



Tri-County Kentucky United Way

2019 APPLICATION FOR FUNDING Tri-County Kentucky United Way

Thank you for your interest in applying for funding from the Tri-County Kentucky United Way!

To be eligible for funding, your organization must be:

- A valid 501(c)3 organization or local school district program.
- Serve individuals in Marion, Nelson and/or Washington Counties.
- Be a health and human service organization providing service in at least one of the following United Way priority areas:
 - Education
 - Financial Stability
 - Health

The deadline for submission of this application is **12:00 noon on November 15th, 2018.**

Please **submit two (2) hard copies** of your full application **AND email a full application packet to director@tricountykuw.org.**

The following must be submitted WITH your completed application packet:

- Program budget for the program for which you are seeking funding (please use attached form).
- Signed copy of Agency Agreement (please use attached form).
- Anti-terrorism Compliance (please use attached form).
- Most recent agency Financial Statement/Audit/990 (as applicable).
- IRS letter confirming your exempt status under the 501(c)3 status or as a school.
- Current Board roster with designation of officers and affiliations.
- A copy of your Non-Discrimination Policy.
- A success story from program for which you are seeking funding. Please do not use real names.
- Program/Agency brochure.
- Most recent annual report and/or newsletter, if applicable.
- Copy of your registration with Kentucky Secretary of State (available through <https://app.sos.ky.gov/ftsearch/>).

Your full application and attachments will be reviewed by the Allocations Committee. Someone will be contacting you at the end of January 2019 to schedule a meeting to discuss your application and program.

Thank you for your cooperation!

**2019 Application for Funding
Tri-County Kentucky United Way**

| AGENCY INFORMATION | |
|---|--|
| Full Name of the Organization | |
| Mailing Address | |
| City, State and Zip Code | |
| Agency Phone Number | |
| Executive Director/CEO Name | |
| Email Address | |
| Contact Person for this Application | |
| E-Mail Address | |
| Phone Number (Local) | |
| Agency Website | |
| Agency's Mission Statement | |
| EIN number | |
| What is your IRS designation (ie. 501(c)3, etc.)? | |
| What internal controls are in place to ensure that finances are securely handled (ie. dual signatures, board oversight, etc.)? | |
| # of people served by your organization overall | |
| Total # of paid agency staff | |

| | |
|--|--|
| Total # of agency volunteers | |
| What volunteer opportunities are available at your organization? | |
| Are you anticipating any volunteer or staff leadership changes at your agency/program in 2019? If so, please explain. | |

| 2019 FUNDING REQUEST INFORMATION | |
|---|--|
| Program Name for which you are seeking funding | |
| Total Program Budget | |
| Total Amount Requested for 2019 | |
| Total Amount Received in 2018 for this program | |
| Reason for any increase/decrease from prior year | |
| 2019 Request is _____% of Total 2019 Program Budget | |
| What specifically will TCKY UW funds be used for? Please be specific – ie. supplies, staff, materials, etc. | |
| Will any requested TCKY UW dollars be used for matching funds for another grant? | |
| If only partial funding can be awarded, how will program be adjusted? Would you be able to implement full proposal by using other funding sources? | |

PROGRAM INFORMATION

Please be concise, but informative, in your application responses.

Please provide a brief description of the program for which you are seeking funding.

Which United Way priority area is this program addressing (you can pick more than one)?

_____ Education

_____ Financial Stability

_____ Health

Describe the community problem that this program will address. Please include at least one current statistic (with citation) that most profoundly demonstrates the need for your program.

How does this program address the United Way priority area(s) and the community problem?

What counties does this program serve?

_____ Marion

_____ Nelson

_____ Washington

Please describe the target population/eligibility requirements for this program (ie. age, income level, county of residency, gender, etc.)? What is the client profile of individuals served?

Please estimate, if possible, the number of clients in this program that are (this is not mandatory):

- Employed (any number of hours) _____
- Employed part-time _____
- Employed full-time _____
- Unemployed _____
- Low-income _____
- Grandparent/extended family raising children _____
- Single parent households _____
- Veteran, active-duty military, or military spouse _____
- Senior on fixed income _____
- Disabled adults and seniors _____
- Substance User _____
- Recovering Substance User _____
- Homeless _____
- Immigrant/non-English speaking _____
- Children under the age of 18 _____
- At-risk youth _____
- Total Number of clients served: _____

Is there a waiting list for the program, and if so, how many are on the waiting list?

Do you charge a fee for services?

How do you collaborate with other local organizations to improve client successes/outcomes?

How is your program different from other programs offering similar services in your community?

How does/will your program identify itself as a United Way Community Partner?

Output and Outcome Information

It is important for us to know the impact of your program's services so that we can more appropriately tell your story and that of the United Way network (all of our Community Partners). Therefore, please fill in the information below so that we can better understand your impact.

Outputs:

| | 2017 | 2018 | 2019 (projected) |
|--|------|------|---------------------|
| # served in this program in Marion County | | | |
| # served in this program in Nelson County | | | |
| # served in this program in Washington Cty | | | |
| Total # served in this program | | | |

Please explain any significant changes in number of individuals served/projected to be served.

Please list your current (2018) objectives/outcomes and results from 2017 or 2018 YTD (ie. 75% of your clients will improve their job readiness skills. 2017 or 2018 YTD outcome result = 78%):

- 1.
- 2.
- 3.
- 4.
- 5.

Please provide any additional results, demographics and/or statistics on your program's successes and accomplishments.

What are the barriers/obstacles that you have experienced in terms of service delivery and/or to your client's success?

How are services/outcomes for this program currently measured (how do you know if you have achieved your desired results – ie. client surveys, monthly reports, client case notes, follow-up, etc.)?

What are your projected objectives/outcomes for 2019 as they relate to United Way's priority area(s) that you chose (Education, Financial Stability and/or Health). Please provide at least three outcomes. Here are some suggestions; feel free to use/add your own projected outcomes:

Education (help children/youth to be successful in school)

1. Improve school Readiness.
 - ____ % of children will achieve developmental milestones.
 - ____% of children will be proficient on school readiness assessments.
 - ____% of children/youth will _____.
 - _____.
2. Improve academic performance.
 - ____% of students will improve grades.
 - ____% of students will improve school attendance.
 - ____% of students will _____.
 - _____.
3. Increase involvement in positive activities.
 - ____% of students will be engaged in structured after-school activity.
 - ____% of students will increase involvement in extra-curricular activities.
 - ____% of children will _____.
 - _____.
4. _____.
 - ____% of children will _____.
 - _____.

Financial Stability (create pathways to financial stability through employment and education)

1. Improve financial knowledge and management.
 - ____% of participants will gain financial knowledge.
 - ____% of participants will improve financial position.
 - ____% of participants will _____.
 - _____.

2. Improve access to employment and career growth.
 - ____% of participants will improve their employment readiness skills.
 - ____% of participants will gain employment/maintain employment.
 - ____% of participants will _____.
 - _____.
3. Decrease barriers to education and employment.
 - ____% of participants will secure a reliable transportation source.
 - ____% of participants will _____.
 - _____.
4. Increase access to assistance in time of crisis.
 - ____% of clients will no longer be in jeopardy of utility shut-off, eviction, or homelessness.
 - ____% of clients will receive legal representation that addresses their issue.
5. _____.
- ____% of participants will _____.
- _____.

Health (promoting health, independence and safety)

1. Improve physical and/or mental health.
 - ____% of participants will improve their quality of life due to mental health services or medical assistance.
 - ____% of clients will become newly enrolled in health insurance, services or benefits.
 - ____% of clients will be successfully working towards sobriety.
 - ____% of participants will _____.
 - _____.
2. Increase access to safe housing and independent living.
 - ____% of clients will be provided with temporary, safe shelter due to a crisis situation.
 - ____% of clients will be transitioned into safe, healthy, affordable housing.
 - ____% of older adults or individuals with disabilities will improve quality of life due to services that allow them to live more independently.
 - ____% of clients will improve their lives following a disaster.
 - ____% of participants will _____.
 - _____.
3. Improve access to food stability/basic needs.
 - ____% of clients will maintain a consistent food supply for themselves/their children.
 - ____% of children will be happier/have improved grades due to consistent food supply.
 - ____% of clients will receive clothing, hygiene supplies or household goods to improve quality of life.
 - ____% of participants will _____.
 - _____.
4. _____.
- ____% of participants will _____.
- _____.

2019 Program Budget

Please complete the following budget (Income and Expenses) for the program for which you are requesting funding.

| 2019 Program Budget - Income | | | |
|------------------------------|------------------------|---------------|-----------------|
| Funding Source | Secured or Anticipated | Dollar Amount | Year of Funding |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Total Funding | | | |

| 2019 Program Budget - Expenses | | | |
|--------------------------------|----------------------|---------------------------------|----------------------|
| Line item | Budget Justification | TCKY United Way Requested Funds | Total Program Budget |
| | | | |
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| | | | |
| Total Expenses | | | |

Please provide 2-3 examples of dollar values for your services (ie. \$120 provides food for 1 student on the weekends for a school year). Please use increments of \$5, \$10, \$25, \$50, \$100, \$120, or \$150.

1. _____

2. _____

3. _____

By participating in the Tri-County Kentucky United Way funding process, the undersigned has carefully read the application and reviewed the information contained in this proposal for accuracy and completeness. You further understand that an incomplete application or failure to provide the information requested, as well as late submission, will render the submission as non-qualifying and ineligible for funding or further consideration in this funding cycle.

The undersigned also understands that this grant submission is for the 2019 calendar year and will have to re-apply through the grant process for future year funding. Furthermore, if TCKYUW funds are granted to you, you will be asked to submit a mid-year report, which tracks your progress towards the outcomes that you have provided. These outcomes also allow TCKYUW to share successes with the public and United Way donors. This report template will be provided to your agency upon receipt of funding and will be due to TCKYUW by July 15th, 2019.

The undersigned also understands that if this proposal is funded, failure to meet the proposed objectives or deliver the level of services, or loss of your non-profit status may disqualify the organization from receiving the full award or could disqualify the agency from participating in the following year's funding process. An Agency Agreement (attached) must be signed by authorized personnel within your organization and returned with this application for it to be passed on to the Allocations' Committee for review.

Board Chairperson/Chief Volunteer

Date

Executive Director/CEO

Date



**2019 Agency Agreement
For**

(agency name)

In order to share in the funds raised by the Tri-County Kentucky United Way, our program hereby agrees to:

- A. Cooperate and collaborate with other Agencies to prevent service duplication and promote effective services.
- B. Comply with all conditions and provisions governing supplemental fundraising activities as determined by the Tri-County Kentucky United Way Board of Directors in order to be eligible for **any** United Way funding:
 - a. Agency will make every effort to not conduct solicitations during the TCKY UW Campaign Drive, which is from September 1 through October 30. Agency events are acceptable if this is the best time of the year for your event.
 - b. There is to be no solicitation of a company's employees where payroll deduction campaigns are conducted and no payroll deduction campaigns on behalf of your agency.
- C. Keep complete and accurate records of accounts, which can be open to inspection by a representative of the Tri-County Kentucky United Way, if necessary.
- D. Be willing to submit to the United Way other reasonable information concerning finances, programs, etc. in accordance with the Board of Directors' or Allocation Committee's request.
- E. Ensure that the general public has the same access to services and goods provided by your agency that employees and volunteers of your agency have. No one shall have early access or special access to services and goods. Any special circumstance should be noted in writing and approved by the agency's board of directors and available for public inspection and knowledge upon request.
- F. Notify TCKY United Way, in writing, of any significant changes in the funded program or organizational structure that may affect the delivery of services prior to implementing the proposed changes. This includes, but is not limited to, a change in program philosophy, program model, client, delivery strategy, intended outcomes, indicators and results, etc. If a change does occur, TCKY United Way may ask for a revision to the funded application for further review by the Allocations Committee and Board of Directors.
- G. Submit a mid-year report (to be provided at a later date) of services at 6-months to the TCKY United Way (due July 15th, 2019).
- H. Have program information and the amount funded used in printed materials.

If approved for funding, payments will be mailed quarterly, starting on March 30, 2019 and subsequently on June 30, September 30, and December 30, 2019. Quarterly payments will be

contingent upon program results and actual receivable unrestricted funds secured by the Tri-County Kentucky United Way.

To insure fiscal and community accountability, I certify that this agency/program:

- Is recognized as exempt from taxation under the IRS Code, as well as from corresponding provisions of other applicable state, local and foreign laws or regulations.
- Will comply with all applicable legal, federal, state, and local operating and reporting requirements (e.g. generally accepted accounting principles, annual audit, 990, etc.).
- Will support the Tri-County Kentucky United Way campaign efforts by assisting with United Way campaign presentations (as requested by the United Way) to discuss the impact of services and the United Way.
- Will indicate that the funded program is supported by the Tr-County Kentucky United Way.

Agency Name: _____

Program Name: _____

Name of Authorized Person signing this form: _____

Title of Authorized Person: _____

Signature of Authorized Person

Date



Anti-terrorism Compliance Measures

In Compliance with the spirit and intent of the USA Patriot Act and other Counter-terrorism laws, the Tri-County Kentucky United Way requires that each agency certify the following:

"I hereby certify, on behalf of _____
(agency name), that all Tri-County Kentucky United Way funds and donations will be used in compliance with all applicable anti-terrorist financing and asset control laws, statues and executive orders."

Signature of Authorized Official (required): _____

Print Name: _____

Title: _____

Date: _____