

Instructions for a
GRANT REQUEST
From the
ALBION-HOMER UNITED WAY

This document is written to assist you with completing the attached grant/allocation form for the Albion-Homer United Way (AHUW) 2009 *Allocation Process*. After reading the instructions, if you still have questions, please contact us at (517) 629-2645.

Requirements

Agencies/organizations applying for a grant must be a 501(c)(3) or other IRS recognized nonprofit (under Section 170 (c) of the Internal Revenue Code) agency providing services to the greater Albion-Homer area. An organization that does not have a 501(c)(3) or other nonprofit designation status may apply for funding if another qualifying agency serves as a fiduciary for the project/program.

The program that funding is being requested for must begin no earlier than July 1, 2009 and all AHUW granted funds must be spent no later than June 30, 2010. AHUW will look favorably at specific programs that address one or more of the Community Impact areas with identified program goals/outcomes targeted.

Grant/Allocation Form

Please complete the attached cover page and submit 10 copies of the proposal responding to all questions. See attached Grant/Allocation Form for the 2009 Allocation Process.

There are three (3) Community Impact Initiatives to *Advance The Common Good* with seven (7) primary areas of focus – available for grant opportunities:

i) EDUCATION

- Supporting Life Skills through educational programs that increase skills and readiness of adults and youth for jobs, or to prepare them for participation in further career training, college, or vocational training.
- School readiness and/or after school programs that have at its core the necessary components to prepare the child for early school success and/or youth to achieve high school academic completion.

ii) INCOME

- Adult programs/classes that promote financial stability and independence through education. Programs that focus on educating individuals regarding family budgeting, increased savings, and financial assets for long term stability.

iii) HEALTH

- Supporting Access to Healthcare through programs that provide preventive everyday healthcare for uninsured/at-risk community members.
- Programming that promotes and educates the benefits of physical activity among seniors and youth with a participation component and goal based outcomes.
- Programs designed to develop a healthier positive future for teens by: making drug-free choices, reducing teen pregnancy rates, or reducing obesity through education and physical instruction.
- Emergency needs that would affect ones health caused by unforeseen circumstances – programs/resource centers that assist with day-to-day needs for families such as shelter, utility assistance, food, and clothing.

- All Programs should have a strong evaluation component showing outcomes.

Application Process for Grant

1. **Cover Letter** – Please complete the cover page indicating general contact information, total funds requested, and category for which you are applying for funding. The executive director or an authorized organizational representative must sign and date the cover page.
2. **Program Proposal** – Please complete the program proposal responding to all questions. Include any necessary documentation and materials regarding this section. Limit your response to five (5) pages and five (5) supporting documents.
3. **Supporting Document** – Please provide a copy of your 501(c)(3) document, a current list of your board of directors with their addresses, and a copy of your most recent audited financial statements. Provide the same for your fiduciary, if applicable.

Evaluation

A copy of the evaluation is attached for your review. Should you elect to complete the grant proposal and are successful in receiving a grant from the Albion-Homer United Way you will be required to document how you are addressing the need that you have outlined in the grant request, and the resulting outcomes.

Submission of grant proposal

All materials must be postmarked by **February 6, 2009** and submitted to the **Albion-Homer United Way, c/o 2009 Allocation Process. Mail to P.O. Box 55, Albion, MI 49224 or drop off to the office at 203 South Superior Street, downtown Albion.** Fax or e-mail submissions will not be accepted. Materials should include one complete copy of the overall grant proposal with the following: cover letter, grant proposal (response to attached questions), 501(c)(3) determination letter (if applying for the first time), list of current Board of Directors with their current addresses, and one copy of current audit or financial statements. In addition, include 10 stapled copies of your cover letter and specific grant proposal. A public presentation by each organization will take place on March 4th and 5th, 2009 with decisions expected by March 31, 2009. Grant period will be from July 1, 2009 through June 30, 2010. All materials become the sole property of the Albion-Homer United Way and shall not be returned. The disbursement of funds will be 50 percent in late July for the first installment and late January for the second and final payment of granted funds.

Receipt of Grant/Allocation Funds

Should your organization be successful in receiving funds (Program Delivery Partner) from the Albion-Homer United Way (AHUW), you agree to the following statements:

1. We will send a representative to specific meetings during the year as requested by AHUW for the purpose of sharing, networking, and documenting impact and needs of issues identified by the United Way as being important issues to address.
2. Funding decisions, while final, may be adjusted by the Albion-Homer United Way Board of Directors based on pledges received. In the event that this becomes necessary, the Board of Directors or their designate will communicate with partners at least two months before such a decision is implemented.
3. In case of emergency/disaster relief efforts, Program Delivery Partners agree to participate with organizations via AHUW in an effort to respond effectively to issues confronting the community.

Note: Effective immediately, all grant awards are contingent on anticipated pledges being fulfilled and subject to being reduced if such pledges are not collected. The Board of Directors for the Albion-Homer United Way reserves the right to reduce, change, or alter the award decisions based on its sole discretion. Decisions that change the original award will be announced immediately so that AHUW Program Partners (agencies receiving funding) may adjust their budgets accordingly.

GRANT REQUEST FORM
Submitted to the
ALBION-HOMER UNITED WAY

Grant Period Covered: July 1, 2009 – June 30, 2010

----- **COVER PAGE** -----

Pertinent Information for Organization (& fiduciary, if applicable) requesting the grant:

Organization: _____ Grant Amount Requested: \$ _____

Executive Dir./Pres./CEO: _____ Board President: _____

Street Address: _____ PO Box (if any): _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-mail: _____ Web site: _____

Community Impact Initiative Area(s) your Program will address: *Education* *Income* *Health*

This proposal provides full and fair disclosure of all information, including the financial, demographic, and outcome data of the agency. In addition, we have provided a listing of our board of directors, a copy of the previous years audit or financial statements, and a copy of our or our fiduciary's 501(c)(3) determination letter. For those organizations who have previous applied for and received funding for the Albion-Homer United Way, you do not need to submit another copy of your 501(c)(3) determination letter. All other forms should be provided as indicated. Please note, all signatures should be from an authorized representative of the organization such as the board president or executive director empowered to carry out all contracts on behalf of the organization.

Grant Request Submitted by: _____

Printed name

Title

Signature

Date

The total requested amount, broken down by each United Way and program (if applicable), is as follows:

Albion-Homer United Way Total Amount Requested: \$ _____

Battle Creek United Way Total Amount Requested: \$ _____

Marshall United Way Total Amount Requested: \$ _____

The attached proposal includes a request for a TOTAL Calhoun County United Way allocation of: \$ _____

GRANT REQUEST
PROGRAM PROPOSAL

Please type your response (no more than five total pages) to the following and attach to this page:

A. *Program/Project Purpose:*

B. *Background of Program/Project (if applicable):*

C. *Description of Planned Program or Project:*

D. *Program Goal(s) & Projected Outcomes:*

E. *Finance (include attachments – limited to no more than 2- pages):*

F. *Anticipated Budget:*

G. *Program Evaluation Plans (include any attachments as appropriate):*

REPORT OF PROGRAM/PROJECT EVALUATION
Submitted to the
ALBION-HOMER UNITED WAY

This evaluation will serve to guide Program Delivery Partners administering a program or project as part of the funding/allocation process for the Albion-Homer United Way. Thus effective evaluation takes place throughout the duration of the program: review, respond, and report. A report of the evaluation of outcomes serves to document results and lessons learned.

This *Report of the Program/Project Evaluation* for any program or project funded by the Albion-Homer United Way is **due July 30, 2010** to United Way, or within one month of program/project completion if earlier.

An evaluation submitted to the Albion-Homer United Way should also report how grant funds were spent. That reporting should align with the budget in the grant request. Any deviations should be explained.

ALBION HOMER UNITED WAY

ALLOCATION/GRANT EVALAUTION REPORT

Grantee:

Program/Project Name:

*Evaluation due date: **July 30, 2010 (or earlier if program is completed prior to June 30, 2010)***

Program Purpose:

Program Goals & Outcomes

Community Impact Initiative Area(s): *Education* *Income* *Health*

Proposed Budget/Actual Expenditures (Please attach a copy of your original proposed budget with actual expenditures noted).

In an effort to understand how your funded program is addressing community impact issues in the Albion and/or, Homer area, please respond to the following questions keeping in mind the population you serve, numbers impacted, lessons learned, and outcomes achieved.

Please type your response to the following questions:

1. How many individuals were directly served by your work in Albion and/or Homer? How many individuals were indirectly served by your work in Albion and/or Homer? *Please provide demographic information of individuals, children, and families served. Please use common categories for ethnic/racial breakdown.*
2. To what extent did you address the needs that exist in your community impact area of focus? And How?
3. What were three successes of your effort in addressing the issue noted above? What are three challenges of your work?
4. What specifically was the program outcomes achieved? And how did the program/project impact the problem being addressed at the problems root cause?

**Memorandum of Agreement
Between
Albion-Homer United Way
And**

**Return signed
original with your
Grant Request Form**

(Program Delivery Partner Name – print on above line)

For the period beginning July 1, 2009 through June 30, 2010

The purpose of this agreement is to define a cooperative and mutually beneficial relationship between the Albion-Homer United Way (AHUW) and its Program Delivery Partners (Agency). This agreement is to be signed annually by both parties before allocations and/or designations may be released.

GENERAL PRINCIPLES

1. Strong, voluntary, and vital agencies meeting the health and human service needs of the people of the greater Albion-Homer area are essential to the health and welfare of Albion and Homer.
2. Agency will work together with AHUW to benefit the Annual AHUW Campaign.
3. This agreement shall be in effect for one year, commencing on July 1, 2009.
4. A Program is defined as a set of related activities and outputs directed at common or closely related purposes that a meaningful portion of the agency's resources are dedicated to achieve.

THE ALBION-HOMER UNITED WAY AND THE AGENCY AGREE:

1. The agency, or the agency sponsoring the funded program (fiduciary) and AHUW, will provide an Affirmation of Non-Discrimination which has been adopted by the agency's governing body, **using the exact language as follows:**
"It shall be the policy of the _____ (name of organization) to provide equal membership/employment/service opportunities to all eligible persons without regard to race, religion, color, national origin, citizenship, age, sex, marital status, parental status, handicap, membership in any labor organization, political affiliation, and for employment only, height, weight, and record of arrest without conviction."
2. Maintain responsible management through a volunteer governing Board of Directors, which is representative of the community, meeting at least quarterly and exercising effective financial, service, and administrative control.
3. Insure that financial records are kept in accordance with generally accepted accounting standards (GAAP). Conduct an annual audit, review, or compilation as required by the IRS, by an independent certified public accountant.
4. Ensure that management, general and fundraising expenses will not exceed 25 percent of total revenue.
5. Annual completion of IRS 990 or 990ez.
6. Agency or Fiduciary Agency must maintain a tax exempt status from the Internal Revenue Service under section 501(C)3 status and in compliance; unless exempt by Federal guidelines, and provide letter of standing if requested.
7. Agency or Fiduciary Agency must maintain Michigan License to Solicit from Attorney General.
8. Adhere to a "**written, Board approved,**" conflict of interest policy, Whistle Blower protection policy and Document Destruction policy. (SOX requirements)
9. To cooperate with other agencies within the greater Albion-Homer area; to prevent duplication of services and to promote efficiency.

THE ALBION-HOMER UNITED WAY AGREES:

1. That the allocations/designations approved for the Agency for fiscal year 2009-10 shall be paid in two equal installments semi-annually, by July 31 and January 31. **The AHUW reserves the right to adjust/reduce the amount of funds granted to Agency if the campaign total pledged amount becomes uncollectible to any significant degree.**

