



## BASIC NEEDS GRANT APPLICATION

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*Funding is for period 2/01/10 – 12/31/10 contingent upon the success of the campaign and agency/program performance.*

*Proposals are due in the United Way of the River Cities office at 820 Madison Avenue, Huntington, WV no later than 5:00 pm on Friday, February 5, 2010.*

*Mail or bring to the office the original copy, plus twelve copies of the application and checklist. Do not include copies of the Table of Contents, Background, Instructions or the Timeline on page 5. Faxed or emailed applications will not be accepted.*

**IN FAIRNESS TO ALL APPLICANTS, WE CANNOT ACCEPT LATE OR INCOMPLETE APPLICATIONS.**

## BACKGROUND

In 2004, United Way of the River Cities, Inc. began an assessment of community needs and issues. Over the next four years, a group of volunteers identified four areas on which United Way should focus its efforts and funding. These Focus Areas are:

**Learning and Earning** – Communities with high rates of employment are safe and strong. Skilled and educated individuals can find work and receive higher wages to support their families.

**Families and Children** – Families are the foundation on which strong communities are built. All individuals, including children and the elderly, thrive in safe and supportive environments.

**Health and Wellness** – Healthy citizens result in healthy communities. Improving and sustaining the wellness of individuals enhances the quality of life.

**Basic Needs/Unforeseen Hardship** – The foundation of a strong community is its ability to assist its most vulnerable citizens. Meeting the basic needs and unforeseen hardships of a few helps enhance our community as a whole.

United Way is committed to continuing its funding of a network of supportive services; meeting critical needs; and focusing on the underlying causes of community issues. United Way will work with Partner Agencies, and other organizations within the community to ensure services are provided and to create long-term solutions to the complex problems our region faces.

Given our responsibility to solve community problems, and our commitment to the donor that we are making the best investment possible with their contributions, in 2008 United Way adopted a new Memorandum of Agreement for partners; a new application and application process; and outcomes-based reporting, which replaces the Purchase of Service Agreement.

The following application is for funding for 2010. Reporting requirements are found in the Memorandum of Agreement which accompanies this application. The signed Memorandum of Agreement will be required once you have been notified of any funding for 2010.

**This application is for funding to support the provision of the following Basic Needs services to the community such as:**

- Utilities assistance
- Food orders
- Rent assistance
- Medications
- Baby items
- Hygiene products

## INSTRUCTIONS

- All applications and attachments should be neatly typed.
- The application is not considered complete without the checklist found on page 4 and the following attachments:
  - Board of Directors list
  - Most recent audit or financial review and 990
  - Management letter (if applicable)
  - IRS Tax Determination letter
  - Charitable registration letter from Secretary of State
- Submit original plus 12 copies of application. Submit only one copy of the above attachments with original application.
- ***Proposals are due in the United Way of the River Cities office no later than 5:00 pm on February 5, 2010. Proposals must be mailed or hand delivered. In fairness to all applicants, we cannot accept late or incomplete applications.***

**CHECKLIST**  
**Checklist should be included with the application.**

**Please complete the following checklist by initialing each requirement.**

- \_\_\_ Application
- \_\_\_ Agency Board of Directors list with affiliation and term
- \_\_\_ Most recent audit or financial review and 990 (if 990 is not required, please note)
- \_\_\_ Management Letter (if applicable)
- \_\_\_ 501(c)(3) IRS tax determination letter
- \_\_\_ Charitable registration letter
- \_\_\_ This checklist

**All applications must be neatly typed. Handwritten applications will not be accepted.**

***Certification statement:***

This agency operates in compliance with all applicable laws and regulations governing not-for-profit corporations in the State of West Virginia. I understand that all requests for funding to United Way of the River Cities must be complete upon submission and my signature acknowledges that all required components of the application are included.

\_\_\_\_\_  
Executive Director Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency



## 2010 Request for Basic Needs Funding

### PLEASE READ AND FOLLOW ALL APPLICATION INSTRUCTIONS

<b>Agency Name:</b>			
<b>Program Name:</b>			
<b>Address:</b>			
<b>Phone:</b>		<b>Fax:</b>	
<b>Website:</b>			
<b>Agency Director:</b>		<b>E-mail:</b>	
<b>Program Director:</b>		<b>E-mail:</b>	
<b>AMOUNT REQUESTED FOR 2010</b>		\$	<b>UW funds received in 2009:</b>
			\$
<b>Focus Area: Basic Needs/Unforeseen Hardships</b>			
<i>List any funding awarded for impact grant funds or Focus Area funds in 2009 and/or 2010</i>	<i>Type of Funding (impact or Focus Area); identify applicable Focus Area</i>		<i>Amount received</i>
			\$
			\$
			\$
			\$
			\$
<b>CERTIFICATION:</b> I certify that all statements and information contained in this Request for Funding are true and complete to the best of my knowledge and belief.			
<b>Executive Director:</b>		<b>Board President/Chair:</b>	
<b>Signature:</b>		<b>Signature:</b>	

**CLIENT POPULATION & CONDITIONS (*maximum one page*)**

*Describe why the community should be compelled to invest in this program. Clearly describe the clients that are served by the program and the general conditions they experience (demographics and other pertinent facts for this target population). Further describe the specific condition(s) and/or behavior(s) clients experience that call for intervention and the scope of the problem(s) this program seeks to address.*

## **PROGRAM DESCRIPTION (*maximum one page*)**

*Describe how this program contributes to the community in general, and then specifically what it does to change the lives and/or conditions of the identified client population and how it is achieved. This should be a **CONCISE** narrative that explains 1)program resources (inputs), 2)services (activities) including a description of the service, the setting in which it occurs, and the frequency with which it occurs, 3)how clients gain access to those services (activities) & 4 )the products (outputs) delivered that lead to direct benefit for the client (outcomes). List any collaborative partners. The program description should be consistent with the logic model on pages 11-12. Include a brief explanation of how the program advances the Basic Needs Focus Area.*

**PROGRAM IMPROVEMENT and ORGANIZATIONAL CAPACITY (*maximum one page*)**

*Tell us what success looks like to your program. Please provide information on how program evaluation data is used to continually enhance and improve services for clients. Provide specific examples of how the information is gathered, how it is used, and how program services have been improved as a result. Note any changes in the program that have occurred recently or are planned in the next year. Explain how your organization has significant enough capacity to administer these dollars within the community.*

## BUDGET

***TOTAL expenses and TOTAL revenue attributable to THIS PROGRAM ONLY.***

**If program is new, complete the "Proposed 2010" column only.**

**Include in budget narrative an explanation of those items with an asterix, and any budget variance of 10% or greater.**

Expenses	Current	Proposed 2010	\$ Difference	% Difference
Direct program personnel, related salaries, benefits, and payroll taxes				
FTE's (full-time equivalent)				
Additional administrative/support personnel and related expenses				
Insurance				
Materials/supplies for program operation				
Equipment (rentals, purchases)				
Occupancy (rent, mortgage, utilities, telephone)				
*Contracted services				
Training, travel, professional fees				
*Direct financial assistance to clients				
*All other expenses (itemize in budget narrative)				
<b>Total Expenses</b>				
SUPPORT AND REVENUE	Current	Proposed 2010	\$ Difference	% Difference
United Way of the River Cities				
Contributions from other charitable orgs/foundations including other United Ways				
Contributions from corporations/businesses				
Contributions from individuals ( <i>including gifts, sponsorships &amp; membership dues</i> )				
Government Grants & Reimbursements:				
<b>Local:</b>				
<b>State:</b>				
<b>Federal:</b>				
Client Fees ( <i>including insurance/third party reimbursement</i> )				
Special Events ( <i>net</i> )				
Investment Income				
Miscellaneous income ( <i>including sales</i> )				
Other revenue:				
Other revenue:				
Other revenue:				
<b>TOTAL SUPPORT AND REVENUE</b>				
<b>Indirect (overhead) cost (cannot exceed 10% of grant)</b>				
<b>% PROGRAM budget funded by United Way</b>				

**BUDGET NARRATIVE (*maximum one page*)**

*Please provide comments for those items in the budget identified by an asterisk. Itemize the line item "all other expenses." If you completed the line item "Direct Financial Assistance to Clients," please be specific in your explanation of this item. You also may provide any comments for those items that you feel need further clarification.*

### Logic Model

Refer to "Program Description" (page 8) when completing this section.

<b>Inputs</b> (i.e. staff, volunteers, equipment, facilities)	<b>Activities</b> (i.e. food baskets, medications, utilities assistance)	<b>Outputs</b> (i.e. # of people who receive food order, # of individuals served a hot meal, # people receiving utilities assistance)	<b>Outcomes</b> (i.e. family sleeps in a warm home; children receive nutritious meals) <b>Transfer these same outcomes to outcomes column on next page</b>

**Logic Model continued**

<b>Outcome</b> (i.e. family sleeps in a warm home; children receive nutritious meals)	<b>Indicator</b> (i.e. # and % individuals receiving assistance when requested)	<b>Data Source</b> (i.e. Information and Referral)	<b>Data Collection Method</b> (i.e. consultation Information and Referral; client interview)

Use this page to list the benchmarks you will use to determine your progress towards the outcomes listed in the logic model on pages 11-12.

Outcome	Benchmark

### **Clients by Geographic Area Served**

Provide the number of clients served by this program last year in each of the following geographic areas.

<b>Geographical Area</b>	<b># of Clients Served</b>
--------------------------	----------------------------

Cabell County

Wayne County

Mason County

Lincoln County

Lawrence County, Ohio

**If you maintain a waiting list, how many people are on it?** \_\_\_\_\_

**Reason for waiting list:**

\_\_\_ Lack of funding for staff and supplies

\_\_\_ Lack of physical facilities

\_\_\_ Location precludes access to those desiring service

\_\_\_ Other (explain) \_\_\_\_\_