



APPLICATION FOR FUNDING

July 1, 2009—June 30, 2011

Grant Application Instructions

- Grant applications are **due** at the United Way office no later than **4 p.m.** on **March 23, 2009**.
- Electronic submission of the grant application must be e-mailed to grant@unitedwaymwv.org. Required attachments must also be submitted electronically, separate from the grant application to the same e-mail address.
- **Each program applying for funding must complete an application**

Example: Your organization has two programs: a homeless shelter and a food bank, complete one application for the shelter and one application for the food bank.

Required Attachment Checklist

The most recent IRS Form 990

The most recent audited financial statement or year end review

IRS 501(c)3 determination letter

Board of Directors roster

Copy of most currently used outcome evaluation tool, if applicable.

(If no evaluation tool is in place, one will be required within the first 90 days of funding)



APPLICATION FOR FUNDING:

Organization Information

July 1, 2009—June 30, 2011

Partner Organization Name _____

Address _____

City _____ *State* _____ *Zip Code* _____ *County* _____

Mailing address if different _____

Telephone _____ *Fax* _____

Email _____

Year organization was founded _____

Tax ID # _____

What is the organization's fiscal year?

Jan 1- Dec 31

July 1 – Jun 30

Other _____

Does this organization have a foundation?

Yes

No

What is your organization's mission statement?

What is the overall vision, goals and objectives of your organization?

Organization Budget

Total Organization	2007/2008 Fiscal or 2007 Calendar Actual	2008/2009 Fiscal or 2008 Calendar Budgeted	2009/2010 Fiscal or 2009 Calendar Proposed	2010/2011 Fiscal or 2010 Calendar Proposed
Revenue				
Management & General Expenses				
Fundraising Expenses				
Program Expenses				
Total Expenses				
Net Excess/ Deficit				
United Way Funds Requested				
UW Funds Allocated			N/A	N/A

Executive Director _____
Name

Signature _____ Date _____

Board President _____
Name

Signature _____ Date _____

Contact for financial information _____

Phone _____

Email _____



APPLICATION FOR FUNDING:

Program Information

July 1, 2009—June 30, 2011

Program Name _____

Overseeing Organization Name _____

Program Location Street Address _____

City _____ State _____ Zip Code _____

Telephone _____ Fax _____

Email _____

List each county this program serves _____

Program Director _____

Contact person if different _____

Phone _____ Fax _____

Email _____

Application Prepared by

Name _____ Position _____

Program Description

PROGRAM NAME: _____

Proposal Information:

Allocation Request Amount \$ _____

<p style="text-align: center;">Education</p> <p style="text-align: center;">Helping children, youth and adults achieve their potential</p>	<p style="text-align: center;">Income</p> <p style="text-align: center;">Promoting financial stability and independence</p>	<p style="text-align: center;">Health</p> <p style="text-align: center;">Improving people's health and independence</p>
<p>Focusing on programs, services and initiatives that:</p>	<p>Focusing on programs, services and initiatives that:</p>	<p>Focusing on programs, services and initiatives that:</p>
<ul style="list-style-type: none"> Mentor kids for success Promote positive youth development Prepare kids to enter school ready to learn Provide family and adult education and literacy Provide early childhood development and education (including quality childcare) 	<ul style="list-style-type: none"> Provide job training, education and placement Promote self-sufficiency and financial literacy Prevent homelessness (mortgage, rent and utility assistance) Provide services and support for the unemployed Provide homeless emergency and transitional shelter and support services Provide access to food security 	<ul style="list-style-type: none"> Provide access to basic healthcare (clinics, prescription drugs, dental) Provide services and support for the mentally and physically challenged Address child abuse and neglect and/or provide prevention and intervention Provide prevention, treatment and support for victims of child abuse/neglect, domestic violence prevention, and crime Provide prevention, treatment and support for those afflicted by drugs and alcohol Promote family stability (foster care, re-entry, teen pregnancy)

Service (s) Description

Program Status (Check only one)

Existing

If existing, is the program being expanded or altered? Yes No

New

Designed by your organization

Adopted by your organization

If new, is this the first program your organization has designed? Yes No

Program Narrative:

Instructions: Use each question as the header to your answer, in numeric order.

Answers have 6 page limit and must be Times New Roman 12 point font and 1 inch margin.

- A. Describe how the requested funds will be used to achieve the intended effect?
- B. How do you know your program is producing it's intended outcomes and what methods will be/are being used to measure the effect?
- C. Is there an obligation to use a particular model as a condition of funding from another source?
- D. How does the program support the organizations overall mission?

- E. Do other organizations provide similar services? How is this program coordinated with these organizations to deliver services?
- F. How is information about this program broadcast to the local community?
- G. Do you have a story that highlights the impact of your program?

Program Financial Resources:

Please provide the United Way a proposed program budget for 2009/2011. This budget should include both expenses and revenue.

Total Program	2007/2008 Fiscal or 2007 Calendar Actual	2008/2009 Fiscal or 2008 Calendar Budgeted	2009/2010 Fiscal or 2009 Calendar Proposed	2010/2011 Fiscal or 2010 Calendar Proposed
Revenue				
Management & General Expenses				
Fundraising Expenses				
Program Expenses				
Total Expenses				
Net Excess/ Deficit				
United Way Funds Requested				
UW Funds Awarded				N/A

Budget Narrative:

Instructions: Use each question as the header to your answer, in numeric order.

.....Answers have 4 page limit and must be Hja Yg'BYk 'Fca Ub'12 point font and 1 inch margin.

- A. What other revenues sources will you use to fund this program? (Please list specific sources, amounts and whether they are committed or pending)

- B. How will United Way Funding leverage other funding?

- C. How will the program and outcomes be affected if the total grant amount requested is not received?

LOGIC MODEL FRAMEWORK

Organization: _____
Program: _____

IMPACT

OUTCOME

MILESTONE

EVALUATION

METRIC

OUTPUT

ACTIVITY

INPUT

Existing: _____

Needed: _____

STRATEGY

INDICATOR

CONDITION

* See narrative for further details

Logic Model / Theory of Change

Glossary of Terms:

Condition:	A mode or state of being
Indicator:	Signals the presence of a particular condition in whole or in part
Strategy:	A plan or method to achieve prescribed goal
Input:	Resources necessary to achieve prescribed goal
Activity:	An action taken to achieve prescribed goal
Output:	A direct product of action taken to achieve prescribed goal
Metric:	A standard of measurement (to detect effect)
Evaluation:	Systematic acquisition and assessment of information to provide useful feedback
Milestone:	A turning point
Outcome:	A result or consequence of an action
Impact:	Effect of one thing on another

Address Client Demographics

Provide demographic data for the past fiscal year with **percentages and numbers** in each category.

Input the age ranges your program tracks, the total amount of individuals served and the % of those individuals that did not receive services more than once during the year.

AGES SERVED

Age Range	Total Served	Unduplicated %

GENDER

Male		
Female		
Total		

ETHNICITY

Hispanic/ Latino		
American Indian or Alaska Native		
Asian		
Black or African American		
Native Hawaiian or Other Pacific Islander		
White		
Other		
Other Multi-Racial		

Definitions for Ethnicity and Race

The following information is taken from HUD's Technical Standards final notice,

<http://www.hud.gov/offices/cpd/homeless/rulesandregs/fr4848-n-02.pdf>

2.4. Ethnicity/Race

Rationale: Ethnicity and race are used to count the number of homeless persons who identify themselves as Hispanic or Latino and to count the number of homeless persons who identify themselves within five different racial categories. In the October 30, 1997 issue of the Federal Register (62 FR 58782), the Office of Management and Budget (OMB) published "Standards for Maintaining, Collecting, and Presenting Federal Data on Race and Ethnicity."

All existing Federal recordkeeping and report requirements must be in compliance with these Standards as of January 1, 2003. The data standards in this Notice follow the OMB guidelines and can be used to complete HUD form 27061.

Data Source: Interview or self-administered form.

When Data Are Collected: Upon initial program entry or as soon as possible thereafter.

Subjects: All clients.

Definitions and Instructions: In separate data fields, collect both the self-identified Hispanic or Latino ethnicity and the self-identified race of each client served. Allow clients to identify multiple racial categories. Staff observations should not be used to collect information on ethnicity and race.

2.4.1. Ethnicity

The definition of Hispanic or Latino ethnicity is a person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture of origin, regardless of race.

2.4.2. Race

Definitions of each of the race categories are as follows:

- 1.—American Indian or Alaska Native is a person having origins in any of the original peoples of North and South America, including Central America, and who maintains tribal affiliation or community attachment.
- 2.—Asian is a person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian subcontinent including, for example; Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
- 3.—Black or African American is a person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black or African American."
- 4.—Native Hawaiian or Other Pacific Islander is a person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.
- 5.—White is a person having origins in any of the original peoples of Europe, the Middle East or North Africa.

UNIVERSAL DATA ELEMENT

2.4—Ethnicity and Race Response Categories

Ethnicity

1 = Hispanic/Latino.

0 = Non-Hispanic/Latino.

Race

1 = American Indian or Alaska Native.

2 = Asian.

3 = Black or African-American.

4 = Native Hawaiian or Other Pacific Islander

5 = White