

**2023-2024 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 **Set to Learn** 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.** The United Way Community Impact Fund will grant $55,000 to organizations in Shiawassee County across both focus areas.

**Eligibility**

The following requirements must be met to be eligible 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 a governmental entity.
* The organization must be established for more than 3 years at time of submission.
* The proposed program must provide services to clients residing within Shiawassee County.
* The United Way does not fund capital improvements or campaigns, arts, environmental or mental health programs.
* UWGC values programs that are non-duplicative, emphasize collaboration, are large in scale, promote an equitable society and leverage dollars from other donors.
* The organization must complete and submit all documents detailed on the Application Checklist section of this proposal **no later than April 10, 2023.**
* The proposed program must make an impact in one or more of the following UWGC priority areas and its target strategies:

**Set to Learn**

|  |  |
| --- | --- |
| **Target Strategy** | **Reporting Metrics** |
| **Supported Learning:** Childrenhave access to services that meet their basic needs.* Decrease the number of absences related to hygiene or illness.
* Increase the number of children with safe housing.
* Reduce social economic barriers to being set to learn including health services, transportation and access to food.
 | 1. Percent of students who maintain satisfactory or improve school attendance.
2. Number of children placed in permanent housing.
3. Number of successful homelessness diversion interventions
4. Percent of students connected with non-academic school programming.
5. Number of children earning passing grades in core subject areas pre- intervention.
6. Number of children earning passing grades in core subject areas post- intervention.
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| **Afterschool & Mentoring**: Students access safe high quality, enriching programs which are aligned with school day curriculum.* Increase the number of students in safe programs aligned with school day curriculum.
 | 1. Number of youth who received job skills training.
2. Number of youth served who are expected to graduate high school on time.
3. Number of middle school/high school/secondary youth served who are earning passing grades in core subject areas.
4. Number of middle school/high school/secondary youth assessed for earning passing grades in core subject areas.
5. Number of youth served reading at grade level.
6. Number of youth served assessed for their reading level.
7. Number of youth reporting improved self-esteem, self-control, mood and critical thinking.
8. Number of youth reporting no safe place to go after school if the program did not exist.
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**Basic Needs**

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| --- | --- |
| **Target Strategy** | **Reporting Metrics** |
| **Emergency Support Services:** Genesee County residents access emergency disaster relief, financial assistance, food, shelter needs and children in abusive/neglect situations. * Decrease the number of residents going without food and shelter; financial support needed to meet emergent needs; and, support during a disaster situation.
 | 1. Number of individuals served who accessed non-emergency affordable housing.
2. Number of individuals served who accessed emergency shelter.
3. Number of individuals that transitioned from emergency shelter to more permanent housing.
4. Number of individuals served who accessed rent/utility assistance.
5. Number of Individuals served who accessed food, clothing and other emergency services.
6. Number of individuals referred to mental health / addiction services.
7. Number of individuals able to remain in their homes post-intervention (i.e. home repair, eviction diversion)
 |
| **Access to Health:** Low-to-moderate income individuals (including children) receive physical health (not to include mental/ behavioral) services; Seniors (age 60 & over) access programs that improve quality of life, providing them with independent living situations and enrichment opportunities. | 1. Number of individuals served enrolled in health insurance programs pre-intervention.
2. Number of individuals served enrolled in health insurance programs post-intervention.
3. Number of children/adults served connected to a medical home for the first time.
4. Percent of decreased non-emergency Emergency Room visits.
5. Number of individuals served living in group/nursing/ assisted living homes.
6. Number of individuals served living in personal/rented homes.
7. Number of individuals served who transitioned to group/ nursing/ assisted living homes during the program year.
 |

**Basic Needs Cont.**

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| --- | --- |
| **Target Strategy** | **Reporting Metrics** |
| **Economic Mobility:** Low-to-moderate income individuals (including children & youth) participate in financial independence and workforce development activities to achieve increased assets and decreased liabilities.* Increase the number of individuals (including children & youth) completing financial independence and education activities.
* Increase the number of individuals employed
 | 1. Number of individuals in programs designed to earn job-relevant licenses, certificates, and/or credentials.
2. Number of individuals served who earned job-relevant licenses, certificates, and/or credentials.
3. Number of individuals provided employment services.
4. Number of individuals served who gained employment.
5. Number of individuals in programs designed to increase their disposable income by accessing benefits and/or lowering their costs.
6. Number of individuals who increased their disposable income by accessing benefits and/or reducing their costs.
7. Number of individuals banked pre-intervention.
8. Number of individual banked post-intervention.
9. Number of individuals that increased their credit rating.
 |
| **Safety**: Survivors of abuse, neglect and trafficking are enrolled services (not to include mental/behavioral) that provide support immediately following the incident and during the legal process. * Increase collaboration among response partners.
* Increase the number of support persons/programs during the recovery process.
* Increase prevention education programs.
 | 1. Number of examinations preformed in a comforting setting.
2. Number of child abuse intervention cases added.
3. Number of child abuse intervention cases closed.
4. Number of child abuse intervention court hearings attended.
5. Number of abuse exit plans created.
6. Number of abuse exit plan successfully executed.
7. Number of adult survivors transitioned out of emergency shelter to safe affordable housing.
8. Number of adult survivors connected to employment services.
9. Percent of survivors reporting increased self-worth post intervention.
10. Number of clients connected to wellbeing services.
 |

**In addition, all programs are required to report on persons served by client’s home zip code.**

**Submission**

UWGC Community Impact Program Proposals must be submitted to Emily Marrah, Relationship Specialist, **electronically**, via email to emarrah@unitedwaygenesee.org no later than **5:00pm on April 10, 2023**. Organizations may apply for multiple programs; however, each proposed program must be submitted through separate proposals. Combined proposals will be automatically denied. Each organization **may only submit one program per focus strategy**.

**Community Impact Cabinet**

Community Impact Cabinet will begin the application review process in April/May 2023. Final approval will be determined by UWGC Board of Directors in May/June 2023. 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, 2023 and extend through June 30, 2024. The funding award is subject to change dependent on program performance and the amount of funding available. Funds are distributed in installments throughout the funding cycle.

**Questions**

All questions related to program eligibility, impact priority areas, or any section of this proposal should be directed to Jamie-Lee Venable, Vice President, at jvenable@unitedwaygenesee.org.



**2022-2023 Community Impact Fund Application - SHIAWASSEE**

**Organization Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**Contact Name & Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

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

**Organization Annual Operating Budget: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**What year did the organization become a 501c3 organization/church?\_\_\_\_\_\_\_\_\_\_**

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

**Request Amount:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total Program Budget:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Is the request for an existing program:** Yes No

**If yes, how long has the program been in operation?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Has the UWGC previously funded this program?** Yes No

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Signature Date

**Program Request Summary**

1. Please indicate the geographic area served specific to the proposed program. Include all locations where the program will be available/offered.
2. 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.

**Equitable Society**

In order to move towards a culture where people are seen by their impact; we must create an equitable society. The UWGC is committed to providing various levels of support based on the needs of each unique individual to achieve stronger fairer outcomes.

1. What barrier to health equity for your clients are you trying to address with the requested program? (500 words)
2. How does your organization measure its progress toward creating an equitable society? (250 words)
3. Does your organization have established policies and practices supporting diversity, equity and inclusion? Yes No

**Program Narrative**

1. Provide a detailed description of primary program activities. This section **should not include** community need or anything other than what the program will do and for whom. (3,000 character maximum; bullets preferred)
2. 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. (1,500 characters maximum)

**Persons Served**

1. Please describe the target population served by the proposed program including age groups.
2. Complete this form with **reference to the proposed program being submitted** for funding **only**. *Be sure numbers are of individual clients and are not duplicative.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Category** | **Actual** **Program Year 2021** | **Actual** **Program Year 2022** | **Estimated** **Program Year 2023** |
| **Persons served** | Unduplicated Total |  |  |  |
| Total Unknown (provide duplicated #) |  |  |  |
|  **Race/Ethnicity** | AfricanAmerican/Black |  |  |  |
| Asian/PacificAmerican |  |  |  |
| Caucasian |  |  |  |
| Hispanic/Latino |  |  |  |
| NativeAmerican |  |  |  |
| Other |  |  |  |
| Unknown |  |  |  |

**Program Evaluation**

1. What are the outcomes of the proposed program? Please list which United Way reporting metrics on pages 2 – 4 your program will address. Provide expected target outcomes for each metric you will report on at 6 months and 1 year.
2. Please list any other metrics the program will collect beyond the UWGC requirements. *For each additional outcome listed please state the number of clients that you anticipate impacting with that metric. If no additional metrics will be collected, respond not applicable.*

**Program Budget**

1. United Way Request as a Percent of Total Expenses

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Amount Requested****From UWGC** | **Total Program Expense** | **Percent** |
| Budget Amounts |  |  |  |

1. Program Costs

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Actual****Program Year 2021** | **Actual****Program Year 2022** | **Estimated****Program** **Year 2023** |
| Total Program Expenses |  |  |  |
| Total UnduplicatedClients |  |  |  |
| Average Cost per Client |  |  |  |

1. 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)?
2. 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?
3. Program Budget

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

**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, 2023. 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.
* **Organization Demographics** - Current racial and gender composition of board and staff
* **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 the last page 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 NotComply |
| 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.  | [ ]  | [ ]  |
| 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. | [ ]  | [ ]  |
| 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. | [ ]  | [ ]  |
| 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. | [ ]  | [ ]  |
| 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. | [ ]  | [ ]  |
| This Organization takes reasonable, affirmative steps to ensure that any funds or resources distributed or processed do not fund terrorism or terrorist organizations. | [ ]  | [ ]  |
| 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.  | [ ]  | [ ]  |

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