

## 2012 United Way Grant Application Cover Sheet

<b>Agency and Program Information</b>		
Please answer all of the questions in reference to the specific program requesting funding.		
1. Agency Name:		
2. Agency Address:		
3. Agency Phone:	4. Agency Fax:	5. Agency Website:
6. Agency Mission Statement (one sentence):		
7. Program Name:		
8. Program Purpose Statement (one sentence):		
9. United Way Impact Area this program addresses(select only one):		
<input type="checkbox"/> Ready Children <input type="checkbox"/> Self-Sufficient Families/Emergency Services <input type="checkbox"/> Independent Adults <input type="checkbox"/> Successful Youth <input type="checkbox"/> Self-Sufficient Families/Empowerment Services		
10. Amount of Funds Requested for this program*:		
Projected # of Units of Service <small>(i.e. patient visits, meals delivered, days of care, bed nights, counseling sessions, home visits)</small>	\$ <b>X</b> Projected Cost (Per Unit of Service)	\$ = Total Grant Request (Per Year)
<small>* Refer to criteria 4g. on page 3 of Application Form</small>		

The information in this application is true and correct to the best of our knowledge.

\_\_\_\_\_  
Agency Executive Director

\_\_\_\_\_  
E-mail

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency Board President/Chair

\_\_\_\_\_  
E-mail

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## 2012 United Way Grant Application

**1. Community Need:** Quantify the need for this program in our community. Use specific local data and include substantiation of unmet need.

**2. Service Delivery:**

**2a.** What specific objectives within the United Way Impact Area does this program meet?

**2b.** Briefly describe the services provided by this program (who, what, where, when, how)

**3. Measurable Outcomes:**

Please complete the chart below in reference to the specific program requesting funding. Please list a minimum of two outcomes that your program has already been tracking. Complete the chart using data that you have collected in the past year (or two). Data used must be local data obtained using local residents in your local program. *Examples are italicized.*

What are the desired impacts that you want to achieve with clients in this program?	What are the measurement tool(s) utilized by this program to collect your data?	What are the results (or measured outcomes) of this program, as evidenced by data collected over the past year?
<i>Children, matched with mentors, will demonstrate an improvement in school performance.</i>	<i>Performance Outcome Evaluation (POE)</i>	<i>A total of 350 youth were matched with mentors in 2011. 78% of children enrolled in the program in 2011 improved their academic performance.</i>
<i>Survivors of domestic violence will achieve economic independence while residing in the shelter.</i>	<i>Intake assessment form, case management files</i>	<i>A total of 180 persons received shelter care in 2011. 70% of shelter residents in 2011 who were unemployed, became employed while residing at the shelter.</i>
<i>The nutritional status of clients receiving meals will be maintained or improved.</i>	<i>Uniform assessment instrument (UAI)</i>	<i>A total of 200 clients received home delivered meals in 2011. The percent of clients who reported nutritional well-being increased from 83% to 87%.</i>

**4. Grant Request**

Identify the agency's fiscal operating year\*  Fiscal Year (FY)  Calendar Year (CY)

\*Should match selected year on Budget Form

**4a.** How many unduplicated clients/ per FY or CY were served by this program in:

2008 \_\_\_\_\_ 2009 \_\_\_\_\_ 2010 \_\_\_\_\_ 2011 \_\_\_\_\_

**4b.** What is a “unit of service” for this program? (i.e. patient visit, meals delivered, a day of care, bed nights, counseling sessions, home visits, etc.)

**4c.** How many units of service were provided by this program in FY or CY:

**2008** \_\_\_\_\_ **2009** \_\_\_\_\_ **2010** \_\_\_\_\_ **2011** \_\_\_\_\_

**4d.** What is the cost per unit provided? Explain how the cost per unit is determined.

**\$** \_\_\_\_\_ **2008**      **\$** \_\_\_\_\_ **2009**      **\$** \_\_\_\_\_ **2010**      **\$** \_\_\_\_\_ **2011**

**4e.** Explain any significant changes in the units of service, revenues or expenses related to this program.

**4f.** After taking into consideration the changes in revenue or expense provide a reasonable projected cost per unit of service for 2012.

**\$** \_\_\_\_\_ **Projected 2012 cost/unit of service**

**4g.** Amount of Funds Requested for this program (should match request on Application Cover Sheet):

	\$		\$
_____	<b>X</b>	_____	<b>=</b>
Projected # of Units of Service (i.e. patient visits, meals delivered, days of care, bed nights, counseling sessions, home visits)		Projected Cost (Per Unit of Service)	Total Grant Request (Per Year)

### **5. Overall Community Impact**

How does this program create a unique and valuable impact in our community?

**6. Education, Income and Health:** For the grant funding cycle beginning in 2014, United Way of Harrisonburg and Rockingham County will adopt the three impact areas established by United Way Worldwide: Education, Income and Health.

Please read the definitions of these impact areas below and check which one you believe best aligns with the program you have described in this application.

- Education: helping children and youth achieve their full potential
- Income: helping families become financially stable and independent
- Health: improving people's health

## 7. Budget Form

Budget Form is attached

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### Application Instructions:

- Applications must be no longer than 6 pages, including the cover sheet and the budget sheet.
- Applications must use Arial size 11 font.
- Applications must be submitted electronically in a pdf format.
- Applications must be submitted to [betsy.hay@uwhr.org](mailto:betsy.hay@uwhr.org) no later than January 16, 2012 at 5:00 PM.