 **2022 – 2023**

**COMMUNITY PARTNER FUNDING APPLICATION**

<<<Insert name of agency, logo, mission statement and allocation amount requested>>>

\*Please complete an application for each program

**COMMUNITY PARTNER FUNDING APPLICATION CHECKLIST**

Completed Community Partner Funding Application

8 Paper Copies (3-hole punched and numbered)

Digital copy of complete application and attachments on flash drive

Attachment A: Client Statistics (Excel)

Form B: Funding Information (Excel)

Form G: Grant Information (Excel)

Form H: Fund Raising Activities/Special Events (Excel)

2021 Agency Financials (with comparisons of budget to actual)

2022 Agency Financials to date (with comparisons of budget to actual)

Most recent audited financials

990

Whistleblower Policy

Document Retention Policy

Conflict of Interest and Code of Ethics

Nondiscrimination Policy

Current Bylaws

Agency/Program Brochure

Board of Directors/Council/Committee Attachments

Items to be included in the Funding Application Packet

**SECTIONS:**

* Board Review Confirmation
* Program Delivery
* Outcome Measurement
* Evaluation
* Self- Evaluation
* Partnership
* Board of Directors
* Management
* Volunteers
* Diversity, Equity, and Inclusion

**ATTACHMENTS:**

* Attachment A – Client Statistics (Excel Sheet)

Fill in a sheet for each separate program that United Way funds. Fill in demographic information at the bottom of the spreadsheet. If you do not collect particular data, please indicate. Fill in numbers only, not percentages. Do not alter spreadsheets in any way.

* Form B: Funding Information (Excel)
* Form G: Grant Information (Excel)
* Form H: Fund Raising Activities/Special Events (Excel)
* 2021 Agency Financials (with comparisons of budget to actual)
* 2022 Agency Financials to date (with comparisons of budget to actual)
* Most recent audited financials and
* 990
* Whistleblower Policy
* Document Retention Policy
* Conflict of Interest and Code of Ethics
* Nondiscrimination Policy
* Current Bylaws
* Agency brochure

**INSTRUCTIONS:**

* Packets are due to the United Way office Thursday, **December 8, 2022 by 4 pm.**

**NO LATE SUBMISSIONS**

* Insert Agency’s name in header
* Submit **8** copies
* Digital copy of application and attachments, flash drive will be provided by UWCV
* Pages may be duplexed (2-sided)
* *All pages must be numbered (printed or handwritten)* ***including*** *attachments, except brochure*
* *Do not bind packets in folders or staple* as they will be placed in a 3-ring notebook with other materials for the volunteers
* **3-hole punch all packets**

**BOARD REVIEW CONFIRMATION**

The 2022-2023 Community Partner Funding Application Packet has been provided to the Board of Directors for review prior to submission.

Executive Director:

 (Printed)

 (Signature)

Board President:

 (Printed)

 (Signature)

**PROGRAM DELIVERY**

1. Name of program:

2. Programs/services provided:

3. Client definition, including service area, schools or counties served:

4. Program fees and charges:

5. State the need for this program and how that need was determined.

6. If the Agency has a verifiable waiting list for this program, please explain how those waiting are handled.

7. Describe any program issues. If major program changes have taken place or are planned, please indicate and explain.

8. What are the barriers or obstacles facing clients that the Agency serves?

9. Describe how United Way funds will be specifically used to support the program (If United Way funds provide scholarships/membership dues, etc., give number and unit cost).

10. If serving outlying counties, does the Agency solicit funds from any of those counties?

11. Total clients served in the program:

 2019

 2020

 2021

 2022 (to-date)

12. If there is a significant increase or decrease in numbers served, please explain.

13. Client statistics –Please use Attachment A (use separate sheets for youth and adults and for different locations or branches). Do not alter spreadsheets in any way.

**OUTCOME MEASUREMENT**

Outcomes are changes sought in the knowledge, attitudes, motivation, skills, behavior, condition, status, or other characteristics of a specific individual or group of individuals. Program outcomes are changes that program activities intend to create in program participants. Community outcomes are changes in a defined community population brought about by changing conditions in the community.

It is not only about serving individuals and families. Outcomes are about demonstrating how your programs have sustainably changed lives throughout the Concho Valley. Outcomes listed should show proven impact on a local level.

**(1) LOGIC MODEL**

 Inputs:

 Activities:

 Targeted audience/clients:

 Outputs:

 Outcomes (include all appropriate):

* + - Initial
		- Intermediate
		- Longer-term

**(2) IMPACT STATEMENT** (includes specific results, numbers, and comparisons to previous years):

**EVALUATION**

1. During the 2021-2022 Community Partner Funding Application process, did your agency receive any recommendations and/or concerns in your funding letter? If so, how have you addressed the recommendations and/or concerns? If you did not receive any recommendations or are a new applicant, please put N/A.

2. In addition to the outcome measurement system, are client satisfaction surveys done on a regular basis? If so, have the results been utilized to evaluate and improve the programs?

3. Is there a procedure in place for responding to client complaints? Are records kept?

4. Is the Agency in compliance with all applicable federal, state, and local laws, regulations, and licensing standards?

5. Does the Agency have a charter/licensing process by state or national affiliation or other accreditation/assessment? If so, describe the date of the last one?

6. Do you have a Whistleblower Policy? **Please attach documentation.**

7. Do you have a Document Retention/Destruction Policy? **Please attach documentation.**

8. Do you have a Conflict of Interest and Code of Ethics? **Please attach documentation.**

9. Do you have a Nondiscrimination Policy? **Please attach documentation.**

10. **Please attach a copy of your current Bylaws.**

**SELF-EVALUATION**

1. Please attach program materials prepared for public distribution in the Concho Valley (examples: letterhead, newsletters, brochures, annual reports, web pages, newspaper advertisements, signs, etc.)

2. Our agency referenced UWCV in any television or radio appearances (pertaining to the program and/or funding and in any press releases? If you are not a current partner, please put N/A.

Yes

No

N/A

3. Our agency ran an employee campaign and staff were encouraged to participate? If you are not a current partner, please put N/A.

Yes

No

N/A

4. Did your agency participate in UWCV events and/or speaking engagements? If you are not a current partner, please put N/A.

Yes

No

N/A

5. Please list below your primary (up to 5) collaborations with other nonprofits/government organizations and/or for-profit businesses. \* They do not have to be recipients of UWCV funding.

**PARTNERSHIP**

1. Please describe how your agency aligns with United Way of the Concho Valley’s current priority areas:

* To ensure all children are school ready by kindergarten and grade-level readers by 3rd grade
* To eliminate child abuse and domestic violence in the Concho Valley
* To provide access to all persons in need of mental health and substance use services
* Goal: Homelessness prevention and services

2. Please explain what your partnership with United Way of the Concho Valley means to your organization. In what ways is it successful? In what ways could it be improved? (More trainings provided by UW, connecting with community groups, etc.) We are looking for honest, constructive feedback to better serve you in this partnership.

**BOARD OF DIRECTORS**

1. According to the Bylaws –

1. What are the minimum and maximum numbers of Board Members?
2. What is the length of Board terms and consecutive years of service?
3. What constitutes a quorum for Board meetings?
4. What portion of the Board is elected annually?

2. Give date of last revision or review of the Bylaws and summarize latest revisions:

3. Does the Board:

1. Perform an annual assessment of its performance?
2. Perform an annual evaluation of the Executive Director?
3. Have written Code of Ethics and Conflict of Interest disclosure policies, and are members required to fill out and sign these documents annually?
4. Approve financial statements and the annual budget?
5. Review the organization’s Form 990 tax return and audit?
6. Participate in soliciting contributions and fundraising?
7. Make appropriate personal financial contributions?
8. Review and approve of written minutes of Board meetings?

4. What is the process for removing Board Members who are not active?

5. Board nominations:

1. Does the Board appoint a new Nominating Committee each year?
2. Are individuals from outside of the Board asked to serve on the Nominating Committee?
3. Is an ongoing cultivation list of potential Board Members maintained?

6. What is the current number of Board Members?

7. Short summary and date of Strategic Plan, with notes on progress made toward achieving the goals and strategies of the plan:

8. List here or attach a current roster of Board Members that includes contact information, occupations, committee assignments, terms and officers.

9. List here or attach a current roster of any advisory councils or committees.

10. List here or attach Board Members who have attended workshops or training during 2021 and 2022, along with the name of the workshop/training:

11. Full Board meetings are held (month, day, time, and place).

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |
| **Number of Board Members in attendance for last 12 months:**  |
| (leave blank if no meeting during that month) |  |  |
|  | **Board**  |  | **Executive Committee** |  |
| January |  |  |   |  |  |  |
| February |   |  |   |  |  |  |
| March |   |  |   |  |  |  |
| April |   |  |   |  |  |  |
| May |   |  |   |  |  |  |
| June |   |  |   |  |  |  |
| July |   |  |   |  |  |  |
| August |   |  |   |  |  |  |
| September |   |  |   |  |  |  |
| October |   |  |   |  |  |  |
| November |   |  |   |  |  |  |
| December |   |  |   |  |  |  |
|  |  |  |  |  |  |  |

12.

|  |  |  |  |
| --- | --- | --- | --- |
| **Demographics of Board Members:** |  |  |  |
|  |  |  |  |  |  |  |  |
| **Race** | **Male** |  | **Female** | **Approx. Ages** | **Male** |  | **Female** |
| White |  |  |  | Over 65 |   |  |   |
| Black |  |  |  | 51-65 |   |  |   |
| Hispanic |  |  |  | 36-50 |   |  |   |
| Asian |  |  |  | 21-35 |   |  |   |
| Other |  |  |  | Under 21 |   |  |   |
| **Total** |  |  |  | **Total** |   |  |   |

**MANAGEMENT**

1. Describe the Agency’s greatest accomplishments for the past year.

2. Have there been major budget changes/challenges such as moving expenses, grant revenue changes, staffing, growth, or decrease in services or reimbursements, technology, supplies, etc.?

3. Is there a business continuity plan in place, including cross-training for key positions in case of emergencies, sickness, or staff transition?

4. List here or attach staff members and best point of contact for the following:

Executive Director -

Community Involvement –

Program Director –

Development –

Marketing –

Operations/CFO –

5. List here or attach Staff Members and positions (include approximate length of employment).

6. Staff attendance at workshops/training/conferences during the past year:

# 7. Explain the process the Agency uses for screening Staff that have direct contact with children and youth to ensure their safety.

8. Describe any recent revisions to Personnel Policies and Procedures.

# VOLUNTEERS

# 1. List volunteer positions in the Agency.

2. How are volunteers recruited and trained?

3. How many individuals volunteered during the past year?

* If possible, please state the number of volunteer hours completed for your agency.

4. How many individuals volunteered for the first time last year?

5. Is there a method in place for feedback from volunteers?

# 6. Explain the process the Agency uses for screening volunteers who have direct contact with children and youth to ensure their safety.

**DIVERSITY, EQUITY, AND INCLUSION**

1. Does your agency have a diversity, equity, and inclusion statement or policy? (If so, please include the statement below).

2. Does your agency have an antiracism statement or policy? (If so, please include the statement below).