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**NORTH TEXAS AREA UNITED WAY APPLICATION COVER SHEET**

**2024-2025 Funding Request**

**Due Date: November 15, 2023 at 5:00 pm**

**Submit via email: funding@ntauw.org**

**To be eligible for consideration, the applicant must be a 501(c)3 organization located within the NTAUW Service Area. Proof**

**of eligibility must be attached to this application or it will not be considered.**

**CONTACT INFORMATION**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year Established: \_\_\_\_\_\_\_\_**

**Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Organization President/Executive Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Grant Contact Person (if different from President/Executive Director): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Grant Contact’s Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-Mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ORGANIZATION INFORMATION**

**Total Organization Budget: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total No. of Paid Staff: \_\_\_\_\_\_\_\_\_\_\_\_**

**Total No. of Board Members: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total No. of Volunteers: \_\_\_\_\_\_\_\_\_\_\_**

**Submitted by:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Printed Name: Executive Director Printed Name: President/Chair, Board of Directors**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature Date Signature Date**

**Total Amount Requested from NTAUW: $**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## In addition, applications must address one of the following United Way impact areas.

## **Please select only one category for each program or your agency**

\_\_\_\_\_ Education –Programs in this category promote learning in an effort to support children and adults, both in and out of the classroom. Programs or agencies that help children/adults learn and grow should be designated in this category.

\_\_\_\_\_ Income Stability –Programs in this category promote the development of financial literacy and employment skills necessary for adults to achieve stability, safe housing, and overall security for themselves and/or their families. Programs or agencies that rehouse families, provide financial assistance for payment of bills/deposits/rent, provide legal assistance, provide job training/employment assistance, provide financial education, and non-traditional homeless shelters should be designated in this category.

\_\_\_\_\_Health - Programs in this category promote healthy lives by providing access to affordable healthcare, mental health care, and healthy living. Programs or agencies that provide physical activity, protection/advocacy efforts, counseling, rehabilitation, and healthcare should be designated in this category.

Select the strategies your organization plans to address, measure, and evaluate if this funding is awarded. Your services-provided description should support your selections. Mark all strategies that apply.

**EDUCATION** \_\_\_\_\_Ensure preschools have high quality early care/education providers to improve the State’s Texas Rising Star rating and align with State Pre-K guidelines

\_\_\_\_\_Stabilize children's social and emotional development to improve academic success

\_\_\_\_\_Assure children are reading at grade level

\_\_\_\_\_Address chronic absenteeism and tardiness as early •warning signs that put children at risk of school failure

\_\_\_\_\_Stabilize a child's social and emotional development to improve academic relationships and to respond appropriately to life's challenges

\_\_\_\_\_Eliminate summer learning loss as an impediment to school academic achievement

\_\_\_\_\_Reengage youth that are at risk of dropping out of High School and academics

\_\_\_\_\_Improve post-High School preparedness

**INCOME** \_\_\_\_\_Reduce barriers to job placement and retention through job readiness/training, education and case management services including assistance to special populations

\_\_\_\_\_Access and implement income supports needed to enable job retention and financial stabilization

\_\_\_\_\_Provide industry/sector specific job training programs to provide opportunities for career advancement through education and industry recognized credentials, with priority given to programs directly connected to employers

\_\_\_\_\_Advocate for and support fair consumer practices in low-income households through consumer education

\_\_\_\_\_Support financial coaching/education programs to assist low-income families to manage and lower overall household expenses through budgeting, consumer education and income reports

**HEALTH** \_\_\_\_\_Help individuals prioritize healthy lifestyles focusing on prevention and limiting risky

behaviors

\_\_\_\_\_Wellness programs that address healthy weight and affordable nutrition

\_\_\_\_\_Programs that maintain health in order to sustain independent living

**Organizational Mission Statement** (1,000 characters or less)

**Brief Description of the Organization or Program** (1,850 characters or less)

Key Organizational Staff

List key organizational staff and their qualifications that might be taken into consideration.

Provide a brief description of your organization’s Board of Directors/volunteer leadership/governing body structure.

a. How do they demonstrate an active role in the organization?

b. What percentage of Board Members make an annual financial contribution to the organization?

c. What is the total amount of funding Board Members make annually in financial contributions to the organization?

Which of the following are you applying for?

\_\_\_\_\_General operating expenses

\_\_\_\_\_A particular program at the agency

Name of Program:

If you are applying for funding for a program, please answer the following questions.

1. Is this a new or existing program?
2. If existing, please list outcomes for the prior year below.

**Description of Services provided by the Organization or Program** (1,850 characters or less.)

What services will be provided with this funding?

What are your goals for your organization or program?

How do the goals align with the selected NTAUW strategies?

**Population Served (800 characters or less, include age groups, ethnicity, income levels, etc.)**

**Geographic Area Served (list regions, counties, cities, neighborhoods or school districts served)**

**Estimated Number of Participants To Be Served by the Program or Agency During the Term of this Funding:**

**Eligibility Criteria**

**What are the eligibility criteria that a client must meet in order to receive services from your organization or program?**

**Describe any circumstances in which clients would be refused services. On average, how often does refusal of service occur?**

**Collaborations**

**Please discuss the role of any partnerships, collaborations or primary referral sources that help make your services possible.**

**Success Stories: Please submit 3 success stories/testimonials from clients who have benefitted from the organization/program that is requesting funding**

**Community Impact Calculator:**

**Please provide 3 specific examples of how your organization/funded program uses NTAUW donations to impact the community**

Projected Program Outcomes

Briefly describe the projected program outcomes directly relating to 3 of the Program Goals you identified. Be as specific as possible about what your organization hopes to accomplish and clearly identify the segment of the population to be served by the program.

**Desired outcomes** are the results you intend to achieve as a direct result of each identified goal. These may relate to knowledge, skills, attitudes, values, behaviors, condition, or status.

**Targets** are outcome goals for the program’s upcoming fiscal year.

**Indicators** are specific items of information that will track the program’s success on the stated outcome.

**Data source** is what will be used to track and measure your data. Examples include, but are not limited to; surveys, written staff observations, data by reliable outside sources, etc.

|  |  |  |  |
| --- | --- | --- | --- |
| **Desired Outcome** | **Target** | **Indicator** | **Data Source** |
| *Example: Students will improve their academic achievement* | *Of the 100 third grade students served by the ABC program, 80 students/ 80% will show improvement in state mandated test scores* | *4. Number and percentage of students that will show improvement in state mandated*  *test scores* | 1. *State mandated test scores* 2. *Teacher surveys and written observations* 3. *Student survey* |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Evaluation**

Please answer the questions below to describe how services are currently evaluated or will be evaluated

What data will you collect to evaluate the success of your program or agency?

What methods will be used to collect and analyze data?

How often will data be collected?

**Who is responsible for monitoring and tracking progress of your goals?**

**How does your organization ensure diversity, equity and inclusion in all facets of the organization?**

**Is your organization a current NTAUW funded partner?**

\_\_\_\_ Yes

\_\_\_\_ No

**If yes, which of the following NTAUW-Sponsored activities did your staff participate in during the 2022-2023 fiscal year?**

\_\_\_\_ Held a Workplace Rally for employees

If yes, what percentage of your organization’s staff financially participated in the NTAUW campaign?

\_\_\_\_\_Provided pledge forms to board members/advisory council members

\_\_\_\_ Spoke at workplace rallies, if requested

\_\_\_\_ Co-branded with NTAUW as appropriate

\_\_\_\_ Attended funded partners meetings

\_\_\_\_ Submitted required reports to NTAUW on time

**Organization’s Responsibilities if selected for Funding (check to indicate agreement to each element)**

\_\_\_\_\_ The Organization will sign a grant contract with NTAUW

\_\_\_\_\_ The Organization agrees to send representatives, as requested, to NTAUW rallies either in person or virtual.

\_\_\_\_\_ The Organization agrees to send representatives, as requested, to other NTAUW fundraising events if proceeds will benefit the funded partners

\_\_\_\_\_ The Organization will submit the required reports on time.

\_\_\_\_\_ The organization will provide a workplace campaign for employees during the fundraising time period.

\_\_\_\_\_ The organization will meet all co-branding requirements as stated in the grant contract.

**Organizational Assurances (check all that apply)**

The organization:

\_\_\_ Is a recognized 501(c)3 non-profit organization. (Must attach IRS 501(c)3 Determination Letter)

\_\_\_ Carries sufficient Liability Insurance Coverage

\_\_\_ Conforms to Sarbanes-Oxley Act Standards that affect non-profit organizations

\_\_\_ Has a current Non-Discriminatory Policy

\_\_\_ Has a current Conflict of Interest Policy for staff, board members, and volunteers

\_\_\_ Has a Drug-Free Workplace Policy

\_\_\_ Maintains an adequate and accurate system of accounting and internal fiscal controls

\_\_\_ Receives an annual independent audit/financial review

\_\_\_ Produces a yearly IRS Form 990

\_\_\_ Maintains a duly elected and representative governing Board of Directors

\_\_\_ Is able to produce a Counter-Terrorism Form

**Organization Financial Information**

**Funding Information**

**Total Budget:** **$**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Amount Requested:** **$**\_\_\_\_\_\_\_\_\_\_\_\_ **% of total Budget:** \_\_\_\_\_\_

**FINANCIAL STATEMENTS**

North Texas Area United Way believes that partnerships, both financial and non-financial, are critical to sustaining organizations. An organization that demonstrates the ability to sustain itself will be ranked higher than one that does not provide any supplementary or sustaining investments. Please complete the attached budget worksheet.

**Funding Request Rationale**

Explain why you need NTAUW investment for this program. What service(s) does this investment make possible that would otherwise not happen? What would happen if you did not receive NTAUW funds?

Please be specific as possible about the actual impact of a NTAUW investment and, if applicable, include a description of matching resources that you anticipate acquiring from other sources because of this investment.

# **SUSTAINABILTY**

Describe your plans for support in the future. What other investments will be needed from your organization to expand or continue existing services beyond the grant period? Are the requested funds going to be used to leverage resources from another funding source(s)?

**Required Supplemental Documents** (to be attached to this grant application)

\_\_\_ IRS 501(c)3 Determination Letter

\_\_\_ Current list of Board Members

\_\_\_ Most Recent Audited Financial Statements/Review Current YTD (or copy of budget if organizations is not required to complete an audit)

\_\_\_ Current Financial Statement

\_\_\_ Most recent IRS Form 990