



**July 1, 2018 – June 30, 2021
Community Partner Application**

(Organization Name)

2018 – 2021 ALLOCATION REQUEST BY PROGRAM:	
<i>Program Name</i>	\$ <i>Total 3-year Requested Amount</i>
<i>Program Name</i>	\$ <i>Total 3-year Requested Amount</i>
<i>Program Name</i>	\$ <i>Total 3-year Requested Amount</i>
<i>Program Name</i>	\$ <i>Total 3-year Requested Amount</i>
<i>Program Name</i>	\$ <i>Total 3-year Requested Amount</i>
TOTAL REQUEST:	\$

Signature of Chief Professional Officer

Date

Signature of Chief Volunteer Officer

Date

Application Due Date: March 2, 2018

Application Package Contents

The following is a list of all information that must be submitted with the Community Partner Application:

- UWWCC Signed Memorandum of Understanding (Original only)
- Signed Cover Sheet – Community Partner Application (Original & 15 copies)
- Completed Program Application – Sections I through VI (Original & 15 copies)
- Program Budget Cover Sheet – Section VII (Original & 15 copies)
- Program Budget Forms – Section VII (Original & 15 copies)
- Board of Directors list, including their contact information and years of service (Original & 15 copies)
- Financial Information:
 - Most recent year-end Statement of Financial Activities (Revenue & Expense Statement) and Statement of Financial Position (Balance Sheet), as presented to organization’s Board (Original & 1 copy)
 - Most recent IRS Form 990 or 990 EZ (Original & 1 copy)
 - For organizations with revenues over \$500,000: An audited copy of the financial statements by an independent CPA (Original & 1 copy)
 - For organizations with revenues between \$250,000 and \$500,000, a financial review by an independent CPA (Original & 1 copy)
 - For organizations with revenues between \$150,000 and \$250,000, a compilation by an independent CPA (Original & 1 copy)

*United Way may request additional information closer to the time of the actual decision-making process.

Applicants must submit BOTH a hard copy and an electronic copy of the application:

Please drop off or mail these documents to:

**Donna Osuch
United Way of West Central CT
440 North Main Street, Suite D
Bristol, CT 06010**

***Please email a copy of the program application with budget forms to:
ehill@uwestcentralct.org***

If you have questions regarding the application or the allocation process, please contact Donna Osuch at (860) 582-9559 ext. 401 or dosuch@uwestcentralct.org or Elizabeth Hill at ext. 406 or ehill@uwestcentralct.org

Program Application

(Please fill out this packet for EACH program request)

(Organization Name)

(Program Name)

Year 1 Requested Amount =	\$
Year 2 Requested Amount =	\$
Year 3 Requested Amount =	\$
Total Requested Amount for this Program =	\$

Program Manager Name

Program Manager Mailing Address

Program Manager Phone Number

Program Manager Email Address

Brief Program Description (Please describe the basic details about this program. Assume that those reviewing your application do not know anything about this program. Be sure to cover what issue you are trying to address and what impact or benefit this program has to the community):

Section I: Organization Information

Fiscal year-end agency legal status report for United Way funding requirements.

Governing Body

The organization agrees to maintain a governing body that assumes and fulfills the responsibility for managing the agency's affairs. The governing body shall meet regularly and voluntarily serve without compensation.

1) Organization certifies that the governing body is voluntary. Yes No

2) Organization certifies that the governing body has met _____ times in 2017.
Please provide meeting dates: _____.

3) What percentage of your governing body contributes financially to your organization on an annual basis? _____ %

Certification

The persons signing this application hereby certify by checking "Yes" or "No" below that this organization meets all the following conditions. All "No" responses require the organization to attach an explanation.

1) The organization is recognized by the Internal Revenue Service as tax-exempt under 26 U.S.C. 501(c)(3). Yes No

2) The organization is incorporated or authorized to do business in the state of Connecticut as a private non-profit organization, and is registered with the Connecticut Department of Consumer Protection, Public Charities Unit. Yes No

3) The agency is up-to-date in filing annual financial reports, in accordance with state law, or is exempt from filing. Yes No

4) The organization agrees and warrants that they do not discriminate against any person or group of persons except in the case of bona fide occupational qualification. The organization further agrees and warrants that they are in compliance with all laws and regulations of the United States and the state of Connecticut regarding equal opportunity and public accommodations with respect to their programs, clients, officers, employees and volunteers. Yes No

5) The organization has disclosed all investigations and/or legal proceedings, including the outcome of same, by federal, state or law enforcement authority involving the agency, or any director, officer or employee of the organization, which is based upon its charitable solicitation activities and/or delivery of program services and/or use of funds. Yes No

6) The organization carries Directors and Officers Liability Insurance. Yes No

Section II: Organization Summary Profile
(Data based on last fiscal year)

Full Organization Name: _____

Primary Mailing Address: _____

Physical Address of Main Facility: _____

Phone: _____

Fax: _____

Email: _____

Website: _____

Addresses of other locations: _____

Communities served: _____

Chief Professional Officer (President or Executive Director): _____

Chief Volunteer Officer (Board Chair): _____

Please provide the following totals:

Full-time employees: _____

Part-time employees: _____

Volunteers: _____

Clients (unduplicated): _____

Please provide your Administrative Overhead: _____%

If this percentage exceeds the 25 percent threshold, an explanation must be attached.

To calculate using IRS Form 990, add Part IX, Line 25, Column C (M&G Expense) to Column D (Fundraising Expense). Divide this sum by Part VIII, Line 12, Column A (Total Revenue).

To calculate using IRS Form 990-EZ, start with Part 1, Line 17 (Total Expenses) and subtract Part 1, Line 10 (Grants Paid). Subtract this amount by Part 1, Line 11 (Benefits to or for Members). Divide this amount by Part 1, Line 9 (Total Revenue).

Please list all United Ways from which you received funding in 2017 and amounts received):

Other Sources of Organization Funding Received in 2017 (and amounts received):

- Individual Donations = \$ _____

- Grants = \$ _____

- Government Funding = \$ _____

- Annual Fundraisers = \$ _____

- Other: _____ = \$ _____

_____ = \$ _____

Organization's Mission Statement: _____

Organization's Services (Describe the organization's basic services and populations served in 50 words or less): _____

Section III: Program Data Form

Target Populations in the UWWCC Region (Bristol/Burlington/Plainville/Plymouth):

Please indicate the projected characteristics of the target population to be served by this program in each category below based on the data collection procedures currently in use by the organization. Leave a blank space by any category for which you do not currently collect data. Note: If actual numbers are not available, please provided estimated % for characteristics. All % will be assumed to be an estimate unless indicated otherwise.

Populations:	Children (0 – 17)	Adults (18-59)	Seniors (60+)	Families (Households)
Total # Served				
Male				N/A
Female				N/A
<150% of Poverty Level*				
Individuals with Disabilities*				N/A
English as a Second Language*				N/A
African-American				N/A
Caucasian				N/A
Hispanic/Latino				N/A
Other				N/A
Bristol				
Burlington				
Plainville				
Plymouth/Terryville				
Other				

*Duplicated counts may occur.

Section IV: Detailed Program Description

1) Program Goals and Relationship to Mission: Please include ALL of the following: A) The mission of your organization and an explanation of how your program aligns with it. B) Program goals and proposed activities to meet those goals. C) Evidence of the effectiveness of your chosen program approach to address community needs. _____

2) Is this:

- A new program
- An expansion of an existing program
- A continuation of an existing program

If a new or expansion program, demonstrate your organizational capacity to implement the program: _____

If a continuation of an existing program, please provide outcome data for previous year(s):

3) Describe the community need that the proposed program will address and the impact the proposed program will have on the community. Please include ALL of the following: A) Most current data demonstrating community need (include data source); B) If there are similar programs in the area, please list these and explain why your program is unique and/or needs to be funded; C) How the program will impact the community. _____

4) How does this program align with United Way of West Central Connecticut's core building blocks (Education, Financial Stability & Health)? Please utilize the chart on pages 8-11 to select: A) The Building Block(s) that your program aligns with; B) At least one of the outcomes; C) For each outcome selected, choose at least one item from the "Services" column and one item from the "Indicator" column. Please provide a description of the outcome data/indicators you will track to demonstrate the effectiveness of your program to reach the outcome(s) you selected above.

NOTE: Many programs fit under multiple Building Block. Please select the one Building Block that most closely aligns with the program.

Building Block	UWWCC Outcome	Activity/Activities	Indicator(s)
Education	Families are actively engaged with their children in programs, activities, and/or experiences	<ul style="list-style-type: none"> • # of families, caregivers provided with information, resources, tools, trainings and/or teaching skills 	<ul style="list-style-type: none"> • # and % of children (0-5) who achieve developmental milestones
Education	Children are prepared for success in kindergarten	<ul style="list-style-type: none"> • # of children (0-5) enrolled in high-quality early childhood programs • # of policies promoted, enacted or modified to promote childhood success • # of early childhood staff trained to provide quality programs, services 	<ul style="list-style-type: none"> • # and % of children (0-5) who achieve developmental milestones • # and % of children (Grade K) served who are proficient on school readiness assessments

<p>Education</p>	<p>Youth demonstrate age-appropriate social, emotional and cognitive skills</p>	<ul style="list-style-type: none"> • # of children receiving literacy supports in grades K-3 • # of policies promoted, enacted or modified to promote childhood success • # of early childhood development staff trained to provide quality programs, services • # of policies promoted, enacted or modified to promote youth success • # of youth development staff trained to provide quality programs, services • # of elementary/middle/high school youth served who participate in school and/or community-based out-of-school time programs and/or receive individualized supports 	<ul style="list-style-type: none"> • # and % of children (Grades K-3) served who maintain satisfactory or improve school attendance • # and % of children (Grades 1-3) served who are proficient on school readiness assessments • # and % of children served reading at grade level • # and % of elementary/middle/high school youth served who maintain satisfactory or improve school attendance • # and % of middle/high school youth served who earn passing grades in core subject areas • # and % of middle/high school youth served who develop soft skills • # and % of youth served who transition from middle to high school on time • # and % of youth served who graduate high school on time
<p>Education</p>	<p>Youth become engaged in their community through increased volunteerism</p>	<ul style="list-style-type: none"> • # of policies promoted, enacted or modified to promote youth success • # of youth development staff trained to provide quality programs, services 	<ul style="list-style-type: none"> • # and % of middle/high school students who develop soft skills • # and % of middle/high school students who increase community/social services awareness • Total # of hours donated by middle and high school students through volunteerism • Total # of community organizations served by middle and high school youth through volunteerism

Financial Stability	Youth and adults build self-sufficiency through employment, education, and increased income	<ul style="list-style-type: none"> • # of youth served that receive job skills training • # of individuals served who receive job skills training • # of financial sector staff trained to deliver quality services • # of individuals served who access affordable housing, financial products, and services • # of policies promoted, enacted, or modified to promote economic mobility 	<ul style="list-style-type: none"> • # and % of youth served who gain post-secondary employment, further education, or credentials • # and % of individuals served who gain employment • # and % of individuals served who increase their wages • # and % of individuals served who increase disposable income by accessing benefits and/or reducing costs • # and % of individuals served who earn job-relevant licenses, certificates, and/or credentials • Total dollar amount of refunds returned to individuals/families through VITA
Financial Stability	Families and individuals work towards self-sufficiency by meeting basic needs	<ul style="list-style-type: none"> • # of individuals served who access affordable housing, financial products, and services • # of policies promoted, enacted, or modified to promote economic mobility • # of financial sector staff trained to deliver quality services 	<ul style="list-style-type: none"> • % of individuals served who increase disposable income by accessing benefits and/or reducing costs
Health	People in emotional or physical distress access timely services resulting in improvement in functioning	<ul style="list-style-type: none"> • # of individuals served with access to health care services • # of individuals served with access to health care insurance • # of policies promoted, enacted or modified to promote health • # of health sector staff trained to deliver quality services 	<ul style="list-style-type: none"> • % of children/adults served who adopt healthy behaviors

<p>Health</p>	<p>Older, isolated adults access services to increase their connection to their communities</p>	<ul style="list-style-type: none"> • # of individuals served participating in physical activity and/or healthy food access/nutrition programs • # of policies promoted, enacted or modified to promote health • # of health sector staff trained to deliver quality services 	<ul style="list-style-type: none"> • # and % of adults served who adopt healthy behaviors
<p>Health</p>	<p>Families and individuals gain access to community wellness programs</p>	<ul style="list-style-type: none"> • # of individuals served participating in physical activity and/or healthy food access/nutrition programs • # of policies promoted, enacted, or modified to promote health • # of health sector staff trained to deliver quality services 	<ul style="list-style-type: none"> • # and % of children/adults served who adopt healthy behaviors • # and % of adults served who achieve a healthy weight • # and % of mothers served who access prenatal care • # and % of babies served born at a healthy weight • # and % of children served who achieve a healthy weight

Section V: Program Logic Model

Program: _____ Organization Name: _____ UWWCC Building Block(s): _____

Resources/Inputs	Activities	Outputs	Short-Term Outcomes & Indicators	Community Impact/ Long-Term Outcomes & Indicators
What resources are needed to implement the program? Include: organization staff and volunteers, funding, key partner organizations and collaborators, materials/equipment/supplies, facility.	What activities will be implemented to address the identified community need? <i>Utilize Activities from Chart in Section IV</i>	What is produced through those activities?	What measurable changes will result from the program within 1-3 years? <i>Utilize Indicators from Chart in Section IV</i>	What measurable changes will result from the program within 3-6 years? <i>Utilize Indicators from Chart in Section IV</i>

Towns Served: _____

Community Need Addressed: _____

Section VI: Program Budget Cover Sheet

Directions:

In the separate Excel spreadsheet entitled “Program Budget Forms,” you will find four spreadsheets (see tabs at the bottom of the document). You are required to fill out a budget for each year of the funding cycle. On these spreadsheets, please fill out the cells that are blank. The highlighted cells are locked due to the fact that they are formula cells. Please ensure that each budget is all on one page when printed. In addition to filling out the budget forms, please answer the questions below:

1) Please take a moment to give greater detail on your other funding sources. If the funding is secured, please tell us when it was secured and the length of funding. If the funding is pending, please tell us the likelihood of receiving the funding (i.e. it is a grant you receive every year vs. a national grant with thousands of other applicants) and the date you expect to hear about this funding.

2) If you do not receive pending funding requests listed above, will you be able to implement the program? Please explain any adjustments you would make to the program (e.g. content, activities, staffing, number of clients served, etc.).

3) Provide information to assist the Allocation Committee in understanding the relative importance of United Way funding for this program; (e.g., it is the core-funding source; it allows us to supplement clients fees and offer a sliding scale, it helps us leverage funds from other sources, etc...) _____