

FUND YOUR GOOD WORK

APPLY FOR A THREE-YEAR UNITED WAY COMMUNITY GRANT



United Way of Greater Toledo
Application for July 2024 to June 2027 Funding

APPLICATION NARRATIVE

Overview of Application Scoring

Section #	Title	Percentage Weight	Possible Points
Section I	Agency Overview/ DEI Efforts	10%	10 Points
Section II	Program Information	40%	40 Points
Section III	Program Staff Qualifications	10%	10 Points
Section IV	Data Collection & Demographic Information	30%	30 Points
Section V	Financial Information	10%	10 Points

Budget

Requested Amount from United Way	
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Organizational Revenue & Expenses

Organizational Revenue	
Total United Way of Greater Toledo grant funding you currently receive (for most recent budget year, not including designated gifts)	
Total UWGT donor designated gifts	
Total of all other sources of revenue for your organization	

Organizational Expense	
Total program expenses to your organization	
Total payments to national organizations for your local organization (if applicable)	
Total fundraising expenses for your organization	
Total management and general expenses for your organization	

SECTION I: AGENCY OVERVIEW / DEI EFFORTS
10% (10 points possible)

Program/Collaboration Name:

Organization Name (Lead Agency):

Legal Name:

Address:

Please specify which IRS status is held by your organization:

EIN #:

Year Incorporated:

Name of CEO / Executive Director:

Phone:

E-mail:

Preferred pronouns:

Contact for this Application:

Phone:

E-mail:

Preferred pronouns:

Organization's Mission Statement:

Provide a brief history of your organization:

Number of full time employees at organization:

Number of part time employees at organization:

Is the composition of your board / staff reflective of demographics and experiences of the individuals you serve? Yes / No / Somewhat



Do you have an organizational DEI statement? If yes, please include it.

Do your clients hold advisory or board positions within your organization? Yes / No / Somewhat

Please upload your board roster. If you capture demographic information from your board members, please include that in your document.

Section II: PROGRAM INFORMATION

40% (40 Points Possible)

Alignment:

Think about the pillar your program best aligns with (Education, Financial Stability, Health or Housing). What is the quality of life or condition desired for the population you serve? Select that pillar / result from the drop down list.

Pillar Area / Result

1. **Financial Stability** - All households in Ottawa County is financially stable.
2. **Health** - Everyone in Ottawa County is healthy.

Next, select which strategy you are implementing within your program to impact the result above. When you select your strategy, you will see corresponding measures. Check all the measures you currently have the capacity to capture. If you **do not** OR **cannot** capture a particular measure, do not check the box. (*Note, in the grant portal, you will only select one strategy and see the measures in a drop down, check list below. All strategies and measures are listed here to show every option.*)

- **(Financial Stability 1) Integrated Financial Services:** Provide integrated financial coaching, employment coaching/access to contextualized, short-term credentialing programs in in-demand occupations, and income supports counseling services.
 - FS1 - # and % with increase in net income
 - FS2 - # and % retaining employment for 3, 6, 9 and 12 months
 - FS3 - # and % with increase in net worth
 - FS4 - # and % with credit score increase
 - FS5 - # and % placed in jobs or who advance in existing employment
 - FS6 - # and % receiving integrated financial and employment coaching services
 - FS7 - # and \$ of prepared taxes and refunds (federal and state)
- **(Health 1) Healthy Individuals:** Address overall physical, emotional, mental, and environmental health for individuals through improved food access and nutrition, improved physical activity, improved mental health supports, and improved understanding of safety and wellness for violence-free homes and neighborhoods including domestic violence awareness, prevention and support. Impact health policy, systems, and environmental conditions through programming and educational initiatives.



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- € HL1 - # and % of participants who increase physical skill level or ability
 - € HL2 - # and % of participants with improved health
 - € HL3 - # and % of participants with improved environmental health conditions
 - € HL4 - # and % of participants with increased ability to recognize signs of abuse, neglect and exploitation
 - € HL5 - # of children and youth who participate in physical activity
 - € HL6 - # and % of participants with increased knowledge of health
 - € HL7 - # of healthy meals provided
- € **(Health 2) Access to Healthcare:** Strengthen integration of health services and remove barriers to quality care for individuals. Increase access to prenatal healthcare so children are born healthy and develop on track.
- AH1 - # of patients/clients uninsured/ underinsured
 - AH2- # and % of individuals connected to a permanent medical home
 - AH3 - # of children born healthy
 - AH4 - # of individuals receiving coordination or access to care supports
 - AH5 - # receiving health or medical services
 - AH6 - # of people receiving prenatal care
 - AH7 - # and % of caregivers receiving education and support around infant and child care
 - AH8 - # and % of appointments kept
 - AH9 - # of children receiving preventative care
 - AH10 - # of children receiving behavioral intervention (internally or externally)

Program Description: *Provide a description and background of the program for which funding is being requested. How and when did the program start?*

Program Results: *Share your program results with us. For example, tell us how many clients you have served, successes you've seen within your program, and how clients are better off because of the services you provide.*

Outreach: *How do you outreach to and engage with the people or community you serve? Have you made any changes to programming based on what you have learned from the population you serve?*

Collaboration: *Describe how the program works with other community organizations to achieve a common goal.*

Additional Information: *Please provide any additional information relevant to the consideration of this program/collaboration.*

Section III: PROGRAM STAFF / BEST PRACTICES 10% (10 Points Possible)

The next questions pertain to the program for which you are applying for funding.

Staffing: *List direct program staff assigned to the program/collaboration for which you are applying for funding. Indicate whether they are full time or part time and include their titles. (Example: Program Coordinator, 1 full*



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time employee; Advocate 2 part time employees). If you are applying as a collaborative, please include the organization at which the staff members are employed.

Best/Promising Practices Identify and describe best/promising practices, curriculum, assessment, and/or evaluation tools utilized by the program/collaboration. Include a web link that can be used to find more information on the best/promising practice and who has endorsed this best practice.

Section IV: DATA COLLECTION & DEMOGRAPHIC INFORMATION

30% (30 Points Possible)

Data Collection What system or software do you use to capture data for your program?

Historic Data How many full years of program data do you have in this format (or software) mentioned above?

Population Served: Do you capture the following demographic information of each client served?

- Individual ID number
- Date of Birth
- Age Category
- Gender Identity
- Ability
- Race Ethnicity
- Zip Code
- Education Level
- Income Level
- Household Size
- Veteran Status

Population Served Provide us with an overview of the population you serve at an aggregate level (count and percentage based on the demographics you outline above). Is this the target population of the program? Why are you serving who you serve?

Data Sample: Please include an aggregate level data sample (uploaded Excel spreadsheet - sample formatting provided)

Additional Information Please provide any additional information about how you capture data that is relevant to this application.

SECTION V: FINANCIAL INFORMATION

10% (10 Points Possible)



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This section will be reviewed by our Finance Team. If there are any questions pertaining to your organization's financials, we will reach out to you to clarify.

Budget Cycle *Drop down, calendar, fiscal, other (describe)*

Trends *Describe any significant changes in revenue or expenses for this program in the last five program years (2018-present).*

Fee for Service *Does this program charge clients/participants for the service (Y/N)? If yes, describe how fees are determined or, if fixed, the rate.*

Leveraged Dollars *How will a UWGT investment help to leverage additional funds or matching funds for this program? For example, do you use the UWGT investment as matching funds for any other sources of program support?*

Program Revenue & Expense

Program Revenue	
UWGT Funding (do not include request in this application)	
Government Grants	
Non-Government Grants	
Client Fees Paid by Government Sources	
Client-Paid Fees	
Other Revenue	

Direct Program Payroll	-
Direct Program Supplies	
Direct Program Occupancy	
Assistance Directly to Individuals	
Direct Program Contract Expenses	



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Direct Program Other	
Payments to National, Affiliate or Parent Organization	
Fundraising Expense, Management & General Assigned to Program	

Supporting Documentation to Upload

- Audit/Review/Financial Statement
- IRS Form 990 or 990-EZ
- Memorandum of Understanding(s) for Partners - (collaborative application only)

