

## Program Funding Grant Application

Fiscal Year 2012-2013

### About the Agency

Agency Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### Signatures for Approval of Application Submission

Please print, sign, and date

\_\_\_\_\_  
Board President (print) (sign) (date)

\_\_\_\_\_  
Executive Director (print) (sign) (date)

### About the Program

Please check the program issue area and the corresponding category within the issue area.

1. Issue Area

Category

\_\_\_\_\_ Children and Youth

\_\_\_\_\_ Child Development  
\_\_\_\_\_ Youth Development  
\_\_\_\_\_ Prevention/Intervention

\_\_\_\_\_ Families

\_\_\_\_\_ Case Management  
\_\_\_\_\_ Crisis Services  
\_\_\_\_\_ Parenting Skills  
\_\_\_\_\_ Legal Support

\_\_\_\_\_ Health

\_\_\_\_\_ Health Education/ Prevention  
\_\_\_\_\_ Health Treatment/Services

\_\_\_\_\_ Self-Reliance

\_\_\_\_\_ Housing  
\_\_\_\_\_ Job Training/Supportive Employment  
\_\_\_\_\_ Independent Living Support  
\_\_\_\_\_ Adult Education

2. Program Name: \_\_\_\_\_

3. Grant Amount Requested for the Program: \$ \_\_\_\_\_

4. (If applicable) Prior Year Approved Funding Amount: \$ \_\_\_\_\_

5. Percentage Increase over Prior Year Approved Funding: \_\_\_\_\_%

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**About the Program** *(continued)*

6. Community Need (Please limit response to fewer than 200 words.)

**Briefly** explain why this program is needed in our community.  
Please use the HOIUW 2010 community assessment in your response.

7. Program Goals (Please limit response to fewer than 100 words.)

**Use** bullet format.

8. Agency's Mission (Please limit response to fewer than 100 words.)

**Briefly** explain how the goals of this program align with your agency's mission.

9. HOIUW Indicators (Please limit response to fewer than 100 words.)

**Briefly** explain how the goals of this program align with the HOIUW Issue Area Indicators.

10. Use of Funds (Please limit response to fewer than 100 words.)

**Briefly** explain how HOIUW grant funds will be utilized to achieve program goals.



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**About the Program** *(continued)*

17. Does your agency collaborate with other organizations for this program? Yes \_\_\_\_ No \_\_\_\_  
If yes, identify your major collaborators and **briefly** describe the collaboration (sharing space, staff, funding, transportation, etc.)  
(Please limit response to 250 words or less.)

18. Additional Information (Please limit response to fewer than 100 words.)  
Please share any additional information that you would like for the grant reviewers to know about your **program**.

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**About the Clients**

19. Clients and Waiting List

Are you currently turning people away for services? Yes \_\_\_\_\_ No \_\_\_\_\_

If you have a waiting list, how many people are on the list? \_\_\_\_\_

How will you manage this waiting list?

20. Does this program include fees for clients? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, describe the fees and indicate whether they are they on a sliding scale. (Please limit response to fewer than 100 words.)

If No, please describe why not. (Please limit response to fewer than 100 words.)

21. Success Story (Please limit response to fewer than 250 words.)

For HOIUW marketing purposes please provide a success story regarding an individual(s) positively impacted in the past 12 months by this specific program. Individual(s) must be willing to share their story with the media.

22. Marketing/Recruitment (Please limit response to fewer than 250 words.)

**Briefly** explain how this program is marketed or clients are recruited for participation.

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**About the Clients** *(continued)*

23. Additional Information (Please limit response to fewer than 100 words.)

Please share any additional information that you would like for the grant reviewers to know about your **clients**

**Client Demographics  
Projected For FY12**

Please provide unduplicated headcount for each area – the number of clients you project serving.  
Every **Total** should be the same

*Total Clients Served:*

\_\_\_\_\_ **Total** (unduplicated headcount)

*Age:*

- \_\_\_\_\_ 0-4 years
- \_\_\_\_\_ 5-17 years
- \_\_\_\_\_ 18-24 years
- \_\_\_\_\_ 25-64 years
- \_\_\_\_\_ 65+years
- \_\_\_\_\_ **Total**

*Sex:*

- \_\_\_\_\_ Female
- \_\_\_\_\_ Male
- \_\_\_\_\_ **Total**

*Race/Ethnicity:*

- \_\_\_\_\_ African American
- \_\_\_\_\_ Asian Pacific Islander
- \_\_\_\_\_ Caucasian
- \_\_\_\_\_ Hispanic
- \_\_\_\_\_ Native American/Alaskan Native
- \_\_\_\_\_ Unknown
- \_\_\_\_\_ Other (explain)
- \_\_\_\_\_ **Total**

*Clients residing in each community:*

- \_\_\_\_\_ Bartonville
- \_\_\_\_\_ Brimfield
- \_\_\_\_\_ Chillicothe
- \_\_\_\_\_ Creve Coeur
- \_\_\_\_\_ Dunlap
- \_\_\_\_\_ East Peoria

- \_\_\_\_\_ Elmwood
- \_\_\_\_\_ Eureka
- \_\_\_\_\_ Henry
- \_\_\_\_\_ Metamora
- \_\_\_\_\_ Morton
- \_\_\_\_\_ Pekin
- \_\_\_\_\_ Peoria
- \_\_\_\_\_ Princeville
- \_\_\_\_\_ Roanoke/Benson
- \_\_\_\_\_ Stark County
- \_\_\_\_\_ Tremont
- \_\_\_\_\_ Washington
- \_\_\_\_\_ Other
- \_\_\_\_\_ **Total**

What percentage of these clients fall at or below the most current Federal Poverty guidelines? \_\_\_\_\_ %

<i>The 2011 Poverty Guidelines for the 48 Contiguous States and the District of Columbia</i>	
<i>Persons in family</i>	<i>Poverty guideline</i>
1	\$10,890
2	14,710
3	18,530
4	22,350
5	26,170
6	29,990
7	33,810
8	37,630
<i>For families with more than 8 persons, add \$3,820 for each additional person.</i>	

*Federal Register, Vol. 76, No. 13, January 20, 2011, pp. 3637-3638*

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**Cost of Service**

	<i>Current Year Projected 7/1/2011 - 6/30/2012</i>	<i>Grant Application Year Proposed 7/1/2012 - 6/30/2013</i>
<b>Unit of Service Hours Provided</b> (A unit of service is defined as: one person served for one hour)		
<b>Unduplicated Clients Served</b> (This should match the Total found on the <b>Client Demographics Projected For FY1 &amp; output report</b> )		
<b>Total Program Cost</b> (This is the total cost of the program <b>ONLY</b> , it must be isolated from other programs at the agency)		
<b>Cost Per Person</b> (Divide the Total Program Cost by Unduplicated Clients Served)		
<b>Cost Per Unit of Service</b> (Divide the Total Program Cost by Unit of Service Hours Provided)		
<b>% Management &amp; Administration to cost</b> (Take management and administration fee billed to this program. Provide % to this current request)		
<b>% HOIUW to Cost of Program</b> (Divide HOIUW award/request by cost of the program)		
<b>% HOIUW Revenue to Agency Budget</b> (Divide the HOIUW award by the total agency budget.)		

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**Program Revenue & Expenses**

Please limit only to **PROGRAM** revenue and expenses – do not include agency information  
(Estimates are acceptable, but should be noted)

	<b>Proposed Grant Request Year</b> <i>(7/01/2012-6/30/2013)</i>
<b>Revenue</b>	
1. Heart of Illinois United Way Grant Allocation	\$
2. Other United Ways	\$
3. Grants (List sources on Attachment A)	\$
4. Government Support (List sources on Attachment A)	\$
5. In-Kind Support (List sources on Attachment A if your in-kind support is included in your audit)	\$
6. Program Service Fees	\$
7. Contributions	\$
8. Other Revenue (List sources on Attachment A)	\$
<b>Total Program Revenue</b>	
<b>Expenses</b>	
9. Salaries	\$
10. Benefits/Taxes	\$
11. Professional Fees	\$
12. Supplies	\$
13. Occupancy (Utilities, Maintenance, Phones)	\$
14. Payments to Affiliates	\$
15. Major Property and Equipment Acquisition	\$
16. Other Expenses (List on Attachment B)	\$
17. Support Costs Allocated to Program	\$
<b>Total Program Expenses</b>	

**Budget Narrative** (Respond on Attachment B)

Do you anticipate any significant changes in financial resources, program services or clients served for the proposed year? Provide an explanation of any unusual increases or decreases in the program’s revenues and expenses, including any external issues or trends that may affect the program. (Respond on Attachment B)

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**Program Revenue**

**Attachment A**

<b>Other Grants for this Program (non-government)</b>			
Source	Stability (low, med., high)	Amount	Length of Grant

<b>Government Funding for this Program</b>			
Source (Federal, State, County, City Grants, Fees, etc.)	Stability (low, med., high)	Amount	Length of Grant

<b>In-Kind Support for this Program</b>	
Source	Estimated Value

<b>Other Revenue for this Program</b>	
Source	Amount

<b>What Sources (if any) are used as State and/or Federal Match</b> (This may be repeated from above)			
Source	Stability (low, med., high)	Amount	Length of Grant

**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

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**Program Expenses  
Attachment B**

<b>Other expenses for this Program</b> (List Expenses By Type Over \$1,000)	
	Amount
	Amount
	Amount
	Amount

**Provide information regarding any significant variances that have occurred over the past 12 months** (Please limit response to fewer than 200 words.)

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**Output/ Outcome Measurement Plan**

Grant Year 1\_\_ 2\_\_ 3\_\_

Issue Area: \_\_\_\_\_ Category(s) Selected: \_\_\_\_\_ Total Number of Indicators Selected: \_\_\_\_\_

Proposed Client Outcomes	Proposed Activity/ Services for Outcomes	Program Information	Measurement Tools	6 Mos. Update	Proposed Output Numbers/ Number of Clients		
					Year 1	Year 2	Year 3
<b>HOIUW INDICATOR</b> you are measuring.	<b>Service Title-</b> activities planned to succeed with outcomes.	<b>Target Population</b>	1. Identify title of meas. Tool 2. Who's Responsible 3. Frequency of Measurement 4. Continuous Improvement Plan	<b>YTD Current Funded Project*</b>			
1.							
2.							
3.							

\*If you change issue areas and/or are a new program request please put N/A in YTD column

## **Program Funding Grant Application**

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### **Application Checklist**

Please use this checklist to ensure proper completion of the HOIUW grant application.

#### *About the Agency*

- \_\_\_\_\_ Agency name
- \_\_\_\_\_ Address
- \_\_\_\_\_ Contact person
- \_\_\_\_\_ Phone number
- \_\_\_\_\_ Proper Signatures

#### *About the Program*

1. \_\_\_\_\_ Issue Area and Category
2. \_\_\_\_\_ Program Name
3. \_\_\_\_\_ Amount requested from HOIUW
4. \_\_\_\_\_ Prior Year Funding
5. \_\_\_\_\_ Percent Increase Request
6. \_\_\_\_\_ Community Need
7. \_\_\_\_\_ Program Goals
8. \_\_\_\_\_ Agency Mission
9. \_\_\_\_\_ HOIUW Indicators
10. \_\_\_\_\_ Use of Funds
11. \_\_\_\_\_ Years of Operation
12. \_\_\_\_\_ Key Staff
13. \_\_\_\_\_ Executive Director Oversight
14. \_\_\_\_\_ Executive Director Evaluation
15. \_\_\_\_\_ Board of Directors
16. \_\_\_\_\_ Volunteer Involvement
17. \_\_\_\_\_ Collaboration
18. \_\_\_\_\_ Additional Information

#### *About the Clients*

19. \_\_\_\_\_ Clients and Waiting List
20. \_\_\_\_\_ Program Fees
21. \_\_\_\_\_ Success Story
22. \_\_\_\_\_ Marketing/ Recruitment
23. \_\_\_\_\_ Additional Information

#### *Data Information Forms and Reports*

24. \_\_\_\_\_ Client Demographics
25. \_\_\_\_\_ Cost of Service
26. \_\_\_\_\_ Program Revenue and Expenses
  - \_\_\_\_\_ Program Revenue Attachment A
  - \_\_\_\_\_ Program Expenses Attachment B
27. \_\_\_\_\_ Output and Outcome Measurement Plan
28. \_\_\_\_\_ Appropriate Attachments
  - \_\_\_\_\_ Curriculum (if applicable)
  - \_\_\_\_\_ Measurement Tool