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**2023/2024 Genesee County Community Impact Fund**

**Basic Needs: Access to Health**

**Introduction**

United Way of Genesee County (UWGC), serving Genesee and Shiawassee Counties, funds high-quality programs through a competitive and transparent allocation process that is open to all nonprofit organizations that meet eligibility criteria. **This application is ONLY for programs that will support Access to Health in Genesee County. Programs serving Shiawassee County residents or any other UWGC focus area should apply using those applications.**

**Amount Available**

The UWGC provides funding to more than 150 organizations through a variety of funds and programs. This application is specific to the Community Impact Fund. This application is specific to the Community Impact Fund. The Community Impact Fund will award $1.4 million to organizations across both focus areas – Set to Learn and Basic Needs.

**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 Genesee 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.**

|  |  |
| --- | --- |
| **Target Strategy** | **Reporting Metrics** |
| **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. |

**In addition, all programs will be required to report**

**persons served by the 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](mailto: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.

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**2023-2024 Basic Needs: Access to Health**

**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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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.

**Equitable Society**

The UWGC recognizes that we do not all start from the same place and must acknowledge and make adjustments to imbalances. 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 basic needs 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 Serve**

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** | African  American/Black |  |  |  |
| Asian/Pacific  American |  |  |  |
| Caucasian |  |  |  |
| Hispanic/Latino |  |  |  |
| Native  American |  |  |  |
| Other |  |  |  |
| Unknown |  |  |  |

**Program Evaluation**

1. The program must report on the below outcomes at 6 months and 1 year. Please provide the target outcomes for the program.

**6 Month Target**

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.

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.*

**12 Month Target**

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.

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 Unduplicated  Clients |  |  |  |
| 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.

**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. |  |  |
| 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_