



2015 - 2016 Funding Request Proposal

United Way of Brazoria County

United Way of Brazoria County is driven by its mission to direct available resources to assist those who have unmet basic human needs to build a better community. For decades, UWBC has supported programs and services that work to advance the common good. As our community grows rapidly, the issues we face continue to increase. To meet these pressing needs, UWBC has taken many factors into consideration and will be moving to Requests for Proposals.

This process will help us redefine our image as just a fundraiser into one focused on community needs that supports the building blocks of life - education, income, health and basic needs. This new model allows us to measure our impact in the community collectively.

As the population of Brazoria County grows, community needs change and UWBC, the United Way Board of Directors and Donors/Investors are strategically addressing an outdated allocation process to meet those emergent needs. UWBC is pursuing opportunities in which the **collaborative approach** provides the greatest promise for driving positive **solutions** that can be owned and implemented **locally** among **community partners**. We are putting a stake in the ground to tackle the issues facing our community in which we all live and work.

Proposals meeting qualifications will be reviewed by the UWBC Community Impact Committee, which is responsible for making funding recommendations to the United Way Board of Directors. Final determination for each proposal fund request will be made by the United Way Board of Directors.

DEADLINE: Monday, February 16, 2015 at 3:30 PM

In order to be considered complete and on-time, the proposal and all required supplemental materials must be submitted by the deadline of Monday, February 16, 2015 at 3:30 PM.

IMPORTANT INFORMATION

ELIGIBILITY

- Funding is open to all 501(c)3 organizations in Brazoria County.
- Funding applicants must meet the criteria listed on the checklist found on the next page.
- **Funding may include NON-DUPLICATIVE administrative costs for each program application (up to 10% of overall funding request per program).**
- Proposals and all supporting documents **MUST** be submitted in paper format by the stated deadline. UWBC must have all documentation on or before Monday, February 16, 2015 at 3:30 PM.

United Way of Brazoria County reserves the right to:

- reject any or all proposals submitted on the basis of noncompliance or incompleteness;
- request additional information from any or all respondents;
- conduct discussion with respondents to ensure full understanding of, and responsiveness to, the solicitation requirements;
- request modifications to a respondent's proposal prior to final award.

TIMELINE

Important Dates:

- Oct. 2014 UWBC Mandatory Grant Application Training Sessions (10/14, 10/21, 10/28)
- Jan. 2015 Announcement of 2015-2016 RFP Application
- Feb. 2015 RFP Due for Internal Review
- Mar.-Apr. 2015 Applicant Presentations
- Jun. 2015 Recipient Notification of 2015-2016 UWBC Funding
- Jul. 2015 UWBC Funding Cycle Begins

SUBMISSION CHECKLIST AND CRITERIA

If your Organization is applying for funding of multiple programs, a program narrative/description, evaluation plan, budget and logic model are required for EACH program.

No more than 3 Program Requests will be accepted by United Way of Brazoria County.

Please be sure to read through the checklist and make the necessary copies for each part of the application.

SUBMISSION DOCUMENTS

Ten (10) copies of completed RFP Application, Supporting Documents and Logic Model(s).

Font size - 10 point font, Times New Roman, single spaced - preset in form

Single - sided copies only.

CHECKLIST OF SUPPORTING DOCUMENTS

(All required and in order as listed below)

1. Counterterrorism Compliance (page 4)
2. Validation of Exempt Status (page 5)
3. 2015-2016 Participating Community Partner Intent Agreement (page 6)
4. Current Board of Directors with Contact Information
5. List of Organization senior staff and titles
6. Organization By-Laws
7. IRS Determination Letter for 501(c)3 exemption
8. Most recent, completed IRS Form 990 or EZ-Filing
9. Most recent audit, compilation or financial review
10. Logic model(s)
11. Fee Schedule (if applicable)

Note: Organizations which do not conduct an audit will submit a signed statement from the Financial Committee or Treasurer of Board that an annual financial review for the past fiscal year was conducted.

COUNTERTERRORISM COMPLIANCE

In compliance with the spirit and intent of the USA Patriot Act and other counterterrorism laws, the United Way of Brazoria County requests that each funded Organization (“Organization”) certify that it is in compliance with the United Way of Brazoria County and the United Way Worldwide’s compliance program.

Organization Name: _____

Organization EIN: _____

Check the appropriate box to indicate your compliance with each of the following statements:

This Organization is not on any federal terrorism ‘watch lists,’ including the list in Executive Order 13224, the master list of specially designated nationals and blocked persons maintained by the Treasury Department, and the list of Foreign Terrorist Organizations maintained by the State Department.

Comply Do Not Comply

This Organization does not, will not and has not knowingly provided financial, technical, in-kind or other material support or resources* to any individual or entity that is a terrorist or terrorist organization, or that supports or funds terrorism.

Comply Do Not Comply

This Organization does not, will not and has not knowingly provided or collected funds or provided material support or resources with the intention that such funds or material support or resources be used to carry out acts of terrorism.

Comply Do Not Comply

This Organization does not, will not and has not knowingly provided financial or material support or resources to any entity that has knowingly concealed the source of funds used to carry our terrorism or to support Foreign Terrorist Organizations.

Comply Do Not Comply

This Organization does not re-grant to organizations, individuals, programs and/or projects outside of the United States of America without compliance with IRS guidelines.

Comply Do Not Comply

This Organization takes reasonable, affirmative steps to ensure that any funds or resources distributed or processed do not fund terrorism or terrorist organizations.

Comply Do Not Comply

This Organization takes reasonable steps to certify against fraud with respect to the provision of financial, technical, in-kind or other material support or resources to terrorists and terrorist organizations.

Comply Do Not Comply

In this form, “material support and resources” means currency or monetary instruments of financial securities, financial services, lodging, training, expert advice or assistance, safe houses, false documentation or identification, communications equipment, facilities, weapons, lethal substances, explosives, personnel, transportation, and other physical assets, except medicine or religious materials.

I certify on behalf of the Organization listed above that the foregoing is true.

Name: _____ Title: _____

Signature: _____ Date: _____

VALIDATION OF EXEMPT STATUS

Include Determination Letter for 501 (c)3 exemption

As an authorized representative of the following Organization, I state to the best of my knowledge that:

- this Organization has maintained exempt status under Section 501(c)3;
- the information in this packet is true and accurate;
- the governing body of this Organization has voted to request participation in United Way of Brazoria County and, if funded, will abide by the funding/program agreement of United Way of Brazoria County.

Organization Name: _____

AUTHORIZED SIGNATURES:

CEO/ Executive Director

Date

President, Board of Directors

Date

Date approved by Board of Directors

United Way of Brazoria County funding is not guaranteed from one year to the next.

All programs begin with a “zero-based” funding when determining 2015-2016 funding.

Additional Statements (no attachments required; check all that apply).

Have a constitution and/or set by-laws which clearly define the Organization’s objectives, organizations, and the duties, authority and responsibilities of its governing body.

Be incorporated as a not-for-profit Organization which may legally conduct business in the state of TX. Agencies need not be incorporated provided their parent organization is legally incorporated and/or a written special request is submitted to the UWBC Executive Director to be approved on an individual basis.

Be measuring program outcome and using the results to improve their programming.

Comply with and enforce all state and federal rules, regulations and laws against discrimination.

Actively strive to maintain necessary programs and must evidence a willingness to cooperate with UWBC and other partner agencies to reduce duplication of services and minimize overhead expenses.

Exhibit a reasonable broad base of community support through its membership and voluntary contributions nor will the Organization’s membership in any way adversely affect UWBC.

Maintain records in accordance with the current standards of accounting and financial reporting for voluntary health and welfare organizations. Such records shall be furnished to UWBC upon request.

Participate on a year-round basis with the United Way and other partner agencies to improve fundraising efforts and community awareness of the annual fund drive.

Participate in UWBC meetings when scheduled.

2015-2016 PARTICIPATING COMMUNITY PARTNER INTENT AGREEMENT

Community Partner Name: _____

United Way of Brazoria County conducts a fund raising campaign each Fall to provide financial support for a health and human service delivery system that is responsive to the needs of the community. The United Way of Brazoria County campaign provides the community (both individual and corporate donors) an opportunity pledge support to help meet critical health and human care needs in our community.

Before any Community Partner may request or receive funds from United Way of Brazoria County, such Community Partner's governing body shall approve and accept in substance the following terms and conditions of participation. A signed copy of this agreement must be filed with United Way of Brazoria County.

This agreement is entered into with a spirit of mutual confidence, understanding and trust.

This agreement shall be in full force and effective from July 1, 2015 through June 31, 2016 unless and until modified by mutual agreement of the parties or delivery of written notice of revocations by either party to the other.

Dated: _____

Type Executive Director/CEO

Type Board Chair/President

Signature of Executive Director/CEO

Signature of Board Chair/President

Date Received by UWBC: _____

Type Executive Director/CEO

Type Board Chair/President

Signature of UWBC Executive Director

Signature of UWBC Board Chair/President

UNITED WAY OF BRAZORIA COUNTY'S COMMITMENT TO COMMUNITY PARTNERS

United Way of Brazoria County agrees to:

- assume responsibility for an annual community wide fundraising campaign in support of the selected and approved Community Partner program(s).
- determine the award amounts based on Community Partner program needs, community needs and the prevailing economic conditions.
- recognize the right of the Community Partner to determine its programs and services, its policy of operation, and to administer its own internal affairs.
- conduct an annual audit, compilation or financial review by a certified public accountant and to forward the report to the United Way of Brazoria County Board of Directors and to make it available upon request.

COMMUNITY PARTNER COMMITMENT

The Community Partner Agrees to - as a condition of its receipt of funds from United Way of Brazoria County, the Community Partner shall:

1. Conduct an annual United Way of Brazoria County campaign among its employees and will solicit its Board of Directors. Participate in as many campaign activities as possible such as special campaign events, etc.
2. Participate in the Request for Proposal (RFP) review process in order to receive funds from United Way of Brazoria County campaign. Community Partner agrees to operate within the framework of United Way of Brazoria County's guidelines, policies, and procedures.
3. Submit a mid-year and end-of year report in regards to Financial, Beneficiary and Outcomes Measurements.
4. Comply with all applicable state and federal non-discrimination, equal opportunity and affirmative action laws and regulations.
5. Operate under the management of responsible Board of Directors who shall hold regular meetings.
6. Report to United Way of Brazoria County within 30 days of any major program/budget changes and staff changes that may affect how funds allocated to such Community Partner by United Way of Brazoria County are spent.
7. Publicly display the United Way of Brazoria County logo and advertise its participation as a United Way of Brazoria County Community Partner in all verbal presentations, news releases, social media programs, letterheads, brochure, etc. in which United Way of Brazoria County dollars are a part of the program or services. The Community Partner will also display the United Way of Brazoria County logo at their facility(ies).
8. Return to United Way of Brazoria County any funds granted to the Community Partner that may no longer be used for their intended purposes, whether by an act or default on the part of the Community Partner or by an operation or process of law, or by any mean whatsoever within 30 days of grant cycle end date.

FUND RAISING ACTIVITIES

United Way of Brazoria County recognizes that the Community Partner may seek additional sources of funding and endorses and supports efforts which do not jeopardize the success of the annual United Way of Brazoria County campaign.

The Community Partner will continue to refrain from employee workplace solicitations, with or without payroll deductions.

The Community Partner further agrees to refrain from encouraging designated pledges within the United Way pledging campaigns.

In the spirit of cooperation and an effort to reduce duplication, the Community Partner shall notify United Way of Brazoria County in advance of fundraising and/or capital campaigns, 90 days prior to events.

Non-compliance with the above could impact current and or future grant awards

TERMINATION

This agreement shall be effective from July 1, 2015 through June 30, 2016 unless and until modified by mutual agreement of the parties or delivery of written notice of revocation by either party to the other within 30 days of modification.

COMMUNITY PARTNER PROFILE (Organization as a whole)

Community Partner Name: _____

Full Mailing Address: _____

EIN Number: _____

CEO/President: _____ E-mail: _____

Prepared by: _____ E-mail: _____

Phone Number: _____ Website: _____

Mission Statement:

COMMUNITY PARTNER EMPLOYEE INFORMATION (indicate with number)

Full Time Employees: _____ Part Time Employees: _____

Has organization added/reduced number of employees the past fiscal year? _____

If YES, briefly explain (~100 words).

VOLUNTEER INFORMATION

Number of Board Members (you must include a copy of current board of directors with contact information): _____

Do you keep official minutes of Board Meetings? YES NO

What is the size of present Board? When and where does board meet (~100 words)?

Excluding Board of Directors, how many volunteers worked at your organization last fiscal year? _____

Does your organization conduct and/or support the annual United Way campaign? _____

Has your organization and/or Board of Directors established goals and objectives for 2015-16? If YES, describe them (~100 words).

PROGRAM REQUEST #1

You must fill out the program request sheet for EACH PROGRAM for which you are applying.
No more than 3 Program Requests will be accepted by United Way of Brazoria County.

Organization Name: _____

Program: _____

Funding Request: _____

Please indicate the United Way Impact Area(s) this Program will address:

***Your Program may fall under multiple impact areas* (Check all that apply).**

EDUCATION

Improving access to quality, affordable child care and early learning opportunities
Creating opportunities for children to excel in school
Providing after-school and mentoring programs for at-risk youth
Education Initiative: such as Reader Tutor Mentor program

INCOME

Financial Stability Education
Helping hardworking people obtain job training and family-sustaining wages
Increasing access to affordable housing for individuals and families
Income Initiatives: such as Helpline Information and Referral, Financial Stability Classes, and Volunteer Income Tax Assistance / Earned Income Tax Credit Initiative

HEALTH

Increasing access to critical healthcare services
Reducing substance abuse, child abuse and domestic violence
Increasing health education and preventive care
Health Initiatives: such as Cool Deal Club and FamilyWize Prescription Discount Card Program

BASIC NEEDS

Assisting clients with Rental Assistance (No Security Deposits)
Assisting clients with Utility Assistance (Gas, Propane and/or Water)
Assisting clients with food
Assisting clients with clothing for work and/or school
Other- Please Explain:

Describe how this program will impact our community (~300 words):

PROGRAM REQUEST #1 (CONTINUED)

TOTAL IMPACT AREA FUNDS BEING REQUESTED

<u>Impact Area</u>	<u>Amount Requested</u>
EDUCATION	_____
INCOME	_____
HEALTH	_____
BASIC NEEDS	_____
TOTAL REQUESTED	_____

How long has this program been in existence?

_____ Years _____ Months New Program

How is this program staffed? Indicate how many full-time, part-time and volunteers are needed to run this program.

_____ Full Time Employees _____ Part Time Employees _____ Volunteers

Are you utilizing VolunteerMatch to recruit volunteers?

YES NO

* If your organization does not receive the full requested amount(s), a revised program budget is required within 30 days of award notification.

PROGRAM REQUEST #1 (CONTINUED)

Is there a fee for the client to use this program? YES NO

If you answered YES, what is the fee? _____

If you answered YES, do you use a sliding fee scale? (Provide copy with your application) YES NO

Does this program have a waiting list? YES NO

PROVIDE THE PROJECTED NUMBER OF CLIENTS AND PROJECTED NUMBER OF SERVICES PER CLIENT.

1	Name of Program	Total Number of Projected Clients Served	Total Number of Projected Services Per Client
2	Age Group		
A.	0-6 years		
B.	7-18 years		
C.	19-35 years		
D.	36-54 years		
E.	55-70 years		
F.	71+ years		
	Subtotal of Age Group		
3	Sex		
A.	Male		
B.	Female		
	Subtotal of Sex		
4	Ethnicity/Race		
A.	Caucasian		
B.	African-American		
C.	Hispanic		
D.	Native-American		
E.	Asian-American/Pacific Islander		

PROGRAM REQUEST #1 (CONTINUED)

PROVIDE THE PROJECTED NUMBER OF CLIENTS AND PROJECTED NUMBER OF SERVICES PER CLIENT.

F.	Other		
	Subtotal of Ethnicity/ Race		
5	Employment Status		
A.	Wage Earner		
B.	Unemployed		
C.	Public Assistance		
D.	Retired		
E.	Student		
F.	Homemaker		
G.	Social Security		
	Subtotal of Employment		
6	City of Residence		
	Central		
A.	Angleton		
B.	Danbury		
C.	Rosharon		
D.	Other Central Locations		
	Subtotal of Central		
	North		
A.	Alvin		
B.	Manvel		
C.	Pearland		
D.	Other North Locations		
	Subtotal of North		
	South		
A.	Clute		
B.	Freeport		

PROGRAM REQUEST #1 (CONTINUED)

PROVIDE THE PROJECTED NUMBER OF CLIENTS AND PROJECTED NUMBER OF SERVICES PER CLIENT.

C.	Lake Jackson		
D.	Other South Locations		
	Subtotal of South		
	West		
A.	Brazoria		
B.	Sweeny		
C.	West Columbia		
D.	Other West Locations		
	Subtotal of West		

Describe your organization's intake process. If you do not have one, please explain (~300 words).

PROGRAM REQUEST #1 (CONTINUED)

PROJECTED NUMBER OF SERVICES PROVIDED PER IMPACT AREA.

Education	#	Income	#	Health	#	Basic Needs	#
Improving access to quality, affordable child care and early learning opportunities.		Support financial stability education		Increasing access to critical healthcare services		Assisting clients with Rental Assistance (No Deposits)	
Creating opportunities for children to excel in school		Helping hardworking people obtain job training and family-sustaining wages		Reducing substance abuse, child abuse and domestic violence		Assisting clients with Utility Assistance (Gas, Propane and/or Water)	
Providing after-school and mentoring programs for at-risk youth		Increase access to affordable housing for individuals and families		Increasing health education and preventive care		Assisting clients with food	
Education Initiative: Reader Tutor Mentor Program		Income Initiatives: Helpline Information and Referral, Financial Stability, and Volunteer Income Tax Assistance/Earned Income Credit Initiative.		Health Initiatives: Cool Deal Fan Club and FamilyWize Prescription Discount Card Program		Assisting clients with clothing for work and/or school	
						Other - Explain:	

PROGRAM REQUEST #1 (CONTINUED)

PROJECT DESCRIPTION AND EVALUATION PLAN

Describe the program (Key individuals, volunteer activities, program timeline, service delivery, strategies, demand for program and geographical area. No more than 3 Program Requests per organization will be accepted). (~500 words)

Describe the need and the impact this program has in our community (~500 words).

PROGRAM REQUEST #1 (CONTINUED)

PROJECT DESCRIPTION AND EVALUATION PLAN cont.

Make sure to include Inputs, Activities, Outputs, Outcomes and Indicators (refer to Logic Model).
Describe tools for measurements and historical data (if applicable; ~500 words).

Describe program accomplishments for meeting community needs (~500 words).

PROGRAM REQUEST #1 (CONTINUED)

PROJECT DESCRIPTION AND EVALUATION PLAN cont.

Provide your organization's experience with conducting this type of program (~500 words).

PROGRAM REQUEST #1 (CONTINUED)

COLLABORATION

UWBC values the ability and willingness of community partners to work with other organizations in order to achieve positive and lasting change in our community.

Explain how this program positively overlaps and/or intersects with programs offered by other Community Partners. Include each partner's mission, role and responsibilities in the program (~500 words).

ORGANIZATIONAL COLLABORATION

Please list any collaborative partners your organization as a whole works with. For example: school districts, governmental entities, business and industry, etc. (Not specific to proposed program; ~250 words).

PROGRAM REQUEST #1 (CONTINUED)

FINANCIAL PROFILE

(BUDGET NARRATIVE)

Briefly describe how your program plans to use United Way of Brazoria County funds. Examples may include direct client assistance, funds to promote program or staff to run specific program (~250 words).

****Administration cost shall NOT exceed 10% of overall budget for program****

Describe other funding sources and strategies that will maintain or increase revenue for the program (~500 words).

PROGRAM REQUEST #1 (CONTINUED)

PROGRAM INCOME AND EXPENSE

(BUDGET NARRATIVE)

Program Name: _____

Fill out the Program Income vs. Program Expense Report. *Note: Totals may not equal.*

	Program Income		Program Expenses
Contributions		Direct Program Services (include any salaries and wages)	
Grants (UWBC funds, not Govt.)		Solicitation Expenses	
Govt. Grants		Administrative Costs (not to exceed 10%)	
Gifts, Memorials		Occupancy	
Trust Funds		Capital Equipment	
Investment Interest		Education/Collateral Materials	
In-Kind Revenue		Staff Development/Training	
Other United Way Funds		Travel/Mileage	
Client Fees		Define Other	
Third Party Reimbursements			
Program Specific Fundraising Events Net			
Define Other			
Total Income		Total Expenses	

PROGRAM REQUEST #1 (CONTINUED)

PROGRAM INCOME AND EXPENSE cont.

(BUDGET NARRATIVE)

Additional comments (~500 words):

PROGRAM REQUEST #1 (CONTINUED)

2015-2016 LOGIC MODEL

Complete ONE Logic Model PER PROGRAM.

Organization Name: _____

Program Name: _____

GOAL: What is the desired result(s) of your program and for whom? (~100 words)

--

INPUTS Resources dedicated to or consumed by the program.	
ACTIVITIES What the program does with the inputs to fulfill its goals.	
OUTPUTS The direct products of program activities (ensure to quantify output targets for 2015).	
OUTCOMES Benefits or changes for participants during or after program activities (e.g. new knowledge, skills, changed behavior or condition).	
INDICATORS Specific information that shows how you know if the outcome(s) was achieved (i.e. provide the target % or # for 2015 as a measurement of success).	

PROGRAM REQUEST #2

You must fill out the program request sheet for EACH PROGRAM for which you are applying.
No more than 3 Program Requests will be accepted by United Way of Brazoria County.

Organization Name: _____

Program: _____

Funding Request: _____

Please indicate the United Way Impact Area(s) this Program will address:

***Your Program may fall under multiple impact areas* (Check all that apply).**

EDUCATION

Improving access to quality, affordable child care and early learning opportunities
Creating opportunities for children to excel in school
Providing after-school and mentoring programs for at-risk youth
Education Initiative: such as Reader Tutor Mentor program

INCOME

Financial Stability Education
Helping hardworking people obtain job training and family-sustaining wages
Increasing access to affordable housing for individuals and families
Income Initiatives: Helpline Information and Referral, Financial Stability Classes, and Volunteer Income Tax Assistance / Earned Income Tax Credit Initiative

HEALTH

Increasing access to critical healthcare services
Reducing substance abuse, child abuse and domestic violence
Increasing health education and preventive care
Health Initiatives: such as Cool Deal Club and FamilyWize Prescription Discount Card Program

BASIC NEEDS

Assisting clients with Rental Assistance (No Security Deposits)
Assisting clients with Utility Assistance (Gas, Propane and/or Water)
Assisting clients with food
Assisting clients with clothing for work and/or school
Other- Please Explain:

Describe how this program will impact our community (~300 words):

PROGRAM REQUEST #2 (CONTINUED)

TOTAL IMPACT AREA FUNDS BEING REQUESTED

<u>Impact Area</u>	<u>Amount Requested</u>
EDUCATION	_____
INCOME	_____
HEALTH	_____
BASIC NEEDS	_____
TOTAL REQUESTED	_____

How long has this program been in existence?

_____ Years _____ Months New Program

How is this program staffed? Indicate how many full-time, part-time and volunteers are needed to run this program.

_____ Full Time Employees _____ Part Time Employees _____ Volunteers

Are you utilizing VolunteerMatch to recruit volunteers?

YES NO

* If your organization does not receive the full requested amount(s), a revised program budget is required within 30 days of award notification.

PROGRAM REQUEST #2 (CONTINUED)

Is there a fee for the client to use this program? YES NO

If you answered YES, what is the fee? _____

If you answered YES, do you use a sliding fee scale? (Provide copy with your application) YES NO

Does this program have a waiting list? YES NO

PROVIDE THE PROJECTED NUMBER OF CLIENTS AND PROJECTED NUMBER OF SERVICES PER CLIENT.

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E.	55-70 years		
F.	71+ years		
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3	Sex		
A.	Male		
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	Subtotal of Sex		
4	Ethnicity/Race		
A.	Caucasian		
B.	African-American		
C.	Hispanic		
D.	Native-American		
E.	Asian-American/Pacific Islander		

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F.	Other		
	Subtotal of Ethnicity/ Race		
5	Employment Status		
A.	Wage Earner		
B.	Unemployed		
C.	Public Assistance		
D.	Retired		
E.	Student		
F.	Homemaker		
G.	Social Security		
	Subtotal of Employment		
6	City of Residence		
	Central		
A.	Angleton		
B.	Danbury		
C.	Rosharon		
D.	Other Central Locations		
	Subtotal of Central		
	North		
A.	Alvin		
B.	Manvel		
C.	Pearland		
D.	Other North Locations		
	Subtotal of North		
	South		
A.	Clute		
B.	Freeport		

PROGRAM REQUEST #2 (CONTINUED)

PROVIDE THE PROJECTED NUMBER OF CLIENTS AND PROJECTED NUMBER OF SERVICES PER CLIENT.

C.	Lake Jackson		
D.	Other South Locations		
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FINANCIAL PROFILE

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(BUDGET NARRATIVE)

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Govt. Grants		Administrative Costs (not to exceed 10%)	
Gifts, Memorials		Occupancy	
Trust Funds		Capital Equipment	
Investment Interest		Education/Collateral Materials	
In-Kind Revenue		Staff Development/Training	
Other United Way Funds		Travel/Mileage	
Client Fees		Define Other	
Third Party Reimbursements			
Program Specific Fundraising Events Net			
Define Other			
Total Income		Total Expenses	

PROGRAM REQUEST #2 (CONTINUED)

PROGRAM INCOME AND EXPENSE cont.

(BUDGET NARRATIVE)

Additional comments (~500 words):

PROGRAM REQUEST #2 (CONTINUED)

2015-2016 LOGIC MODEL

Complete ONE Logic Model PER PROGRAM.

Organization Name: _____

Program Name: _____

GOAL: What is the desired result(s) of your program and for whom? (~100 words)

--

INPUTS Resources dedicated to or consumed by the program.	
ACTIVITIES What the program does with the inputs to fulfill its goals.	
OUTPUTS The direct products of program activities (ensure to quantify output targets for 2015).	
OUTCOMES Benefits or changes for participants during or after program activities (e.g. new knowledge, skills, changed behavior or condition).	
INDICATORS Specific information that shows how you know if the outcome(s) was achieved (i.e. provide the target % or # for 2015 as a measurement of success).	

PROGRAM REQUEST #3

You must fill out the program request sheet for EACH PROGRAM for which you are applying.
No more than 3 Program Requests will be accepted by United Way of Brazoria County.

Organization Name: _____

Program: _____

Funding Request: _____

Please indicate the United Way Impact Area(s) this Program will address:

***Your Program may fall under multiple impact areas* (Check all that apply).**

EDUCATION

Improving access to quality, affordable child care and early learning opportunities
Creating opportunities for children to excel in school
Providing after-school and mentoring programs for at-risk youth
Education Initiative: such as Reader Tutor Mentor program

INCOME

Financial Stability Education
Helping hardworking people obtain job training and family-sustaining wages
Increasing access to affordable housing for individuals and families
Income Initiatives: Helpline Information and Referral, Financial Stability Classes, and Volunteer Income Tax Assistance / Earned Income Tax Credit Initiative

HEALTH

Increasing access to critical healthcare services
Reducing substance abuse, child abuse and domestic violence
Increasing health education and preventive care
Health Initiatives: such as Cool Deal Club and FamilyWize Prescription Discount Card Program

BASIC NEEDS

Assisting clients with Rental Assistance (No Security Deposits)
Assisting clients with Utility Assistance (Gas, Propane and/or Water)
Assisting clients with food
Assisting clients with clothing for work and/or school
Other- Please Explain:

Describe how this program will impact our community (~300 words):

PROGRAM REQUEST #3 (CONTINUED)

TOTAL IMPACT AREA FUNDS BEING REQUESTED

<u>Impact Area</u>	<u>Amount Requested</u>
EDUCATION	_____
INCOME	_____
HEALTH	_____
BASIC NEEDS	_____
TOTAL REQUESTED	_____

How long has this program been in existence?

_____ Years _____ Months New Program

How is this program staffed? Indicate how many full-time, part-time and volunteers are needed to run this program.

_____ Full Time Employees _____ Part Time Employees _____ Volunteers

Are you utilizing VolunteerMatch to recruit volunteers?

YES NO

* If your organization does not receive the full requested amount(s), a revised program budget is required within 30 days of award notification.

PROGRAM REQUEST #3 (CONTINUED)

Is there a fee for the client to use this program? YES NO

If you answered YES, what is the fee? _____

If you answered YES, do you use a sliding fee scale? (Provide copy with your application) YES NO

Does this program have a waiting list? YES NO

PROVIDE THE PROJECTED NUMBER OF CLIENTS AND PROJECTED NUMBER OF SERVICES PER CLIENT.

1	Name of Program	Total Number of Projected Clients Served	Total Number of Projected Services Per Client
2	Age Group		
A.	0-6 years		
B.	7-18 years		
C.	19-35 years		
D.	36-54 years		
E.	55-70 years		
F.	71+ years		
	Subtotal of Age Group		
3	Sex		
A.	Male		
B.	Female		
	Subtotal of Sex		
4	Ethnicity/Race		
A.	Caucasian		
B.	African-American		
C.	Hispanic		
D.	Native-American		
E.	Asian-American/Pacific Islander		

PROGRAM REQUEST #3 (CONTINUED)

PROVIDE THE PROJECTED NUMBER OF CLIENTS AND PROJECTED NUMBER OF SERVICES PER CLIENT.

F.	Other		
	Subtotal of Ethnicity/ Race		
5	Employment Status		
A.	Wage Earner		
B.	Unemployed		
C.	Public Assistance		
D.	Retired		
E.	Student		
F.	Homemaker		
G.	Social Security		
	Subtotal of Employment		
6	City of Residence		
	Central		
A.	Angleton		
B.	Danbury		
C.	Rosharon		
D.	Other Central Locations		
	Subtotal of Central		
	North		
A.	Alvin		
B.	Manvel		
C.	Pearland		
D.	Other North Locations		
	Subtotal of North		
	South		
A.	Clute		
B.	Freeport		

PROGRAM REQUEST #3 (CONTINUED)

PROVIDE THE PROJECTED NUMBER OF CLIENTS AND PROJECTED NUMBER OF SERVICES PER CLIENT.

C.	Lake Jackson		
D.	Other South Locations		
	Subtotal of South		
	West		
A.	Brazoria		
B.	Sweeny		
C.	West Columbia		
D.	Other West Locations		
	Subtotal of West		

Describe your organization's intake process. If you do not have one, please explain (~300 words).

PROGRAM REQUEST #3 (CONTINUED)

PROJECTED NUMBER OF SERVICES PROVIDED PER IMPACT AREA.

Education	#	Income	#	Health	#	Basic Needs	#
Improving access to quality, affordable child care and early learning opportunities.		Support financial stability education		Increasing access to critical healthcare services		Assisting clients with Rental Assistance (No Deposits)	
Creating opportunities for children to excel in school		Helping hardworking people obtain job training and family-sustaining wages		Reducing substance abuse, child abuse and domestic violence		Assisting clients with Utility Assistance (Gas, Propane and/or Water)	
Providing after-school and mentoring programs for at-risk youth		Increase access to affordable housing for individuals and families		Increasing health education and preventive care		Assisting clients with food	
Education Initiative: Reader Tutor Mentor Program		Income Initiatives: Helpline Information and Referral, Financial Stability, and Volunteer Income Tax Assistance/Earned Income Credit Initiative.		Health Initiatives: Cool Deal Fan Club and FamilyWize Prescription Discount Card Program		Assisting clients with clothing for work and/or school	
						Other - Explain:	

PROGRAM REQUEST #3 (CONTINUED)

PROJECT DESCRIPTION AND EVALUATION PLAN

Describe the program (Key individuals, volunteer activities, program timeline, service delivery, strategies, demand for program and geographical area. No more than 3 Program Requests per organization will be accepted). (~500 words)

Describe the need and the impact this program has in our community (~500 words).

PROGRAM REQUEST #3 (CONTINUED)

PROJECT DESCRIPTION AND EVALUATION PLAN cont.

Make sure to include Inputs, Activities, Outputs, Outcomes and Indicators (refer to Logic Model).
Describe tools for measurements and historical data (if applicable; ~500 words).

Describe program accomplishments for meeting community needs (~500 words).

PROGRAM REQUEST #3 (CONTINUED)

PROJECT DESCRIPTION AND EVALUATION PLAN cont.

Provide your organization's experience with conducting this type of program (~500 words).

PROGRAM REQUEST #3 (CONTINUED)

COLLABORATION

UWBC values the ability and willingness of community partners to work with other organizations in order to achieve positive and lasting change in our community.

Explain how this program positively overlaps and/or intersects with programs offered by other Community Partners. Include each partner's mission, role and responsibilities in the program (~500 words).

ORGANIZATIONAL COLLABORATION

Please list any collaborative partners your organization as a whole works with. For example: school districts, governmental entities, business and industry, etc. (Not specific to proposed program; ~250 words).

PROGRAM REQUEST #3 (CONTINUED)

FINANCIAL PROFILE

(BUDGET NARRATIVE)

Briefly describe how your program plans to use United Way of Brazoria County funds. Examples may include direct client assistance, funds to promote program or staff to run specific program (~250 words).

****Administration cost shall NOT exceed 10% of overall budget for program****

Describe other funding sources and strategies that will maintain or increase revenue for the program (~500 words).

PROGRAM REQUEST #3 (CONTINUED)

PROGRAM INCOME AND EXPENSE

(BUDGET NARRATIVE)

Program Name: _____

Fill out the Program Income vs. Program Expense Report. *Note: Totals may not equal.*

	Program Income		Program Expenses
Contributions		Direct Program Services (include any salaries and wages)	
Grants (UWBC funds, not Govt.)		Solicitation Expenses	
Govt. Grants		Administrative Costs (not to exceed 10%)	
Gifts, Memorials		Occupancy	
Trust Funds		Capital Equipment	
Investment Interest		Education/Collateral Materials	
In-Kind Revenue		Staff Development/Training	
Other United Way Funds		Travel/Mileage	
Client Fees		Define Other	
Third Party Reimbursements			
Program Specific Fundraising Events Net			
Define Other			
Total Income		Total Expenses	

PROGRAM REQUEST #3 (CONTINUED)

PROGRAM INCOME AND EXPENSE cont.

(BUDGET NARRATIVE)

Additional comments (~500 words):

PROGRAM REQUEST #3 (CONTINUED)

2015-2016 LOGIC MODEL

Complete ONE Logic Model PER PROGRAM.

Organization Name: _____

Program Name: _____

GOAL: What is the desired result(s) of your program and for whom? (~100 words)

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OUTCOMES Benefits or changes for participants during or after program activities (e.g. new knowledge, skills, changed behavior or condition).	
INDICATORS Specific information that shows how you know if the outcome(s) was achieved (i.e. provide the target % or # for 2015 as a measurement of success).	

ORGANIZATION BUDGET

Organization Name: _____

Revenue/Support	Last Fiscal Year	This Fiscal Year	Next Fiscal Year
UWBC Allocation			
Contributions Special			
Events			
Legacies/Memorials			
Other United Ways			
Foundations			
Government Fees			
Federal			
Grants			
Membership Dues			
Program Service Fee			
Sales of Materials			
Sales to Public			
In-Kind			
Investment Income			
Misc. Income			
TOTAL REVENUE			

Defined

ORGANIZATION BUDGET cont.

Expenses	Last Fiscal Year	This Fiscal Year	Next Fiscal Year
Salaries/Payroll Tax			
Employee Benefits			
Professional Fees			
Supplies			
Utilities/Occupancy			
Postage			
Leases/Maintenance			
Non-Financial Capital Purchases			
Printing/Publications			
Travel			
Training			
Membership Dues			
Awards/Grants			
Recognition			
Insurance			
Volunteer/Liability Insurance			
Funded Depreciation			
Misc. Expenses			
TOTAL EXPENSES			

Misc.
Defined