**2022-2023 One Year Program Grants | APPLICATION FORM**

Please complete the following application for your grant request. If you have any questions relating to the submission of your application, please contact Mary Ambrose before February 25, 2022. Due to the blackout period, questions will not be entertained thereafter.

Submit the completed application and associated materials at www.unitedwaysela.org **only**, no later than 11:59pm Central Time on Monday, March 7, 2022. NO LATE applications will be accepted.

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| **ORGANIZATION INFORMATION** |

Organization Name:

Address:

Phone Number:

Website:

Executive Director’s Name:

Executive Director’s Email:

Executive Director’s Phone:

Federal Tax ID#:

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| **PROGRAM INFORMATION** |

Program Name:

Program Contact Person’s Name:

Program Contact Person’s Email:

Program Contact Person’s Phone:

**Grant Amount Request**:

Please include a brief summary of your program to be used in any UWSELA publications. [*100 words max*]

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| **POPULATION-LEVEL INDICATOR** |

**Population-Level Indicator Contribution**

Select one or more of the population-level indicators that best aligns with your grant request.

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| **STABILITY TODAY** | **PROSPERITY TOMORROW** |
| ∇ % of unemployed individuals (among people of employment age)  ∇ overall poverty rate  Δ % of households earning a living wage  ∇ % of families living with severe housing problems  ∇ % of children in poverty | Δ % of children entering kindergarten ready to learn  Δ % of individuals graduating high school on time  Δ % of individuals reading at grade-level  ∇ % of ALICE households  Δ % of individuals with financial capability skills |

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| **PERSONAL WELLNESS** | **VIBRANT COMMUNITIES** |
| Δ % of individuals who self-report good or better physical, behavioral or mental health  ∇ low birth rate  Δ % of vulnerable populations receiving high quality care | ∇ Rate of conviction  Δ % of households with access to basic resources in a community |

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| **PROPOSED GRANT DETAILS** |

**Please provide answers to the questions below regarding your proposed grant.**

1. What is the history and mission of the organization? What is the needs statement? Please use data to support the need. [*300 words max*]

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1. Who is your target beneficiaries (e.g. target population)? Please include the geographic scope that includes a demographic portrait and outreach strategies for the target population. [*300 words max*]

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1. Please provide the unduplicated count of the total **target** number of program participants planned to be served for the parish(es) working in:

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| Parish | Unduplicated Count Estimates |
| Jefferson |  |
| Orleans |  |
| Plaquemines |  |
| St. Bernard |  |
| St. Tammany |  |
| Tangipahoa |  |
| Washington |  |

1. Briefly describe the grant purpose as well as the proposed work and activities and how they will contribute to the outcome focus. [*500 words max*]

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1. How will the project or program produce the desired results?[*250 words max*]

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| **PROPOSED GRANT EVALUATION – LOGIC MODEL** |

Please refer to the Blueprint for Prosperity Program Grant Outcomes Menu to complete the Logic Model(s). Please choose **a maximum of 3 Grant Level Outcomes and Indicators**. A sample, completed logic model is given below.

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| **Sample Logic Model** | |  |  |  |  |
| **Outcome** | *People secure and maintain, living wage employment.* | | | | |
| **Indicator** | *% of participating individuals who secure and maintain stable, living wage employment.* | | | | |
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| **Activity Description** | **Output Results/Numbers** | **Indicator Results** | | | |
| *# of hours of job skills training* | *100 hours* |  | **Base** | **Percent** | **Achieved** |
|  |  | **Target** | *100* | *80* | *80%* |
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|  |  | **Instrument:** *case management software* | | | |
|  |  | **Notes:** | | | |

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| **(copy and paste as needed)** | |  |  |  |  |
| **Outcome** |  | | | | |
| **Indicator** |  | | | | |
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| **Activity Description** | **Output Results/Numbers** | **Indicator Results** | | | |
|  |  |  | **Base** | **Percent** | **Achieved** |
|  |  | **Target** |  |  |  |
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|  |  | **Instrument:** | | | |
|  |  | **Notes:** | | | |

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| **PROPOSED GRANT ADHERENCE TO GUIDING PRINCIPLES** |

As noted in our grant guidelines, all applicants should adhere to our guiding principles. Please explain briefly how you adhere to the following: [*100 words max for each*]

**CONNECTIVITY:** To what extent are you coordinating with other efforts and / or agencies in your target geography? To what extent are you creating programs and services that are viewed by your target population as trusted, culturally appropriate, accessible and without bias?

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**LIVED EXPERIENCE:** To what extent are you engaging those with lived experiences in your processes of determining needs, developing solutions and / or guiding decision-making?

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**LONG-TERM COMMITMENT:** To what extent have you created a plan for the long-term sustainability of your project or program?

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**SHARED RESPONSIBILITY:** To what extent are you engaging perspectives and / or actions from those across a variety of sectors?

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**SYSTEMS CHANGE:** To what extent are you addressing not just symptoms, but also root causes, of poverty?

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| **EQUITY** |

1. What does equity mean to your agency and/or program? How is your organization centering equity in your work? And if applicable, what is your equity statement? [*300 words max*]

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1. Describe how your organization is learning about and deepening your understanding of racial equity. Also describe how you use your learnings to develop equity strategies for program development and implementation and/or staff recruitment and advancement. [*300 words max*]

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1. How is your organization working to advance equitable outcomes in low income BIPOC communities? [*200 words*]

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1. To the best of your ability, please complete the chart below with the percentage breakdown of applicable categories.

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|  |  | Community / Residents Served | Program Staff | C-Suite Staff | Board Members |
| ***Example:*** | ***Asian*** | ***25%*** | ***10%*** | ***0%*** | ***10%*** |
| **Ethnicity** | Asian |  |  |  |  |
| Black |  |  |  |  |
| Latinx |  |  |  |  |
| Native American / Indigenous |  |  |  |  |
| White |  |  |  |  |
| Other (please specify): |  |  |  |  |
| **Age** | 0 – 5 years |  |  |  |  |
| 6 – 17 years |  |  |  |  |
| 18 – 34 years |  |  |  |  |
| 35 – 64 years |  |  |  |  |
| 65 – 74 years |  |  |  |  |
| 75+ years |  |  |  |  |
| **Gender Identity** | Male |  |  |  |  |
| Female |  |  |  |  |
| Transgender |  |  |  |  |
| Non-binary / non-conforming |  |  |  |  |
| **Employment Status** | Employed |  |  |  |  |
| Unemployed |  |  |  |  |
| Retired |  |  |  |  |
| Disabled |  |  |  |  |
| Other (please specify): |  |  |  |  |
| **Income** | ≤ 30% Area Median Income |  |  |  |  |
| > 30% but ≤ 50% Area Median Income |  |  |  |  |
| > 50% but ≤ 50% Area Median Income |  |  |  |  |
| > 80% Area Median Income |  |  |  |  |
| No income |  |  |  |  |
| **Client Type of Household** | Couple With Children/Dependents |  |  |  |  |
| Couple With No Children/Dependents |  |  |  |  |
| Female Householder With Children /Dependents - No Spouse/Partner |  |  |  |  |
| Male Householder with Children /Dependents - No Spouse/Partner |  |  |  |  |
| Single Household |  |  |  |  |
| Other |  |  |  |  |

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| **BUDGET NARRATIVE** |

**Revenue Narrative**

1. Detail out grants and contracts by source and amount; note if the funding is secured or pending.

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1. Provide detail on other funding sources, fundraising activities, etc. [*200 words max*]

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1. Discuss modifications that can be made to the above if program revenues are not at the level projected. [*200 words max*]

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| **GENERAL INFORMATION** |

Please confirm that the following are in place by checking the boxes:

Non-discrimination policy (addressing: practices in hiring staff; recruitment of volunteers; delivery of service)

Identification of any events that may threaten the viability of the organization (e.g., internal fraud or embezzlement; IRS problems; lawsuits)

Continuity of operations plan (details how essential functions will be handled during an emergency or situation that disrupts normal operations)

Liability insurance

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| **APPLICATION SUBMISSION CHECKLIST** |

Organizations must provide the information below in order to be eligible for funding. Select all that apply and ATTACH documentation for each:

2022-2023 Grant Application

2022-2023 Budget and Schedule of Positions

501c3 Determination Letter

Most recent audited financials, review or compilation with footnotes (or submit fiscal agent’s)

Most recent IRS 990 or IRS 990N (or fiscal agent’s)

Fiscal agent form (if applicable)

Volunteer Board Roster that includes race/ethnicity, age, gender, place of employment and contact information