



Heart of Illinois United Way Grant Application Directions

Introduction:

The application for the Heart of Illinois United Way (HOIUW) funding has been developed to help agencies present their programs in a concise format to United Way grant reviewers. This information is used to evaluate the overall success of a program, including the specific issues identified by the most recent community assessment. Please note: The HOIUW is interested in funding programs that directly impact the “at-risk” (see below) clients the program is aimed to serve and which have documented outcome assessments. Program funding will be awarded for direct services only (e.g. tutoring, counseling, daycare, etc.) and not indirect services (e.g. capital improvements, pensions, subcontracts, etc.). If you have questions or need assistance completing the forms, please contact the Vice President of Community Investment and/or the Program Outcome Specialist at the HOIUW.

“At-Risk” Definition:

The HOIUW defines those clients as “at-risk” in several ways:

1. Financial Status- Those families or individuals living near or below federal government poverty guidelines and their ability to pay for services
2. Single parents raising children as defined by our 2011 Community Assessment
3. Services not duplicated or offered by anyone else in our six county region. If services are not offered, client would have to travel to a larger metropolitan area such as St. Louis, MO or Chicago, IL

PLEASE MAKE SURE ALL OF THE FOLLOWING AREAS HAVE BEEN ADDRESSED
PRIOR TO SUBMITTING YOUR APPLICATION:

- ___ 26 copies plus original (stapled) of completed forms to HOIUW by Friday, February 10, 2012 by 12:00 noon. PLEASE NOTE: Applications will not be accepted or altered after this date and time
- ___ Submit one (1) electronic copy to Darla Ardis at darla.ardis@unitedway.org
- ___ ALL fields are complete. PLEASE NOTE: Incomplete applications will NOT be considered
- ___ Please only use the space provided and keep responses concise
- ___ Do NOT use covers, cover letters, marketing materials, pamphlets or attach any other unrequested information
- ___ Please only use HOIUW forms, or letter quality computer generated forms that have the same format and are at least 10 pt. Type. Handwritten applications will NOT be accepted
- ___ Triple check for spelling, grammar and mathematical errors. Once application has been submitted corrections cannot be made.

Thank you for taking the time to thoroughly consider the application process. The HOIUW looks forward to the possibility of working together to increase successful client outcomes through effective agency programs.

Page 1 of Application

About the Agency

Agency name, address, contact person, email and phone number fields must all be complete. Your Board president and agency director must sign and date. Any areas in this section left blank will be considered as an incomplete proposal for funding consideration. Work with your Board president well in advance to acquire proper signatures.

About the Program

1. Please indicate with a “✓” or “X” next to the appropriate issue area to which you will be competing for funds. You must check only one issue area to compete for grants. Two or more checks in the issue area section will be considered incomplete. **Only choose one.**

Also, the coinciding “category” must also have a “✓” or “X” to indicate the specific indicators. See pages 8-11 of these directions for better assistance in determining the appropriate issue areas and to ensure the correct category within the issue area is used in submitting this grant application. More than one (1) category within the same issue area may be selected.

Submitting this proposal to the correct issue area and issue area category is the responsibility of the submitting organization and will be paramount to the success of this specific proposal.

2. Program Name: Field must be complete. Please use the name on this line throughout the entire application where applicable.
3. Grant Amount Request: This is the amount for this upcoming year (July 1, 2012) that you are requesting from the Heart of Illinois United Way.
4. Prior Year Funding Amount: If the Heart of Illinois United Way currently funds this program please enter this current amount here. If you do not receive funds from HOIUW then N/A (not applicable) should be entered.
5. If you are requesting more grant dollars from the Heart of Illinois United Way then calculate the percentage increase from current HOIUW award. Only show by percentage + or – for decrease. If you do not currently receive funds from HOIUW then N/A (not applicable) should be entered.

Page 2 of Application

6. *Community Need:* Explain why the program is needed, how you determined the need, the scope of the need and a specific relationship to our 2011 Community Assessment. Assessments (long form and published format) can be found on-line at www.hoiunitedway.org . The relevance to the assessment and how it pertains to the community (clients) you serve should also be shared.
7. *Program Goals:* List two (2) (up to four) major program services/ activities/ components such as tutoring, meal delivery, food, rental assistance, job placement, etc. (Note: These program services/activities should be the same services/activities on page 11 “Output/ Outcome Measurement Plan”.

8. *Agency's Mission:* Explain how your organization's mission correlates back to those program goals listed in #7. Success will be determined by this strong correlation.
9. *Indicators:* Your program goals need to align very well with the new HOIUW Strategic Plan 2012 indicators noted in this document on pages 8-11. It is important to show the correlation with these indicators as you answer this question. Also, explain how the indicators tie in the program goals (#7) and agency mission (#8).
10. *Use of Funds:* Explain how the funds will be spent to achieve your program goals. What is your spending plan and how does it pertain to #7?

Page 3 of Application

11. *Months of Operation:* Fill in the line to indicate the number of years this program has been in existence. When did the program start?
12. *Key Staff:* List only the key paid staff involved in this specific program. All staff that is involved in the salary line on the budget page (pg. 8 salaries & benefits) should be listed here. Staff qualifications should include years of service and college degree/certificate earned (if left blank it will be assumed no experience and/or college degree(s) are held by your staff).
13. *Executive Director Oversight:* Please explain how the head of your organization oversees this specific program. How many times a year does he/she actually view this program and sit down with participating clients?
14. *Executive Director Evaluation of Effectiveness:* How will the leadership of your organization engage themselves to ensure that this program is "effective". How will your executive director engage themselves with this program's "evaluation process".
15. *Board of Directors:* The Board of Directors is ultimately responsible for governing your organization, therefore, how do you effectively recruit new Board members. How do you retain Board members? What development plans are in place to raise additional dollars for this program? How will your Board of Directors be involved/engaged with this process?
16. *Volunteers:* If you use volunteers specifically tied to this program and the program clients benefit in any way please provide more information on how this happens. You will need to provide specific numbers to how many volunteers this program utilizes and to what role they play.

Page 4 of Application

17. *Collaboration:* Collaborations of any kind should be expressed here. If this program also collaborates with other not-for-profits then please provide specific details as to how/why. Referring clients to another organization is not collaboration. Provide specific details of this collaboration and how clients benefit from this partnership.
18. *Additional Information:* This is the section to tell us anything about this program that you have not already addressed but feel it is important.

About the Clients

Page 5 of Application

19. *Clients and Waiting List:* If you have a waiting list and are turning people away for services related to this program then explain in detail how you manage your waiting list. How do you keep records of your waiting list? How do you communicate with these potential clients? How do you roll them off the waiting list?
20. *Fees:* If this program charges fees of any kind then please provide detailed information. Also, note that if fees are charged then this should be reflected on page 8 “Program Revenue and Expenses” under item #6 “Program Service Fees”.
21. *Success Story:* Current funded programs are expected to share at least one success story specific to this program. New programs may not have a current success story. They may use the following statement “New program request with no client history to date.”
22. *Marketing/ Recruitment:* Please provide information to how you market and recruit your clients for this program. How will you proactively recruit if targeted outputs are not met?

Page 6 of Application

23. *Additional Information:* You are allowed to make statements here to further explain your clients, who they are and where they live.

Client Demographics

No one knows your clients better than you. Please provide a breakdown of your output numbers in these sections: age, sex, race and community. Please make sure all math is accurate.

Using the 2011 Federal Register Guidelines please provide your best estimate to how many of your proposed clients fall at or below the current poverty guidelines. The answer should only be given as a percentage of your clients.

Page 7 of Application

Cost of Service

“Current Year Projection” column is only for current funded projects. All applicants must complete “Grant Application Year Proposed” section.

Unit of Service Hours: To be measured by one (1) person served for one (1) hour of service.

Example 1: Twenty persons served/ one (1) hour of service = 20 service hours

Example 2: Twenty persons served/ eight (8) hours of service = 160 service hours

Example 3: Twenty persons served/ eight (8) hours for three (3) full days = 480 service hours

Example 4: Twenty persons served/ 30 minutes = 10 service hours

Unduplicated Clients Served: Count each individual **only once**.

Total Program Cost: The total cost of the proposed program. NOT simply the amount requested from HOIUW.

Cost Per Person: Simple division required as detailed on page 7 of the application.

Cost Per Unit of Service: Simple division, as noted above, and described on page 7 of the application.

% of Management & Administration: Typically grant programs will include a small percentage of the executive director and administrative assistant salary. Small percentages are acceptable. Individuals in running the program on a daily basis should not be included.

% HOIUW to Cost of Program: Divide HOIUW award/request by cost of the program.

% HOIUW Revenue to Agency Budget: Divide the HOIUW award/request by the total overall agency budget.

Page 8 of Application

Program Revenue

1. HOIUW Allocation: Do not include designations, special grants or loans. This is only the amount requested from the HOIUW and will match page 1 (item #3).
2. Other United Ways: If you receive money from other United Ways across the region for this program it must be included.
3. Grants: Include non-governmental grants that are part of this specific program. List specific grants on Attachment A.
4. Government Support: Include any local, state or federal support dollars allocated to this specific program. Please define funding source on Attachment A.
5. In-Kind Support: Non-mandatory resources indicated on audited financials for this particular program.
6. Program Service Fees: All payments received from clients, recipients or non-governmental third parties for program services. If you answered “yes” to item #20 then a dollar value must be included.
7. Contributions: Donations, solicitations, collection canisters, money from independent organizations that donate proceeds to the agency committed to be used for this program are used here. Money from fundraisers and designations from the HOIUW spent on this program should be included here.
8. Other Revenue: List as other miscellaneous revenue (e.g. agencies own special events gross amount, legacies, bequests, membership dues, investment income, etc.) specifically planned/designated to this program. List other sources of revenue for this program on Attachment A.

Program Expenses

9. Salaries: Executive, managing, professional staff, clerical staff, technician salaries, maintenance, temporaries, etc.
10. Benefits/Taxes: Fringe benefits typically include health coverage and small portions of retirement benefits.
11. Professional Fees: Contract payments to independent professional consultants, legal fees, audit/accounting fees, etc. All collaboration and partnership subcontracting work with other not-for-profits will go in this category.
12. Supplies: Office supplies, food, beverages, recreational/vocational supplies, medicines (clinics only) curriculum and housekeeping supplies.
13. Occupancy: Rent, mortgage, electricity, gas, heating, oil, water, sewer, real estate, building and grounds maintenance supplies and janitorial contract services.
14. Payments to Affiliates: Dues, quota payments or other payments by an agency to its affiliate.

15. Major Equipment Acquisition: Include all outlays for program equipment needs. These are typically one time requests.
16. Other Expenses: Conferences, meetings, training, membership dues, subscriptions, printing, postage, specific assistance to individuals, awards, interest, insurances, etc. List all of these expenses of \$1,000 on Attachment B.
17. Support Costs Allocated: Management and general expenses

“Total Program Revenue” and “Total Program Expenses” need to match.

Any significant changes or variance need to be shared on Attachment B.

Page 9 of Application

Attachment A will need to be used to provide additional information for other revenue leverage for this specific grant request. All revenue listed in Attachment A must be up to date and specific to each dollar. Grants, government funding, in-kind support and other revenue must be defined in Attachment A.

You must also include if any dollars are used as a required State of Federal match. Since you are leveraging other sources for funding for the success of this program you must provide additional information regarding the stability of this current funding, the amount and length of additional funding.

The Heart of Illinois United Way believes that illustrating fund diversity is important.

Stability Definitions to be used in Attachment A:

- Low Stability- Uncertain about stability of future funding
- Medium Stability- Steady funding with certainty for the next one to two years
- High Stability- Permanent funding dependable for three to five years

Page 10 of Application

Attachment B allows you the opportunity to further explain item #16 from page 8 of the grant application. You must list and explain expenses on Attachment B that are over \$1,000.

Please explain any budget variance, if currently funded. Variances that are more than 10% (less or more) different need to be explained.

Page 11 of Application

Output/ Outcome Measurement Plan

Heading Directions: Fill in one (1) issue area (Health, Children & Youth, Self Reliance, Strengthening Families). Please note that the issue area selected must match the issue area selected on the cover page.

Category(s) Selected: Should match the cover page selections you have chosen. Please type the category(s) in the space provided in the heading.

Total Number of Indicators: Choose 1, 2, 3 or 4 (most projects cover two or three) indicators. Programs covering four or more indicators may copy page 11 of application.

Proposed Client Outcomes: These are the outcomes you are planning to measure as your key targets for the upcoming years. These need to match the HOIUW Strategic Plan Indicators. No wordsmithing is allowed with these indicators. HOIUW benchmarks must be included. Please refer to pages 8-11 for these indicators. Please note that some areas of measurement target two indicators. There are some target areas that focus on three indicators.

Proposed Activities: As you have already shared with question #9; what specific services/activities are you planning to target/ change with each indicator. Some indicators may require two activities.

Target Population: Be specific with the target population you will be measuring.

Measurement Tools:

1. Name of measurement tool used
2. Who will be responsible for the data collection methods and process
3. How many times a year will you collect data (once a year is NOT acceptable)
4. Who will analyze data to determine success or failure? What methods will you put in place to monitor and change program based upon data findings?

Six (6) Month Update: Current funded projects only must provide six (6) months of actual data. Data should reflect first six (6) months (July 1, 2011 through December 31, 2011) with benchmark success shown by percentage. Numbers (outputs) and indicator success must be shown.

If you have changed issue areas or indicators please put N/A “not applicable” in the six (6) month update. Be prepared to answer questions from our grant reviewers “Why have you changed issue areas?”.

New program requests, never funded before by HOIUW, should put N/A “not applicable” in the six (6) month update.

Proposed Number of Clients: What are your proposed unduplicated client numbers for the next three (3) years? Answer each of the three (3) boxes.

Measurement Ratios: As a guide for future reference the HOIUW fully expects funded programs to meet the measurement threshold provided to you in the adjacent box. Based upon the number of clients (outputs) provided in your application these ratios should be utilized as you begin measuring July 1, 2012

Measurement Threshold		
Unduplicated Clients Served	% To Be Tested	Min. # of Data Provided
100	100%	100
200	80%	160
500	60%	300
1,000	40%	400
2,000	20%	400
5,000	8%	400
8,000	5%	400

Page 12 of Application

Application Checklist

This checklist is a tool that should be utilized to ensure you properly complete your HOIUW grant application.

*Please have other staff members and volunteers proof read the completed application for spelling, grammatical and mathematical errors before submitting. Changes will not be allowed or accepted after submitting your application.

Self-Reliance

The self-reliance issue area funds programs that help individuals in at-risk environments build a sustainable level of self-sufficiency in the community. There are four self-reliance focus areas: **housing, job training/supportive employment, independent living support and education.**

Housing		Job Training/Supportive Employment			Independent Living Support	Adult Education	
Indicator(s) and Measurement		Indicator(s) and Measurement			Indicator(s) and Measurement	Indicator(s) and Measurement	
Housing 1 of 2 90% find affordable housing	Continuous Housing 2 of 2 75% of housed clients from #1 continue to be housed for duration of at least one year	Employment 1 of 3 45% find employment	Continuous Employment 2 of 3 75% of employed clients from #1 continue to be employed for duration of at least one year	Increase Income 3 of 3 50% of employed clients increase income	Optimal Independence 1 of 1 95% remain independent while utilizing basic life resources	Gained Knowledge 1 of 2 85% increase knowledge of life skills in subject areas addressed	Behavior Change 2 of 2 70% demonstrate learned skills leading to positive behavior change

Children and Youth

The children and youth issue area funds programs that positively and sustainably affect the lives of children and youth in at-risk environments. There are three children and youth focus areas: **child development, youth development and prevention/intervention.**

Child Development		Youth Development			Prevention/Intervention	
Indicator(s) and Measurement		Indicator(s) and Measurement			Indicator(s) and Measurement	
Child Development 1 of 2	Child Development 2 of 2	Youth Development 1 of 1	Youth Life Skills 1 of 2	Youth Life Skills 2 of 2	Prevention/Intervention 1 of 2	Prevention/Intervention 2 of 2
Safe Environment 90% (children) find safe, affordable childcare Required: *DCFS License to Operate *DCFS Annual Compliance Evaluation Report *Parent Feedback Survey	Pre-K Academic Success 85% will demonstrate and maintain age appropriate skills in core areas of: a) social-emotional b) pre-literacy c) math skills	Academic Success 85% will achieve grade level academic success in core areas: a) reading b) math	Gained Knowledge 85% will increase knowledge in core areas of decision-making and problem solving	Demonstrate Learned Skills 85% will demonstrate learned skills from #1 leading to positive behavior changes	Gained Knowledge 85% will increase knowledge of healthy life skills in core areas addressed	Demonstrate Learned Skills 85% will demonstrate learned skills leading to positive behavior change

Health and Rehabilitation

The health and rehabilitation issue area funds programs that foster a sustainable, health community by promoting optimal health for at-risk populations. There are two health focus areas: **health education/prevention and health treatment/services.**

Health Education/ Prevention					Health Treatment/ Services					
Indicator(s) and Measurement					Indicator(s) and Measurement					
Basic Education 1 of 2	Basic Education 2 of 2	Physical Ability 1 of 1	High-risk Education 1 of 2	High-risk Education 2 of 2	Medical, Oral, Vision 1 of 2	Medical, Oral, Vision 2 of 2	Mental Health 1 of 2	Mental Health 2 of 2	Substance Abuse 1 of 2	Substance Abuse 2 of 2
Gained Knowledge	Changed Behavior		Gained Knowledge	Changed Behavior	Compliance	Health Improvement	Compliance	Health Improvement	Compliance	Cessation of Substance Abuse
85% will indicate knowledge gain	50% participants will indicate a positive behavior change	40% will increase or maintain physical fitness to healthy level in core areas addressed i.e. (BMI, flexibility, weight loss)	85% will indicate knowledge gain	70% will indicate/ demonstrate a positive behavior change	80% will comply with healthy treatment goals	80% of complaints from #1 improved their overall health	75% will comply with mental health treatment goals	75% of compliant clients from #1 demonstrate improvement in presenting issues	50% will comply with health treatment goals.	50% of <u>compliant</u> clients will abstain from substance abuse

Families

The family issue area funds programs that sustainably strengthen the lives of families in at-risk environments. There are four family focus areas: **case management, crisis services, parenting skills and legal support.**

Case Management		Crisis Services		Parenting Skills		Legal Support	
Indicator(s) and Measurement		Indicator(s) and Measurement		Indicator(s) and Measurement		Indicator(s) and Measurement	
Case Management 1 of 2 Demonstrate Gained Skills 85% will demonstrate life management skills	Case Management 2 of 2 Behavior Improvement 80% will demonstrate improvement in presenting issues.	Crisis 1 of 2 Response Time Within 5 minutes of crisis call, client will receive a response Crisis definition: fire, tornado, suicide	Crisis 2 of 2 Coordinated Service Efficiency 95% will experience crisis resolution.	Parenting 1 of 2 Demonstrate Gained Skills 90% will demonstrate adequate and appropriate interpersonal skills.	Parenting 2 of 2 Changed Behavior 90% will demonstrate a positive behavior change.	Legal Advice 1 of 2 Legal Advice 95% will report understanding of legal advice given to resolve their case.	Legal Advice 2 of 2 Case Resolution 95% will experience legal case resolution.