



RFP BIDDER'S CONFERENCE

NOVEMBER 15 & 16, 2011

Heart of Illinois United Way

Welcome

2

- Purpose of meeting
- Transparency of website
- Changes that are important
- Timeline
- Expectations
- Submitting to the correct issue area
- Fair, ethical, moral process for everyone

Presenters

3

- Darla Ardis, Fund Distribution – Outcome Specialist
- Don Johnson, VP of Community Investment
- Jon Williams, Board of Directors – Vice Chair-Community Investment (Commerce Bank)
- Hollyann Sajko, Eureka College

Timeline for Proposals

4

Date	Event
Tuesday, November 15	Grant Announcement & RFP Workshop #1
Wednesday, November 16	Grant Announcement & RFP Workshop #2
Monday, November 21	RFP Available Online
Friday, February 10 at Noon	Grant Applications Due to HOIUW
Mid-March	Funded Programs Meet With Issue Area Volunteers
Mid-May	Present Recommended Funding Amounts to Board of Directors
Late May	Award Letter Mailed to Agencies for 2012/2013

Acceptable Proposals

5

- Proposals must be complete
- Every question needs answered
- Keep to the space provided
- Original plus 26 copies
- Word-smithing the indicators changes the meaning and is not acceptable
- Applications will not be accepted after deadline date
 - February 10, 2012 at 12 PM

Strategic Plan 2012

6

- Strategic goal #1
- Heart of Illinois United Way will be viewed as a leader in helping solve health and human service needs of our community by:
 - A. Identifying issues
 - B. Establishing & funding desired outcomes
 - C. Creating community initiatives
 - D. Driving collaborative efforts

Strategic Plan 2012 (Cont.)

7

- Critical success factor:
 - “Establish and fund outcomes that meet community priority needs”
- This has been a 5 year process that has involved 32 people including Partner Agency staff

13 Step Process

8

KEY STEPS TO IMPLEMENTING OUTCOME MANAGEMENT

Setting Up - August 1, 2008 through October 1, 2008

- Step 1:** Select programs/categories to include
Outcome Committees
- Step 2:** Align existing funded programs under appropriate categories
HOIUW Staff and Solution Council
- Step 3:** Determine how impact info should be gathered, and from whom
HOIUW Staff, Solution Council and Outcome Committees

Deciding What and How to Measure - April 1, 2009 through November 1, 2009

- Step 4:** Identify the program's mission, objectives and clients
HOIUW Staff
- Step 5:** Identify the outcomes (results) sought by the program
HOIUW Staff
- Step 6:** Select specific indicators to measure the outcomes
HOIUW Staff and Outcome Committees
- Step 7:** Select data sources and data collection procedures for each indicator
HOIUW Staff and Outcome Committees
- Step 8:** Identify key client and service characteristics to be linked to the outcome information
HOIUW Staff
- Step 9:** Pilot test the procedures, make needed modifications and implement
HOIUW Staff

Analyzing the Data - February 1, 2010 through August 1, 2010

- Step 10:** Examine the outcome data
HOIUW Staff
- Step 11:** Report the findings
HOIUW Staff, Committees, Solution Council and Board of Directors
- Step 12:** Seek explanations for unusual or unexpected findings
HOIUW Staff and Outcome Committees

Using the Results - August 2010 . . . ongoing

- Step 13:** Use the outcome information to improve services
HOIUW Staff and Outcome Committees

Required Indicators & Indicator Language

9

- Approved by the Board of Directors
- Unveiled June 2009
- Adjustments made this past year

Building Self-Reliance

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 & Youth

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

Health & Rehabilitation

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	Basic Education	Physical Ability	High-risk Education	High-risk Education	Medical, Oral, Vision	Medical, Oral, Vision	Mental Health	Mental Health	Substance Abuse	Substance Abuse
1 of 2	2 of 2	1 of 1	1 of 2	2 of 2	1 of 2	2 of 2	1 of 2	2 of 2	1 of 2	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. (BML, 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

Strengthening Families

13

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

Grant Application Checklist

14

*Heart of Illinois United Way
Program Funding Grant Application
Fiscal Year 2012-2013*

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

Grant Cover Page

15

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: _____%

Grant Application – About the Program

16

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.

Grant Application – About the Program (Cont.)

Heart of Illinois United Way
Program Funding Grant Application
Fiscal Year 2012-2013

About the Program *(continued)*

11. How many years/months has this program been in operation? _____
12. List the key staff involved with the program, their titles, and their qualifications. (Please limit to 5)

13. Executive Director (Please limit response to fewer than 100 words.)
Briefly explain how the Executive Director will be involved in oversight of the program.

14. How will the Executive Director evaluate the effectiveness of this program?
(Please limit response to 100 words or less.)

15. Discuss your Board of Directors in regards to its retention, recruitment, development strategies and program oversight. (Please limit response to 100 words or less.)

16. Does this program use volunteers? Yes ____ No ____
If yes, **briefly** identify how many and how are they used to serve the program. (Please limit response to 100 words or less.)

Grant Application – About the Program (Cont.)

Heart of Illinois United Way
Program Funding Grant Application
Fiscal Year 2012-2013

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**.

Grant Application – About the Clients

19

Heart of Illinois United Way
Program Funding Grant Application
Fiscal Year 2012-2013

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.

Grant Application – Client Demographics

20

About the Clients

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
- _____ Chilllicothe
- _____ 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? _____%

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

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

Grant Application

Cost of Service

21

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

Grant Application – Program Revenue & Expenses

Program Revenue & Expenses

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

	<i>Proposed Grant Request Year (7/01/2012-6/30/2013)</i>
Revenue	
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)	\$
Total Program Revenue	
Expenses	
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	\$
Total Program Expenses	

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)

Grant Application

Attachment A

(Revenue)

Program Revenue

Attachment A

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

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

In-Kind Support for this Program	
Source	Estimated Value

Other Revenue for this Program	
Source	Amount

What Sources (if any) are used as State and/or Federal Match (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

Grant Application – Proposed Activities/Services

25

Heart of Illinois United Way

Program Funding Grant Application

Fiscal Year 2012-2013

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
HOIUW INDICATOR you are measuring.	Service Title- activities planned to succeed with outcomes.	Target Population	1. Identify title of meas. Tool 2. Who's Responsible 3. Frequency of Measurement 4. Continuous Improvement Plan	YTD Current Funded Project*			
1.							
2.							
3.							

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

Acceptable Attachments

26

- Measurement/assessment tools used to measure specific indicators
- Curriculum – two pages only
 1. Cover Page
 2. Table of Contents
- Database tracking example – one page only

Non-Acceptable Attachments

27

- ❑ Marketing materials – NOT acceptable in packet or grant meetings
- ❑ Unrelated agency program flyers
- ❑ Fundraising flyers/requests
- ❑ Business cards

Scoring System –Includes These Elements

28

- ❑ Community need
- ❑ Use of funds
- ❑ Program delivery
- ❑ Client management
- ❑ Recruitment/Marketing
- ❑ Budget
- ❑ Assessment
- ❑ Outputs
- ❑ Outcomes
- ❑ 990/Audit ratios
- ❑ Memorandum of Agreement

What Will Prevent Applications From Being Accepted?

29

- ❑ Incomplete...missing information
- ❑ Submitted wrong issue area
- ❑ Lacked required indicators...not indicated in Output/Outcome Measurement Plan
- ❑ Not enough copies provided
- ❑ Missed deadline

Submitting Your Grant Application

30

- 26 copies, plus original
- Submit to:
 - Beth Hardy
 - Heart of Illinois United Way
 - 509 W. High Street.
 - Peoria, IL 61606
- **Deadline** is Noon, Friday, February 10, 2012
- Once submitted...changes or corrections will not be allowed!

Funded Program Expectations

31

- ❑ HIPPA issues
- ❑ Program audit
- ❑ Leadership
- ❑ CPS project
- ❑ Submitting timely reports

Important Tools

32

- Indicator language
- Grant application directions
- Community assessment

- www.hoiunitedway.org