United Way of Northwest Michigan

2020Grant Application

*United Way NW MI does not impose a limit your responses, but reminds applicants that brevity and concise narratives are welcome by the review team. Please answer every question, if not applicable, please note. The format or content of this application may not be altered or edited. Incomplete or non-compliant applications will be rejected.*

**Agency Information:**

**Agency Name:**

**Contact Person: (phone/email)**

**Alternate Contact Person: (phone/email)**

**Address:**

**EIN#**

**Valid date range for your License to Solicit**

**Is your information current on the 211 database? (*Only applicants currently in the 211 database are eligible to apply)***

**Please indicate the focus area of your program: (choose one)**

**Health:**

\_\_\_\_ Opioid/ Substance Abuse Disorder (prevention or intervention?)

\_\_\_\_\_ Healthy active lifestyles for youth

**Education:**

\_\_\_\_ High School Graduation attainment

\_\_\_\_ Successful post-secondary launch.

**Basic Needs:**

\_\_\_\_\_ Housing

\_\_\_\_\_ Food Security

\_\_\_\_\_ Utilities

**Program Introduction, in general terms:**

1. Tell us about your proposed program. The issue or need. The target population/eligibility criteria. Data and data sources that indicate the need:
2. Is this a new program or an expansion of an existing program?

3. What experience does your agency or the staff bring to this project to ensure successful outcomes?

4. Additional information that may be helpful to our CAT review team.

**Collaboration:**

5. Please identify your collaborative partners and how the collaboration will enhance your proposal and assist outcomes attainment.

**Program Narrative, please provide specifics:**

6. How will volunteers be used to accomplish the program or service goals?

7. Describe any fees for service associated with the program:

8. What is the criteria for participation in your program? (geography, membership, income, etc.)

9. Please advise, if partial funding is awarded, how you will be able to complete your project, program, or service? Explain.

**Outreach:**

10. How will you advise and recruit for your program?

11. Has your Board been notified of proposal contents and approve its submission to United Way?

12. Provide a brief description of the organization’s current or proposed use of the United Way partnership in marketing materials and the media:

13. What makes your program stand out or unique in your program implementation, recruitment or evaluation?

14. What is your agency mission? How does this program align with your mission?

15. Total number of anticipated volunteers for the project: \_\_\_\_\_\_

16. Total anticipated dollar amount of resources invested in project: \_\_\_\_\_\_\_\_\_

17. How has 211 been helpful to your work, clients or agency?

18. How could 211 improve or expand to more effectively and efficiently serve agency and neighbors in our region?

**Outcomes Measurement:**

**You are required to have at least two outcome measures for the focus area (Health, Education or Basic Needs) noted in your application. Additional measures in other focus areas are encouraged.**

**Please indicate your goal toward the outcome measures listed below.**

**Volunteers:**

1. **How many volunteers assisted with this project? \_\_\_\_\_\_\_ goal**
2. **Total number of volunteer hours spent on this project. \_\_\_\_\_\_\_ goal**
3. **Will you need volunteer support for this project? This includes showcasing the project and assistance with volunteer recruitment.**

**Education Focus Applicants:**

E-1: Number of children (0-5) enrolled in high-quality early childhood programs supported by United Way - \_\_\_\_\_ (goal)

E-2: Number of children served receiving literacy supports in K-3 - \_\_\_\_\_ (goal)

E-3: Number of families, caregivers served provided with information, resources, tools, trainings, and/or teaching skills - \_\_\_\_\_ (goal)

E -4: Percent of children (0-5) served who achieve developmental milestones - \_\_\_\_\_ (goal)

E-5: Percent of children served who are proficient on school readiness assessments by the end of their kindergarten year - \_\_\_\_\_ (goal)

E-6: Percent of children (K-3) served reading at grade level - \_\_\_\_\_ (goal)

E-7: Percent of children (K-3) served who maintain satisfactory or improve school attendance - \_\_\_\_\_ (goal)

E-8: Number of elementary/middle/high school youth served who participate in school and/or community-based out-of-school time programs and/or receive individualized supports - \_\_\_\_\_ (goal)

E-9: Number of youth served who receive job skills training - \_\_\_\_\_ (goal)

E-10: Percent of youth served who graduate high school on time - \_\_\_\_\_ (goal)

E-11: Percent of youth served who gain post-secondary employment, further education, or credentials - \_\_\_\_\_ (goal)

E-12: Number of youth (ages 15-24) served who gain employment - \_\_\_\_\_ (goal)

E-13: Percent of middle school/high school youth served who earn passing grades in core subject areas - \_\_\_\_\_ (goal)

E-14: Percent of elementary/middle/high school youth served who maintain satisfactory or improve school attendance - \_\_\_\_\_ (goal)

E-15: Percent of middle/high school youth served who develop soft skills - \_\_\_\_\_ (goal)

E-16: Percent of youth who transition from middle to high school on time - \_\_\_\_\_ (goal)

E-17: Other (please specify and quantify)

**Basic Needs Applicants:**

B- 1: Number of individuals served who receive job skills training - \_\_\_\_\_ (goal)

B-2: Number of vets served who gain employment - \_\_\_\_\_ (goal)

B-3: Number of individuals served who access affordable housing, financial products, and services - \_\_\_\_\_ (goal)

B-4: Percent of individuals served who gain employment - \_\_\_\_\_ (goal)

Percent of individuals served who increase their wages - \_\_\_\_\_ (goal)

B-5: Percent of individuals served who increase their disposable income by accessing benefits and/or reducing their costs - \_\_\_\_\_ (goal)

B-6: Total dollar amount of refunds returned to individuals/families through VITA and/or MyFreeTaxes - \_\_\_\_\_ (goal)

B-7: Percent of individuals served who earn job-relevant licenses, certificates, and/or credentials - \_\_\_\_\_ (goal)

B-8: Other (Please specify and quantify)

**Health Applicants:**

H- 1: Number of individuals served participating in physical activity and/or healthy food access/nutrition programs - \_\_\_\_\_ (goal)

H-2: Number of individuals served with access to healthcare services and supports - \_\_\_\_\_ (goal)

H-3: Number of individuals served with access to healthcare insurance - \_\_\_\_\_ (goal)

H-4: Percent of children/adults served who eat healthier, increase their physical activity, and/or move towards a healthy weight - \_\_\_\_\_ (goal)

H-5: Percent of youth/adults served who avoid or reduce risky behaviors - \_\_\_\_\_ (goal)

H-6: Number of community partners actively engaged in substance disorder mobilization efforts - \_\_\_\_\_\_ (goal)

H-7: Number of hours provided by community partners in indicator H-6 - \_\_\_\_\_\_\_\_ (goal)

H-8: Number of Authentic Voices engaged in program: \_\_\_\_\_\_\_\_ (goal) Hours? \_\_\_\_\_\_\_ (goal)

H-9: Pre and post assessment results – number of engaged community members that indicate increased knowledge or programs, services or understanding of or for substance use disorder? \_\_\_\_\_\_ (goal)

H-10: Number of individuals referred that are receiving supportive services? \_\_\_\_\_\_\_\_ (goal)

H-11: Number of individuals referred that could not be served by your organization? \_\_\_\_\_\_\_ (goal)

H-12: Other (please specify and quantify)