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

**2022-2023 Funding Request**

**Due Date: Friday, February 11, 2022 at 5:00 pm**

**Submit via email: cmarlar@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.**

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

**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:** \_\_\_\_\_\_\_\_\_\_\_

**Please indicate the lmpact Area that best fits your agency. Please reference NTAUW Community Impact Agenda (see attachment)**

\_\_\_\_\_EDUCATION \_\_\_\_\_HEALTH \_\_\_\_\_INCOME

**Submitted by:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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**Signature Date** **Signature Date**

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

**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)

**Funding Information**

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

Applicants must select from among NTAUW’s priority areas of Education, Health and Income. Please refer to the NTAUW Impact Agenda (see attachment). Select the strategies your organization addresses, measures, and evaluates. 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

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

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

Describe the services and demonstrate how it aligns with the selected NTAUW Strategies

**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 2021-2022 fiscal year?**

\_\_\_\_ Workplace Rally for employees

\_\_\_\_ Speaking 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 quarterly, 6 month and the Annual Performance Report by the dates stated in the Grant Contract.

\_\_\_\_\_ Allow a workplace campaign for employees during the fundraising time period.

\_\_\_\_\_ Meets 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

**Collaborations**

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

**Organizational Capacity**

What is the organizational capacity for fulfilling the strategies described above as a funded partner of NTAUW? Describe your agency's mission and history in North Texas. Describe the goals of your services and the rationale upon why these are provided as opposed to others. Describe how these services fit into your organization's overall mission and strategic plan.

**Key Organizational Staff**

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

**ORGANIZATIONAL SERVICES AND EVALUATION**

**Eligibility Criteria**

What are the eligibility criteria that a client must meet in order to receive services from your organization? Describe any circumstances in which clients would be refused services. On average, how often does refusal of service occur?

**Evaluation**

Describe how services are currently evaluated or will be evaluated. Please be as specific as possible, including frequency of evaluation.

**Effectiveness:**

**Quality:**

**Client Satisfaction:**

**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. The budget worksheet must be completed and attached.

**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

\_\_\_ Current Financial Statement

\_\_\_ Most recent IRS Form 990