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| **FULL APPLICATION FORM** |

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| **Required Documents - Organization** |

Please upload the following:

**General Documents**

1. 501(c)(3) determination letter (Invited government entities may supply written proof of their tax-exempt status as a government entity, such as a government affirmation letter provided by the IRS.)
2. Strategic plan (if available)
3. Organizational chart
4. List of board members and terms served
5. Signed Certificate of Compliance and Standards of Accountability

**Financial Documents**

1. Most current 990 form
2. Most recent audit, including opinion and management letters (full audit for those with budgets over $750,000, review for those with budgets $750,000 or less).
3. Financial statement of actual income and expense for the most recently completed fiscal year (if this is included in the audit, you do not need to provide this information again).
4. Year-to-date financial statement of actual income and expense for the current fiscal year.
5. Organization budget for prior fiscal year, including income and expenses, using your agency’s existing budget format.
6. Organization budget for current fiscal year, including income and expenses, using your agency’s existing budget format.
7. If your organization has had a significant (+ or – 10%) financial change in the past year, please upload a budget narrative explaining the variance)

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| **Proposal Narrative: Organizational Information** *(This section and related information is weighted at 15 percent of total rating form)* |

1. Organization history (including why and when the organization was created, significant changes during the history of the organization) (250 word limit)
2. Mission statement:
3. Goals of organization (200 word limit)
4. Current programs (brief summary descriptions) (350 word limit)
5. With what organizations do you collaborate to leverage resources and eliminate duplication of services? How have the collaboration(s) reduced duplication and improved service? (200 word limit)
6. Identify one or two local organizations that are most similar to your organization. What differentiates you from them? What makes your organization stand out? (150 word limit)
7. Number of board members:
8. Number of full-time paid staff:
9. Number of part-time paid staff:
10. Number of volunteers:
11. Describe volunteer activities and responsibilities:(100 word limit)

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| **Proposal Narrative: Program Information** *(This section and related information is weighted at 25 percent of total rating form)* |

1. Program history (why and when the program was created, significant changes during the history of the program).(300 words)
2. Program description (purpose/activities/strengths/challenges/accomplishments of the program). (400 words)
3. Statement of need (what is the community need/challenge/issue the program addresses, what population is served, what difference the program will make in addressing the need). (300 words)
4. How does this program work with other programs or community groups that meet similar needs? What makes your program unique? (200 words)
5. How does the program contribute to UWGD’s identified funding target area(s) and Community Wide Goals? (200 words)
6. Please list the program outcomes that were identified on your last application (if this is your first application to United Way, please disregard).(150 words)
7. Describe the progress made to achieve the outcomes listed above. What has gone well? What would you do differently? (250 words)
8. In the past year, what trends have you noticed affecting your service provision? (150 words)
9. Describe program outreach and marketing (How do clients find out about your program, how does your program identify individuals and families that need your program/service, what access challenges do you face?) (200 words)
10. What is your long-term funding strategy for sustaining the program (describe your long-term fundraising efforts and how you plan to diversify funding)? (150 words)
11. How will United Way funds be used to support your program/service? (200 words)

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| **Required Documents - Program** |

1. Program budget for prior FY, including income and expenses, using your agency’s existing budget format.
2. Program budget for current FY, including income and expenses, using your agency’s existing budget format.
3. If your program has had a significant (+ or – 10%) financial change in the past year, please upload a budget narrative explaining the variance)
4. Program Funding Sources worksheet:

*You will need to download this blank template from the application website, input your data, then save and re-upload the saved form with your program information (each program needs one form).*

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| **Funding Sources Worksheet** | |  |  |
| **Agency:** |  | **Program:** |  |
| |  | | --- | | List the program funding sources for your next fiscal year in the chart below. Please note the combined total amounts should equate to your entire program budget of the fiscal year for which you are seeking UW funding (this total should equate to the answer provided for question 3 under Budget Information on the pre-application form) . Please include all grants, program fees, fundraising events/activities, corporate gifts, etc. | | | | | | |
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| *Planned* = Planning to submit a request for funding | | |  |
| *Pending* = Request for funding submitted but not awarded | | |  |
| *Committed* = Funding awarded | |  |  |
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| **Source** | **Requested Amount** | | |
|  | Planned | Pending | Committed |
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| **TOTAL** | **$0** | **$0** | **$0** |
|  |  |  |  |
|  |  | **GRAND TOTAL\****:* | $0 |
|  |  | *\*(should equate to proposed program budget of the fiscal year for which you are seeking UW funding)* |  |
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| **Key Program Staff** |

1. Please list the number of full-time equivalent program staff in the Greater Duluth area:
2. List key program staffing, both paid and volunteer (name, title, % of time in program, qualifications). You may list up to five key program staff.
   1. Name:
      1. Title:
      2. % time in program:
      3. Qualifications: (50 words)
   2. Name:
      1. Title:
      2. % time in program:
      3. Qualifications: (50 words)
   3. Name:
      1. Title:
      2. % time in program:
      3. Qualifications: (50 words)
   4. Name:
      1. Title:
      2. % time in program:
      3. Qualifications: (50 words)
   5. Name:
      1. Title:
      2. % time in program:
      3. Qualifications: (50 words)

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| **Logic Models**  *(This section and related information is weighted at 30 percent of total rating form)* |

Complete a Logic Model form for each program outcome – you may complete up to three forms.

1. **Outcome** *(What do you anticipate will happen when people participate in your program?):*
2. **Inputs**: *(What resources are needed to achieve this outcome?)* (50 words)
3. **Activities**: *(What are the primary activities conducted to achieve this outcome? Please explain how they are based on best practices and briefly describe any relevant research).* (150 words)
4. **Outputs:** *(What are the results of the primary activities?)* (100 words)
5. **Indicators**: (*What are the indicators of progress that you will measure? (e.g. number of clients engaged in program).*(100 words)
6. **Performance Goal(s):** *(What level of performance do you anticipate to see? i.e. X% of clients will…)* (100 words)
7. **Evaluation:** *(What evaluative tools will you use to measure progress? How will this data be collected?)* (150 words)
8. **Impact:** *(Explain how this program outcome contributes to United Way's community-wide goal. For education agencies: if it aligns with a particular strategy recommended by United Way, please explain.)* (150 words)

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| **Client Statistics** |

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| **Program Beneficiary Characteristics** (*Clients/Patients/Recipients/Other*)\* | | | | | | | | **Prior Year**  **Actual**  From       to | | | | **Current Year Estimated**  From       to | | **Next Year Projected**  From       to | |
|  | | | | | | | |  | | | |  | |  | |
| **1. Program Beneficiaries (unduplicated) Total** | | | | | | | |  | | | |  | |  | |
| Total continuing from previous fiscal year | | | | | | | |  | | | |  | |  | |
| Total new for the year | | | | | | | |  | | | |  | |  | |
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| **2. Gender Total** | | | | | | | |  | | | |  | |  | |
| Male | | | | | | | |  | | | |  | |  | |
| Female | | | | | | | |  | | | |  | |  | |
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| **3. Age Group Total** | | | | | | | |  | | | |  | |  | |
| Preschool (Birth – 5) | | | | | | | |  | | | |  | |  | |
| Children (6-11) | | | | | | | |  | | | |  | |  | |
| Youth (12-14) | | | | | | | |  | | | |  | |  | |
| Youth (15-18) | | | | | | | |  | | | |  | |  | |
| Adult (19 – 64) | | | | | | | |  | | | |  | |  | |
| Senior (65+) | | | | | | | |  | | | |  | |  | |
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| **4. Racial/Ethnic Background Total** | | | | | | | |  | | | |  | |  | |
| White | | | | | | | |  | | | |  | |  | |
| Black/African-American | | | | | | | |  | | | |  | |  | |
| Asian | | | | | | | |  | | | |  | |  | |
| American Indian/Alaska Native | | | | | | | |  | | | |  | |  | |
| Native Hawaiian/Pacific Islander | | | | | | | |  | | | |  | |  | |
| American Indian/Alaska Native & White | | | | | | | |  | | | |  | |  | |
| Asian & White | | | | | | | |  | | | |  | |  | |
| American Indian/Alaska Native & Black | | | | | | | |  | | | |  | |  | |
| Latino/Hispanic | | | | | | | |  | | | |  | |  | |
| Other Multi-Racial (not identified above): | | | | | | | |  | | | |  | |  | |
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| **5. Residence by Zip Code Total** | | | | | | | |  | | | |  | |  | |
| 55803, 55804, 55812 (Lakeside, Lester Park, Woodland, Hunter’s Park, Congdon Park, East End, Lakewood, Duluth, Rice Lake, Gnesen, Fredenberg Townships) | | | | | | | |  | | | |  | |  | |
| 55802, 55805, 55806 (Hillside, Downtown, Park Point, Lincoln Park) | | | | | | | |  | | | |  | |  | |
| 55807 and 55808 (West Duluth, Morgan Park, Gary) | | | | | | | |  | | | |  | |  | |
| 55810 (Proctor and Midway Townships) | | | | | | | |  | | | |  | |  | |
| 55811 (Kenwood, Duluth Heights, Piedmont Heights, Hermantown) | | | | | | | |  | | | |  | |  | |
| Duluth (unknown) | | | | | | | |  | | | |  | |  | |
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| **6. Income** (based on the 2012 Federal HHS Poverty Guidelines) | | | | | | | | | | | | | | | |
| Size of Family Unit | | 200% of Poverty | | Size of Family Unit | 200% of Poverty | **Program Beneficiaries** *(Answer by how your program gathers this information – household or individual – do not need to answer both)* | | | | | | | | | |
| 1 | $22,340 | | 5 | | $54,020 | Households at/below 200% (number and percent of total) | |  | | | |  | |  | |
| 2 | $30,260 | | 6 | | $61,948 |
| 3 | $38,180 | | 7 | | $69,860 | Individuals at/below 200% (number and percent of total) | |  | | | |  | |  | |
| 4 | $46,100 | | 8\* | | 77,780 |
| \**For each additional family member add $7,480* | | | | | |  | | | | | | | | | |

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| **Program Information for UW Marketing** |

1. Provide up to three examples of services provided by your agency that a weekly contribution of $X dollars would make possible (i.e., $6.00 per week for one year shelters and feeds a family of 4 for 4 days). This information is essential for marketing during the UWGD annual Campaign. (40 word limit for each)
2. Write a “True Story” that can be used during the UWGD Fundraising Campaign. Names can be changed for confidentiality. Stories will likely be used in fundraising efforts. You must have a signed release form in your records if using real names. (150 words)
3. Do you have high-quality, high-resolution photographs that could be used for promotional purposes? Y/N

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| **Application & Site Visit/Presentation Rating Form 2014-2015** | | | | | | | | | | | |
| **Directions:** Rate each item on a scale of 0 to 4 points - with 4 being the highest score. Each section will be weighted as noted. Each item corresponds with questions on the application, noted by the letter(s) at the end of each item. | | | | | | | | | | | |
| **Ratings:** 0 points = Does not meet or address element being rated 1 point = Meets some of the elements being rated 2 points = Meets most of the elements being rated 3 points = Meets all elements being rated 4 points = Exceptionally meets all the elements being rated | | | | | | | | | | | |
| **Proposal Narrative - Organizational Information [Weighting: 15%]** | | | | | | | |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  | **Rate 0-4** |
| 1. Organizational information clearly conveys history, mission, goals, program summary, key partners (A, B, C, D, E, F) | | | | | | | | | |  |  |
| 2. Organization demonstrates the capacity to utilize partnerships effectively in its work (E,F) | | | | | | | | | |  |  |
| 3. Organization has sufficient human resources to serve effectively (number of staff, volunteers, board). (G, H, I, J, K) | | | | | | | | | |  |  |
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| **LINE A:** | **SECTION ONE TOTAL:** | | | **0** | **/ 3** | **=** | **0** | **=** | **x .15** | **=** | **0.000** |
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| **Proposal Narrative - Program Information [Weighting: 30%]** | | | | | |  |  |  |  |  |  |
| 1. Program Information clearly conveys history, description, purpose, activities, strengths and accomplishments (A, B) | | | | | | | | | |  |  |
| 2. Statement of need demonstrates clear need and describes the population served (C) | | | | | | | | | |  |  |
| 3. Program effectively works with other community programs to achieve goals (D) | | | | | | | | | |  |  |
| 4. Program contributes to community-wide goals for appropriate target area (E) | | | | | | | | | |  |  |
| 5. Progress was made toward achieving prior outcomes and identifying improvements (F,G) | | | | | | | | | |  |  |
| 6. Program outreach and marketing effectively targets those in need, accessibility challenges are clearly stated and addressed, program recognizes and address current trends (H, I) | | | | | | | | | |  |  |
| 7. Ample program funding is anticipated for program operation this year (Funding Sources) | | | | | | | | | |  |  |
| 8. The long-term funding strategy is well-developed and realistic (J) | | | | | | | | | |  |  |
| 9. Clearly stated use of funds and rationale for increase in request from previous year (K, Pre-Application Form) | | | | | | | | | |  |  |
| 10. Key program staffing information includes name, title, FTE, and qualifications (Key Program Staff) | | | | | | | | | |  |  |
| **LINE B:** | **SECTION TWO TOTAL:** | | | **0** | **/ 10** | **=** | **0** | **=** | **x .25** | **=** | **0.000** |
| **Section Three: Program Outcomes & Indicators & Client Statistics & Logic Model Forms [Weighting 30%]** | | | | | | | | | | | |
| 1. Logic Model Form is completed for each outcome stated and demonstrates logic (Logic Models) | | | | | | | | | |  |  |
| 2. Anticipated outcomes are identified and contribute to community-wide goals (Logic Models: Outcomes and Impacts) | | | | | | | | | |  |  |
| 3. Logic Model Form includes indicators that can be measured (Logic Models: Impact) | | | | | | | | | |  |  |
| 4. Logic Model Form includes realistic performance goals (Logic Models: Performance Goals) | | | | | | | | | |  |  |
| 5. Evaluation plan reliably measures performance goals and demonstrates impact (Logic Models: Evaluation) | | | | | | | | | |  |  |
| 6. Outcomes are focused on benefit to the client (Logic Models) | | | | | | | | | |  |  |
| 7. Program Client Statistics Form is completed (Client Statistics) | | | | | | | | | |  |  |
| **LINE C:** | **SECTION THREE TOTAL:** | | | **0** | **/ 7** | **=** | **0** | **=** | **x .30** | **=** | **0.000** |
| **Section Four: Site Visit or Presentation [Weighting 30%]** | | | | | | | | | |  |  |
| 1. The organization staff were well prepared for the site visit / presentation | | | | | | | | | |  |  |
| 2. The presentation included a clear program description, need statement, impact, outcomes, highlights, challenges | | | | | | | | | |  |  |
| 3. The presentation effectively conveyed the need for this program | | | | | | | | | |  |  |
| 4. The organization staff effectively responded to panelist questions | | | | | | | | | |  |  |
| 5. The organization effectively included program staff, clients, board members in presentation | | | | | | | | | |  |  |
| **LINE D:** | **SECTION IV TOTAL POINTS:** | | | **0** | **/ 5** | **=** | **0** | **=** | **x .30** | **=** | **0.000** |
| **The following questions are not included in the calculation.** | | | | | |  |  |  |  |  | **Indicate Yes or No** |
| Does the organization demonstrate the capacity to effectively implement this program? | | | | | | | | | |  |  |
| Does the program effectively meet a demonstrated community need? | | | | | | | | | |  |  |
| Would you recommend funding this program? | | | | | | | |  |  |  |  |
| Does the total weighted score reflect your assessment of this program? | | | | | | | |  |  |  |  |
| *If NO, why?* | |  | | | | | |  |  |  |  |
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| **Final Score** | |  |  |  |  |  |  |  |  |  |  |
| **Add Lines A - D** | |  |  |  |  |  |  |  |  |  |  |
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| **Line A** | 0.000 |  | **Final Score:** | | **0.000** | |  |  |  |  |  |
| **Line B** | 0.000 |  |  |  |  |  |  |  |  |
| **Line C** | 0.000 |  |  |  |  |  |  |  |  |  |  |
| **Line D** | 0.000 |  |  |  |  |  |  |  |  |  |  |
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|  |  |  | **Other Comments:** | |  |  |  |  |  |  |  |