



2020 UNITED WAY INVESTMENT GRANT APPLICATION

Applications Accepted until 11:59 p.m. April 1, 2020

United Way of Central Arkansas is accepting grant applications for the 2020/2021 grant year.

To be eligible for allocation consideration from the United Way of Central Arkansas Investment Grant, your agency must meet **ALL** of the following criteria:

- Provide a human service to residents of Faulkner, Perry, Van Buren County, and/or Conway County;
- The organization must be recognized by the Internal Revenue Service (IRS) as a tax-exempt organization under 26 U.S. Code 501(c) 3 and to which contributions are tax deductible pursuant to 26 U.S.C. 170(c)(2) and the organization is classified as a public charity under U.S.C. 509(a). **A copy of the most recent IRS Determination Letter will be required (Attachment A)**
- File IRS form 990, or pro forma IRS for 990 and show copy of such filing for a period ending no more than 18 months prior to January 2019. **(Attachment B)**
- Have a Certified Public Accountant conduct an audit every other year. The audit must include a management letter and if need be, an action plan for rectifying any deficiencies noted in the management letter. **(Attachment C)**
- Have an active local Board of Directors or Advisory Board (Residing in Faulkner, Perry Van Buren, and/or Conway County) **(Attachment D)**
- Have a policy of non-discrimination (board, staff, volunteers and clients); **(Attachment E)**
- Procure and maintain valid and adequate policies of insurance regarding fire, loss, casualty, indemnity, and general and professional liability if applicable;
- Have written policies on Board Membership and Governance in bylaws; **(Attachment F)**
- Have at least one part time or full time paid employee;
- List of Board of Directors meeting dates during the past 12 months when a quorum was present and the month that you elect new board members;
- Have an overall agency operating budget **(Attachment G)**.

APPLICATION GUIDELINES

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All information requested must be included for consideration. Handwritten proposals will not be considered.

Email your application to grants@uwcark.org

The following factors are considered, although not exclusively, in reviewing proposals:

- Potential benefit to the community
- Capacity of the organization to achieve the results outlined in the proposal
- Program delivers measurable outcomes for the project
- Potential for sustainability beyond grant period
- Evidence of cooperation or collaboration with other organizations working in the same field
- Evidence of local financial support and the likelihood of future support for the project or program
- Innovation and creativity of the approach
- Willingness to help with the annual United Way Campaign
- Willingness to have a United Way Campaign within your agency

The following requests are **not** considered:

- Requests for support under \$5,000 (requests for \$5,000 and below should submit during the mini-grant cycle in the fall.)
- Support for annual fundraising campaigns
- Support for capital campaigns
- Projects that address sectarian religious purposes
- Projects that are political in nature or have a political bias

CHECKLIST OF REQUIRED DOCUMENTS

- A. A copy of the most recent IRS Determination Letter
- B. A completed copy of the IRS Form 990 or pro forma IRS for 990 including signature in block marked "Signature of Officer", regardless of whether the IRS requires the organization to file this form.
- C. Most Recent Audited Financial Statement
- D. Current List of Board Members
- E. Copy of non-discrimination policy
- F. Copy of Agency By-Laws
- G. Agency Budget

Part I: ABOUT YOUR ORGANIZATION

Name of organization	
Street Address	
Mailing address (if different)	
City, State, Zip	
Phone	
Website	
Employer Identification #	
Name of top executive staff	
Title	
Phone	
Email	
Name of contact for application (if different from above)	
Title	
Phone	
Email	

Part II: ABOUT THE PROGRAM

Program Name			
Amount Requested			
Amount Received in Prior Funding Cycle			
Which general area of focus does the program fall under? Please pick one.	Education	Financial Stability	Health

Mission Statement

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Brief Program Description

- How does this program fit your mission?

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Statement of Need

Description: A condition in the community that needs to be changed.

- Provide documentation of the nature and extent of the need within a given population.
 - How the need was identified?
 - What sources verified it?

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Statement of Impact

- What will United Way funding allow you to do that otherwise could not be done?
- What effect will the program have on the entire population or problem? Why is this important? Example: \$20 a month provided a low-income child with 6 weeks of counseling.

Community Collaboration

- How do you work collaboratively to provide these services?
- What part of your services enables you to work with other groups to address this issue for the community?

Part III: PROGRAM MEASURES

Total Funded Program Inputs

DEFINITION: Resources the program used to achieve program outcome objectives.

Example: Staffing, Volunteers, Building, Equipment

Program Objectives

DEFINITION: Attainable & measurable statement of intended effects of program on knowledge, skills, attitudes, behavior, or conditions of clients.

Objectives will answer: The program will do what, under what conditions, for what time frame & to what extent.

Example: Expand the number of individuals served by the program by 80% in 12 months

Program Services

DEFINITION: Specific activities program enacted to meet objectives.

Describe what staff and participants actually did.

Example: Participants did (XYZ). Staff did (XYZ).

Total Funded Program Outputs

DEFINITION: Actual numbers of clients served by each program service.
(Program services) provided (X) clients in the activity.
Example: Daily fitness program engaged 20 clients

Outcome Measures

DEFINITION: Specific information you will test that will reveal your programs level of achievement
of its outcome objectives
(How you know the participants achieved outcome)

Evaluation Plan

DEFINITION: Method for collecting information which will determine if the program outcome
objectives are accomplished
Example: Survey, Test, Intake/Exit exams, Observations

Part IV: GEOGRAPHICAL AREA SERVED & TARGET POPULATION

Are your programs restricted to certain cities or parts of cities? If yes, where?

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County Data

Number of Clients in Faulkner County	
Number of Clients in Conway County	
Number of Clients in Perry County	
Number of Clients in Van Buren County	

Client Totals

Actual number of units of service 2019-2020	
Proposed number of units of service 2020-2021	
Actual number of unduplicated count of clients served 2019-2020	
Proposed number of unduplicated count of clients served 2020-2021	

Client Population & Conditions

Number of Clients Served by Age Group		Number of Clients Served by Ethnic Group	
0-6		Asian/Pacific Islander	
7-12		African American	
13-17		Hispanic/Latino	
18-25		Native American	
26-35		White/Euro American	
36-45		Other	
46-55		Unknown	
56-65			
66 & older			

# of Persons in Household	Household Income							
	Extremely Low	# of clients in Extremely Low	Very Low	# of clients in Very Low	Low	# of clients in Low	Moderate or More	# of clients in Moderate
1	\$0-\$13,950		\$13,951-\$23,250		\$23,251-\$37,150		\$37,151+	
2	\$0-\$16,460		\$16,461-\$26,550		\$26,551-\$42,450		\$42,450+	
3	\$0-\$20,780		\$20,781-\$29,850		\$29,851-\$47,750		\$47,751+	
4	\$0-\$25,100		\$25,101-\$33,150		\$33,151-\$53,050		\$53,051+	
5	\$0-\$29,420		\$29,421-\$35,850		\$35,851-\$57,300		\$57,301+	
6	\$0-\$33,740		\$33,741-\$38,500		\$38,501-\$61,550		\$61,551+	
7	\$0-\$38,060		\$38,061-\$41,150		\$41,151-\$65,800		\$65,801+	
8	\$0-\$42,380		\$42,381-\$43,800		\$43,801-\$70,050		\$70,051+	
	Totals							

PART V: PROGRAM BUDGET

Program Revenue		
	Actual FY 2019-2020	Proposed FY 2020-2021
United Way Grant		
Foundation & Private Grants		
Government Support		
In-Kind Support		
Client/Program Service Fees		
Fundraising/Special Events		
Investment Income/Interest		
Contribution and/or Sales		
Miscellaneous Revenue		
Total Revenue		

Program Expenses		
	Actual FY 2019-2020	Proposed FY 2020-2021
Salaries		
Benefits/Taxes (Program Staff)		
Professional Fees		
Program Supplies & Equipment		
Occupancy & Utilities		
Travel & Vehicles		
Advertising & Promotions		
Fundraising		
Insurance		
Interest		
Specific Assistance to Individuals		
Miscellaneous Expenses		
Total Expenses		

Additional Budget Narrative

(What is the total cost of the program you wish to provide?)

What is the cost to the community if the program were not available?

(Examples: repercussions monetarily and behavioral, such as cost of juvenile detention in monetary and behavioral ways to our community)

What is your long-term plan for sustaining this program?

**Will the funds provided by United Way of Central Arkansas be matched by another agency, program, grant or foundation?
If Yes, by how much?**

PART VI: AGENCY ACTIVITY

YES NO

- Were you able to pay all regular operational expenses within 60 days of the due date?
- Have you been able to maintain your 501 (c) 3 Tax Exempt Status?
- Did you buy or sell real estate?
- Did you hold any fundraising events in which expenses exceed 50% of the revenue?
- Did you become or remain delinquent in the transmission of employee payroll taxes to the IRS, State of Arkansas?
- Were any legal suits filed or threatened against you asking for judgment in excess of 2% of your organization's total assets?
- Were any grant awards of any kind withheld from your agency, either in part or in full?
- Did you request an advance payment of any grant allocation, either in part or in full?
- Were any major revenue sources either non-recurrent or known to be uncertain for continuation?
- Did your agency operate in a deficit within the past fiscal year?
- Do you volunteer for United Way of Central Arkansas?
- Do you advertise for United Way of Central Arkansas events & programs?

PART VII: SIGNATURE PAGE

I, _____, am the duly appointed representative of _____ authorized to certify and affirm all statements enclosed in this application. I agree that I have read all the information presented in the document and affirm their accuracy. In addition, by submitting this application, the organization named in this application acknowledges and agrees to comply with that certification.

Print Organization Name:	
Signature:	
Print Name:	
Title:	
Date:	