

Community Impact - Funding Application

United Way of Northeast Arkansas



The Board of Directors of United Way of Northeast Arkansas invites your agency to partner with us in meeting our goal of **Community Impact**, and is now accepting Funding Applications for our **Focus Areas of Education, Income and Health**.

To be eligible for funding through United Way of Northeast Arkansas, programs must use OUTCOMES based measurement. Only completed applications will be considered. Hand written submissions will not be accepted. This funding cycle is for June 2010 through December 2011 (18 months).

Funding Application Process:

- Complete the following Funding Application in its entirety and submit by:
Friday March 15, 2010 by 5:00 p.m.
- Save and print a copy for your records
- Print one copy and return by mail* or hand deliver with required signatures and all required supporting documents to:

United Way of Northeast Arkansas
407 Union Street
Jonesboro, AR 72401

- Applications will be reviewed by the **Regional Impact Committee** which is made up of volunteers representing our eight counties. Be assured that all applications received will be given careful consideration by volunteers who are from diverse backgrounds and community perspectives
- You will be contacted to schedule an appointment for the required site visit
- Please refer to the FAQ section on the website for further inquiries
- If you have questions regarding this application, please contact the Executive Director at 870-935-3658

* We recommend that you use "Return Receipt" if you mail your application.

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Agency Name: _____

Program Title, or Proposed Title: _____

Mailing Address: _____

Program Contact Name: _____

Phone: _____ E-mail: _____

Agency Director (Print Name) _____

Signature: _____ Date: _____

Board President (Print Name) _____

Signature: _____ Date: _____

United Way of Northeast Arkansas will be funding only those programs that align with the following Community Impact Priority Areas. Please indicate the area this program will address.

Education:

- Adults have the skills and education to get and keep a good job
- Students graduate from high school
- Children enter kindergarten ready to learn
- Children and youth achieve grade level performance throughout their school career

Income:

- Individuals and families are self-sufficient
- Parents have access to affordable child care
- Basic needs of individuals and families are met
- Individuals and families know and access the resources in the community

Health:

- Youth and adults avoid risky behaviors, and engage in healthy activities
- Children have universal dental care
- Children are healthy through exercise and good/proper nutrition
- Individuals and families have access to quality health care

- Please state your mission and its relationship to United Way of Northeast Arkansas' Community Priorities (100 words or less)

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Projected total cost of the program over the 18 month funding period. (June 2010 through December 2011)
\$ _____ with \$ _____ requested from United Way of Northeast Arkansas

With this application please provide one copy each of these documents:

1. **CURRENT AUDIT** and **COPY OF MANAGEMENT LETTER** from the auditor (if no audit is conducted, provide highest level of externally prepared financial statement with balance sheet)
2. **MOST RECENTLY FILED IRS FORM 990**
3. **ARTICLES OF INCORPORATION**
4. **IRS TAX EXEMPTION LETTER** – showing 501(c)(3) status
5. **CURRENT BOARD MEMBER LIST** (if different than your IRS 990)
6. **PROGRAM BUDGET** in detail for 18 month funding period. Please include information regarding how United Way funds will be utilized in this program as well as any matching grant dollars anticipated. Please include budget narrative clearly defining the projected and actual revenue funding as well as their sources.
7. **LOGIC MODEL**, include inputs, activities, outputs and outcomes
Use any format you choose. If you attended United Way training you will find examples of different formats in your class binder. For more information you will find useful information on the internet.
8. **MEASUREMENT PLAN** (1 page 12pt, 1" margins)
Include:
 - Outcomes that will be measured (no more than 3)
 - Indicators and data collection method
 - Collected data (if this is an ongoing program)
 - Projected data (if this is a new program)

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Please briefly answer the following questions:

- How will you ensure the quality, efficiency, and continuing improvement of program services? If this is a pre-existing program, please give a recent example that illustrates this.

- How do you define “client” in this program?

- How many participants will be served by the program?

- Does this number reflect only individuals receiving services or the entire family?

- Which staff member(s) will administer the program and what are his/her qualifications?

Position	Qualifications

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- Does this program require national accreditation or state licensure? If so, for what and by what accreditation agency?

- Are you anticipating major changes to your agency during the period for which this program will be funded? (funding, direction, staff)

- No
- Yes

If yes, please explain (150 words or less)

SAMPLE

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Please share one client success story (500 words or less).

SAMPLE