

United Way of Harrisonburg and Rockingham County 2019 Tier 1 Grant Application Questions

Applications MUST be completed online. A link to the application can be found at <http://www.uwhr.org/how-to-apply-for-funding>.

Cover Sheet

1. Organization Name
2. Organization Address
3. Organization Phone
4. Organization Website
5. Organization Mission Statement
6. Program Name
7. Program Purpose Statement (one sentence)
8. If this application includes multiple organizations, please list the lead organization who will serve as the fiscal agent
9. Please also list any other organizations that are a part of this application.
10. Grant Request

Part I: Organizational Health

For applicants of Tier 1 funding, this will be used to inform priority areas for professional development opportunities offered by United Way.

A. Organizational Management

Does/Is the organization:

1. Have an annual work plan (goals and objectives for the current year) that correlates to the annual budget and is approved by the Board?
If "Yes", please attach.
If "No", please provide your reasoning.
2. Have a strategic plan (3-5 year range plan) approved by the Board?
If "Yes", please attach.
If "No", please provide your reasoning.
3. Have an accreditation, certification, or affiliation with any state or national organization?
If "Yes", please indicate by whom and describe the nature of this relationship/certification.
4. Licensed by any local or state organizations?
If "Yes", please indicate by whom and if the organization complies with all health and safety regulations.
5. Have a policy regarding protection of client information?

**United Way of Harrisonburg and Rockingham County
2019 Tier 1 Grant Application Questions**

6. Have a non-discrimination policy?

7. Have a policy for client and/or employee grievance?

If you responded "Yes" to either question 5, 6, and/or 7, please attach your Policy Manual (including Protection of Client Information, Non-Discrimination, Client/Employee Grievance, Conflict of Interest Policies, Harassment Policy, and/or Workplace Violence Policy).

If you responded "No", to either question 5, 6, and/or 7, please provide your reasoning.

8. Carry an appropriate level of commercial/business liability insurance and Directors/Officers Insurance?

If "Yes", how much is your coverage?

If "No", please provide your reasoning.

9. Comply with USA Patriot Act?

If "No", please provide your reasoning.

B. Human Resources

1. This organization currently employs ____ (a) ____ full-time staff and ____ (b) ____ part-time staff for a total of ____ (c) ____ FTEs.

2. Do all staff members have written job descriptions that have been reviewed within the last three years?

If "No", please provide your reasoning.

3. Is an annual performance review conducted on all staff?

If "No", please provide your reasoning.

4. Does the Board of Directors conduct a yearly evaluation of the Executive Director?

If "No", please provide your reasoning.

5. Does the organization comply with the Immigration and Naturalization procedures? (Federal I9 Form)

If "No", please provide your reasoning.

6. Does the organization identify in writing and compensate appropriately its exempt and non-exempt positions in accordance with the Fair Labor Standards Act?

If "No", please provide your reasoning.

7. Does the organization use volunteers? Note: Use of volunteers is not required.

If "Yes", does the organization provide job descriptions, training, and supervision for the volunteers? If you have a Volunteer Manual, please provide a copy at the site visit.

United Way of Harrisonburg and Rockingham County 2019 Tier 1 Grant Application Questions

If “Yes”, but the organization does not provide job descriptions, training, and/or supervision for the volunteers, please provide your reasoning.

8. Does the organization have training or access to training on cultural competency?
If “No”, please provide your reasoning and indicate if the organization would like support in this area.

9. Does the organization have a new employee orientation process in place?
If “No”, please provide your reasoning.

C. Board Governance

1. Are there By-Laws describing the work of the Board?

If “Yes”, please attach.

If “No”, please provide your reasoning.

2. Does the Board meet at least quarterly?

If “Yes”, please attach minutes from the last Board meeting.

If “No”, please provide your reasoning.

3. How many members serve on the Board?

If there are fewer than nine Board members, please provide your reasoning.

At least nine (9) are required. Please attach a copy of Board roster listing all Board members with designation of officers, including names, initial date of appointment, and indication of each member’s profession/occupation and/or community affiliations.

4. Are there term limits for officers and Board members?

If “Yes”, please indicate the length of terms.

If “No”, please provide your reasoning.

5. Does the organization have a Conflict of Interest Policy which is signed by all Board and staff members?

If “No”, please provide your reasoning.

D. Financial Management

1. Does the organization perform bookkeeping internally?

If “No”, who conducts the bookkeeping for the organization?

2. Does the Board review and approve the annual operating and capital budgets?

If “No”, please provide your reasoning.

3. Please attach a current year to date budget with comparison to actual.

United Way of Harrisonburg and Rockingham County 2019 Tier 1 Grant Application Questions

Please attach a prior year budget with comparison to actual.
Please indicate your fiscal year.

4. Does the Board receive at least quarterly financial statements prepared according to generally accepted accounting principles?

If "Yes", please attach the latest statement.

If "No", please provide your reasoning.

5. Does an independent CPA perform an audit (budgets of \$500,000 or more), financial review (budgets of \$250,000 to \$499,999) or compilation (budgets of \$249,999 or less)?

If "Yes", please attach a letter from the independent CPA that completed the appropriate review.

If "No", please provide your reasoning.

6. Does the organization complete the annual IRS Tax Form 990 (or 990-EZ where appropriate) by the end of the calendar year for the previous tax year?

If "Yes", please attach a copy of the latest form submitted.

If "No", please provide your reasoning.

7. Does the organization carry debt?

If "Yes", please describe the reasoning, the type (mortgage, bank line of credit, etc.), and the plans to pay off/pay down the debt.

8. Does the organization have a Financial Controls Policy?

If "Yes", please attach.

If "No", please provide your reasoning.

Part II: Alignment with United Way

The following are areas of needs that are high priority for our community, particularly for people living below the ALICE threshold. Please reference these in Parts II, III and IV (as appropriate), and demonstrate how your program defines and addresses the subcategories. (For example, *"based on local data, affordable housing for a family of four is defined as XXX. Our program provides assistance to individuals and families who require financial assistance to afford housing in our service area."*) Please see resources listed in 2019 Investment Priorities document for particularly significant pages from the 2017 ALICE Report.

**United Way of Harrisonburg and Rockingham County
2019 Tier 1 Grant Application Questions**

Priority Area	Desired Outcomes
Housing	Adequate for the clients' needs, affordable and safe.
Childcare	Quality (as defined by Virginia Quality standards), accessible and affordable
Transportation	Reliable and affordable
Education	Supplemental, quality learning opportunities for college and/or career readiness
Food	Healthy (meets daily nutritional requirements and standards), appealing (is culturally appropriate) and affordable
Healthcare	Accessible, preventative, and affordable
Life Skills Development	Financial literacy and workforce development

Part III: Strategy and Program Delivery

1. Describe the program being proposed. Include who will be served, how it empowers clients, frequency of services, amount of time spent with each client, and staff to client ratio. (800 words maximum)
2. How does the program align with and address United Way priorities as listed in Part I? Please list each one and explain how it addresses the priority area. (800 words maximum)
3. How does the program align with and address strategic plans and/or priorities at the local, state and/or national level? (800 words maximum)

Please complete the questions below in reference to the specific program requesting funding. Please list a minimum of two outcomes that your program has already been tracking. If you have not yet tracked outcomes, indicate what you intended to track and how. Use the extra spaces below if your organization has more than two outcomes. Additionally, complete the following questions using data from the past year (or two) where applicable. Data used must be local data obtained using local residents in your local program. Answer each of the following four questions per existing or desired outcome in the corresponding boxes. (Examples provided below)

United Way of Harrisonburg and Rockingham County 2019 Tier 1 Grant Application Questions

What are the outcomes that you have already achieved with clients in this program? If this is a new program, what are your targeted outcomes?	What measurement tool(s) do you use (or plan to use) to collect data on your program?	How many total clients were measured (do you plan to measure)?	What are the results of this program, as evidenced by data collected over the past year(s)? If no results yet reported, indicate "n/a".
<i>Children transitioning to Kindergarten will recognize numbers 0-9 in random order.</i>	<i>Pre-K Assessment Tool</i>	<i>70 children</i>	<i>A total of 70 children were enrolled in 2017. 78% of children enrolled in the program recognized the numbers in random order.</i>
<i>Adults, having training in a field that is in local demand, will get a job with higher pay, benefits and longevity.</i>	<i>Employment verification, pay stubs, household budgets and case manager documentation</i>	<i>10 adults</i>	<i>A total of 10 adults participated in the program. 70% of the participants received promotions or better jobs with benefits and stability.</i>
<i>Symptoms of depression, anxiety, anger and conflict in seriously psychologically distressed persons will decrease after the initial benchmarks.</i>	<i>Questionnaire #45</i>	<i>476 adults</i>	<i>A total of 476 persons participated in the questionnaire. 70% have shown a decrease in severe symptom distress. 100% report a greater understanding of the consequences of substance abuse and have reported positive changes.</i>

Part IV: Collaboration

Collaboration is a mutually beneficial relationship between two or more organizations that go above and beyond to work toward a common goal. Collaborations aim to reduce duplication, enhance effectiveness and decrease costs for services.

1. Please describe any active partnerships or collaborations in which this program is involved. (500 words maximum)
2. If you are not currently collaborating, what barriers/challenges have you faced that restrict your ability to collaborate? (500 words maximum)

Part V: Grant Request

Please enter exact dates of fiscal operating year: _____

Total Amount Requested: _____

Please show how you arrived at the 'Total Amount Requested' by completing the following questions in the chart below.

United Way of Harrisonburg and Rockingham County 2019 Tier 1 Grant Application Questions

What output is United Way funding through this program?	What is the unit cost of this service?	Total Services Proposed	Total Output Cost
<i>One year of before and after school care for one elementary age student. Includes supervision, assistance with reading and homework, snacks and activities.</i>	<i>\$1400 for one student for one year</i>	<i>20 students for one year</i>	<i>\$28,000</i>
<i>One adult English Language Learner achieving goals for one year. Includes: student book, use of computer lab, tutor support services.</i>	<i>\$500 for one student for one year</i>	<i>50 students for one year</i>	<i>\$25,000</i>
<i>One year of patient services for one patient enrolled in chronic disease management program. Includes all doctor, nurse, social worker, dietician visits and required prescriptions.</i>	<i>\$600 for one patient for one year</i>	<i>70 patients for one year</i>	<i>\$43,000</i>

What is the consequence to (cost of, if possible) to the community without this program/service?

Budget

Please attach a one-page 12-month budget for the program requesting funding using the provided budget template. If revenues are anticipated but not yet confirmed, please indicate.

Outcomes Report

If applicant is applying for the same program, please attach the last United Way Outcomes Report. Note: United Way Outcomes Reports are only required of currently funded agencies.