in the original grant proposal. The Cabinet will request that a site visit be conducted in order to learn more about the reported outcomes results. Site visits are generally conducted during the winter/spring of each funding year. The information gained from the reports and site visits will be used to determine any funding adjustments.

Submission

UWGC Community Impact Program Proposals must be submitted to Emily Marrah, Relationship Specialist, **electronically**, via email to emarrah@unitedwaygeneseesee.org no later than **5:00pm on April 1, 2020**. Supporting documentation may be sent via postal mail (electronic preferred) but must be received by 5:00pm on April 1, 2019. Organizations may apply for multiple programs; however, each proposed program must be submitted through separate proposals. Combined proposals will be automatically denied. Each program submitted may only be submitted under **one** target strategy.

- Supporting Documentation Postal Mail Address:
 - United Way of Genesee County
Attn. Emily Marrah
PO Box 949
Flint MI 48501

Community Impact Cabinet

Community Impact Cabinet will begin the application review process in April/May 2020. Final approval will be determined by UWGC Board of Directors in May/June 2020. Organizations will be notified of funding decision via letter and email. Funding decisions are final and there is no appeal process.

Funding Period

Funding will begin on July 1, 2020 and extend through June 30, 2021. The funding award is subject to change dependent on program performance and the amount of funding available. Funds are distributed in two installments, one at the beginning and one halfway through the funding cycle.

Questions

All questions related to program eligibility, impact priority areas, or any section of this proposal should be directed to Jenny McArdle, Director of Community Impact, at jmcardle@unitedwaygeneseesee.org or 810.762.5825.



**United Way
of Genesee County**

Serving Genesee & Shiawassee Counties

2020-2021 Community Impact Fund Application



EIN: _____

Legal Name of
Organization: _____

(Name should be the same as on the IRS Determination Letter and as supplied on IRS Form 990.)

Year Founded: _____

Current Operating Budget: \$ _____

Executive
Director: _____

Name/Title

Phone Number

Contact Name: _____

Name/Title

Phone Number

Address: _____

City

State

Zip

Fax: _____

Email 1: _____

Org. Website: _____

Email 2: _____



Program Title: _____

Dates of
program
operation: _____

Start Date

End Date

Orgs. Fiscal Year
(Month to Month): _____

**Proposed
UW funding:** \$ _____

Total Program Cost: \$ _____

Certification: In submitting this proposal, I certify that the information provided is complete and accurate to the best of my knowledge. Falsification of information may result in termination of any funds granted. This application becomes property of the United Way of Genesee County.

Authorized Official's Signature _____ Date _____

Printed Name and Title _____

Board Chairperson's Signature _____ Date _____

Printed Name and Title _____

Program Request Summary

1. Number of years the proposed program has been in operation:

2. Geographic Area Served:

Please indicate the geographic area served specific to the proposed program. Include all locations where the program will be available/offered.

3. Please provide a brief summary of the target population served by the proposed program including age groups.

4. What Impact Area and Target Strategy is the program addressing? You may only apply under ONE Impact Area and Target Strategy. Proposals listing multiple areas for the same program will be automatically denied. If you are unsure which area is best for your program, contact the Director of Community Impact.

5. Has the United Way funded this program previously?

Program Narrative

Provide the plan for the proposed program. Please address all bullet points when answering (4,000 character maximum). Bullet points do not need to be addressed in the order presented, just be sure to provide a response to each one.

- **Detailed Description of Primary Program Activities** – *Primary program activities refer to essential tasks, projects or services that directly impact program goals and outcomes. Please describe each primary activity in detail and explain how the activities are accessed by clients. Be sure to include how many hours and/or units of service are delivered through the primary activities.*
- **Brief Description of Secondary Program Activities** – *Secondary program activities refer to tasks, projects or services that provide important program support but do not directly impact program outcomes. Please describe each secondary activity briefly and explain why such activities contribute to the program's success. This section should be significantly shorter (paragraph or less) than the Primary Program Activities.*
- **Timeline** – *Indicate the duration of the program from the perspective of the client and list specific dates that are associated with key activities such as enrollment, graduation/completion, volunteer recruitment, advocacy efforts, or other important activities. If the program is planning for significant expansion during the grant period, provide details and list key dates for the expansion plan.*
- **Approach to Service Delivery** – *Provide a detailed explanation for the program's approach to service delivery. Please explain how research-based strategies, best practices or model programs support your approach. If the program is not informed by research, best-practices or model programs, explain why this is the case.*
- **Community Demand** – *Briefly describe the existing demand for program services in the geographical area served by the program. Incorporate current statistics, trends, studies and/or data where possible.*

Collaboration

Describe the collaborative efforts utilized by the proposed program. Include specifics on entities involved, the role each play and proposed outcomes.

Persons Served

Complete this form with **reference to the proposed program being submitted for funding only**.
For the purposes of this proposal, a client is the actual person being served by program activities. Be sure numbers are of individual clients and are not duplicative.

Category		Actual Program Year 2017	Actual Program Year 2018	Estimated Program Year 2019
Persons served	Unduplicated Total			
	Total Unknown (provide duplicated #)			
	Veterans			
	Veteran Status Unknown			
Gender	Male			
	Female			
	Family			
	Unknown			
Ages of Clients	Ages Birth-5:			
	Ages 6-12			
	Ages 13-18			
	Ages 19-21			
	Ages 22-44			
	Ages 45-59			
	Ages 60+			
	Age Unknown			
Race/Ethnicity	African American/Black			
	Asian/Pacific American			
	Caucasian			
	Hispanic/Latino			
	Native American			
	Other			
	Unknown			
Household Income	Under \$20,750			
	\$20,751-\$34,550			
	\$34,551-\$55,300			
	Over \$55,300			
	Unknown			

Program Evaluation

1. What are the outcomes of the proposed program? Please list which United Way reporting metrics on pages 2 – 5 your program will address. You may include additional outcomes that your program tracks.

For each outcome listed please state the number of clients that you anticipate impacting with that metric.

2. Describe how the organization measures impact for each of the proposed outcomes listed above (2,500 character maximum).

For each outcome listed above, please address the following criteria: Who is responsible for measuring the outcome? What tool(s) is used to measure the outcome? When is the outcome measured? Why is the outcome measured in the manner presented?

Program Budget

1. United Way Request as a Percent of Total Expenses

	Amount Requested From UWGC	Total Program Expense	Percent
Budget Amounts			

2. Program Costs

	Actual Program Year 2018	Actual Program Year 2019	Estimated Program Year 2020
Total Program Expenses			
Total Unduplicated Clients			
Average Cost per Client			

3. How did your organization determine the level of funding to request from UWGC? What will funding from the United Way mean for your program (i.e. What would it allow you to do that you would otherwise not be able to do)?
4. Will the UWGC funding be used as match dollars to leverage additional funding from foundations or governmental entities? If so, what is the estimated leverage fund amount?

5. Program Budget

A budget narrative is not required but may be included should the organization feel further explanation is needed.

Line Item	UWGC Funding	Other Funding Sources	In-Kind	Total
Salaries				
Benefits				
Supplies				
Travel/Meals				
Meetings				
Training				
Insurance				
Printing & Publishing				
Communications				
Contracts				
Rent				
Other (<i>explain</i>)				
Other (<i>explain</i>)				

Application Checklist

- Audit** - Most recent audited Financial Statements. To qualify, the Audit must have a year-end no older than 18 months before the application deadline.
- 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.)
- Tax Return** - Most recent IRS Form 990 or 990EZ. To qualify, the tax return must have a year-end no older than 18 months before the application deadline. **The tax return must be signed.** Exemptions are granted if the organization is a church or other house of worship, and thus not required by the IRS to file a return.
- Michigan Charitable Solicitation License** – Non-expired license to solicit funds in the state of Michigan. The license is considered expired if the expiration date is prior to April 1, 2020. Exemptions are granted for organizations that raise funds exclusively using volunteers and receive less than \$25,000 a year. **If your organization is exempt, you must submit the exemption notification received from the Michigan Attorney General’s office.**
- Budget** - Most current Board-approved budget with comparison to previous year and current year to date actual revenues and expenditures.
- Board Roster** – Most current roster of your Board of Directors indicating those who are officers, members of the Executive Committee and all standing committees.
- Patriot Act Compliance** –If the organization 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 organization 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. Patriot Act Compliance can be found on Page 13 of this proposal.
- Disclosures** –Please list any major changes and/or circumstances, fraud, litigation, investigation or other related occurrences since your most recent audit that would affect the financial health of your organization.
- IRS Determination Letter** - Most recent IRS determination letter.
- Completed Proposal** –
 - Cover Page
 - Program Request Summary
 - Program Narrative
 - Collaboration
 - Persons Served
 - Program Evaluation
 - Program Budget

Patriot Act Compliance

In compliance with the spirit and intent of the USA PATRIOT Act and other counterterrorism laws, the *United Way of Genesee County* requests that each funded agency/program certify that it is in compliance with the *United Way of Genesee County* and *United Way Worldwide's* compliance program.

ORGANIZATION NAME:

ORGANIZATION ADDRESS:

ORGANIZATION EIN:

ORGANIZATION PHONE NUMBER:

*Check the Appropriate Box to Indicate Your Compliance With Each of the Following:	Comply	Do Not Comply
This Organization is not on any federal terrorism "watch lists," including the list in Executive Order 13224, the master list of specially designated nationals and blocked persons maintained by the Treasury Department, and the list of Foreign Terrorist Organizations maintained by the State Department.	<input type="checkbox"/>	<input type="checkbox"/>
This Organization does not, will not and has not knowingly provided financial, technical, in-kind or other material support or resources* to any individual or entity that is a terrorist or terrorist organization, or that supports or funds terrorism.	<input type="checkbox"/>	<input type="checkbox"/>
This Organization does not, will not and has not knowingly provided or collected funds or provided material support or resources with the intention that such funds or material support or resources be used to carry out acts of terrorism.	<input type="checkbox"/>	<input type="checkbox"/>
This Organization does not, will not and has not knowingly provided financial or material support or resources to any entity that has knowingly concealed the source of funds used to carry out terrorism or to support Foreign Terrorist Organizations.	<input type="checkbox"/>	<input type="checkbox"/>
This Organization does not re-grant to organizations, individuals, programs and/or projects outside of the United States of America without compliance with IRS guidelines.	<input type="checkbox"/>	<input type="checkbox"/>
This Organization takes reasonable, affirmative steps to ensure that any funds or resources distributed or processed do not fund terrorism or terrorist organizations.	<input type="checkbox"/>	<input type="checkbox"/>
This Organization takes reasonable steps to certify against fraud with respect to the provision of financial, technical, in-kind or other material support or resources to terrorists and terrorist organizations.	<input type="checkbox"/>	<input type="checkbox"/>

*In this form, "material support and resources" means currency or monetary instruments or financial securities, financial services, lodging, training, expert advice or assistance, safehouses, false documentation or identification, communications equipment, facilities, weapons, lethal substances, explosives, personnel, transportation, and other physical assets, except medicine or religious materials. I certify on behalf of the Organization listed above that the foregoing is true.

Print Name: _____ Title: _____

Signature: _____ Date: _____