

ALBION-HOMER UNITED WAY

GRANT APPLICATION INFORMATION

(Complete Application Information Packet contains 7-pages)

This document is written to assist you with completing the attached *Grant Application* for the Albion-Homer United Way (AHUW) 2010 grant allocation cycle. After reading the instructions, if you still have questions, please contact us at (517) 629-2645.

Eligibility 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.

Grant Period and Funding Requirements: For any *Education* or *Income* initiative programs, the grant period for which the program must be implemented and completed, and the grant funds supporting the program spent – is July 1, 2010 through June 30, 2011. *Health* initiative programs must be for a three (3) year period beginning July 1, 2010 and ending June 30, 2013, with all corresponding grant funds to be utilized during this same time frame. No one-year Health initiative programs will be considered for this round of funding. AHUW will look favorably at specific programs that address one or more of the Community Impact areas. All programs must have measurable goals and desired outcomes identified, preferable on the *Logic Model Evaluation Form* accompanying your grant application.

Grant Request Application: Please complete the attached cover page and submit 10 copies of the proposal responding to all questions. See attached Grant Application for the 2010 funding cycle.

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

i) EDUCATION (1-year program > July 1, 2010 – June 30, 2011)

- 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 (1-year program > July 1, 2010 – June 30, 2011)

- 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. Moving individuals from receiving financial assistance to independence.

iii) HEALTH (3-year program > July 1, 2010 – June 30, 2013)

- 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 initiative/focus area 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, including a Program budget. 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.
4. **Report of Program Evaluation** – A copy of the evaluation follows (Logic Model Template attached). Should you elect to apply for a grant, a Grant Proposal and a Program Evaluation must be completed and submitted together. If successful, a post program evaluation is also required – more details to follow.

Submission of grant proposal: All materials must be postmarked by **March 1, 2010** and submitted to the Albion-Homer United Way, c/o 2010 Grant Application. Mail to P.O. Box 55, Albion, MI 49224 or dropped off (no later than Noon on March 1st) to the office at 203 South Superior Street, downtown Albion. Fax or e-mail submissions will not be accepted.

Grant Application should include **one** complete copy of the overall grant proposal with the following:

- | | |
|---|--|
| <input type="checkbox"/> Cover Letter | <input type="checkbox"/> One copy of current audit or financial statements |
| <input type="checkbox"/> Grant Proposal (questions attached) & Budget | <input type="checkbox"/> List of Board of Directors (with addresses) |
| <input type="checkbox"/> Program Evaluation (Logic Model template attached) | <input type="checkbox"/> Memorandum of Agreement (attached) |
| <input type="checkbox"/> 501(c)(3) determination letter | <input type="checkbox"/> Anti-Terrorism Compliance Certificate |

In addition, include 10 stapled copies of your *Cover Letter, Grant Proposal with Budget and Evaluation/Logic Model*. A public presentation by each organization will take place on March 24th and 25th, 2010 with decisions expected by mid April. Grant periods are as mentioned above. 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 (Program Delivery Partner) be successful in receiving funds 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 APPLICATION

PROGRAM PROPOSAL

Please indicate your program's area of focus:

- Education** _ Supporting Life Skills; _ School Readiness
- Income** _ Financial Stability
- Health** _ Access to Healthcare; _ Promotes Physical Activity; _ Healthier Teens; _ Emergency Needs

Please type your response (no more than five total pages) to the following *Program* details:

- A. *Program Purpose:*
- B. *Background of Program (if applicable):*
- C. *Description of Planned Program:*
- D. *Program Goal(s) & Projected Outcomes:*
- E. *Finance (include attachments – limited to no more than 2- pages):*
- F. *Anticipated Budget (Significant deviations from the budget submitted must be preapproved)*
- G. *Logic Model Program Evaluation Plan (must be included with grant application):*

AHUW is strongly encouraging the use of a Logic Model as part of your *Program* planning stages and your program evaluation tool. Using the Logic Model during planning will make the evaluation process substantially easier. In addition, it provides you a tool that will benefit your program analysis throughout the granting period, thus providing better feedback and ultimately a more efficient program.

A Logic Model template is attached for your use. To learn more about a Logic Model and its purposes and benefits, simply google/search “logic model evaluation plan” and you will find a host of information describing the benefits, how to development, and more. Helpful development hints for the logic model template follow:

The process side identifies (the logic model reads from the left side of the page to right side):

- **Inputs**—These are the resources available for a program, such as funding, staff, and leadership, expertise, program infrastructure, scientific knowledge and evidence-based strategies, and partnerships.
- **Activities**—These are what a program actually does to bring about the intended change, such as surveillance, formation of partnerships for capacity development, referral to services, and the dissemination of prevention messages for healthy birth outcomes.
- **Outputs**—These are the products or direct services resulting from the program activities. Outputs are the direct evidence of implemented activities. Some examples of the outputs of state birth defects surveillance programs might include: improvement in surveillance methodology, dissemination of surveillance information, the number of families linked to services, the number of partnerships channels for referral linkages, and the number of implemented prevention activities.

The **outcomes** side of a logic model identifies the sequence of changes, that is, the results expected to be achieved by the program:

- **Short-term outcomes** represent the most immediate effects attributable to a program, such as changes in learning, knowledge, and attitudes. Examples include: knowledge and awareness of local birth defects surveillance, and referral and prevention messages through improved dissemination of accurate and timely information to organizations, agencies, and individuals.
- **Midterm (intermediate) outcomes** reflect the changes in actions, such as in behaviors and practices, that are a result of increased knowledge and awareness; for example, an increased number of families linked to birth defects services use these services.
- **Long-term outcomes** are the conditions that change as a result of actions. Long-term outcomes are what the program is expected to affect, such as the prevention of birth defects, improved birth outcomes, and improved quality of life. These outcomes are more distant in time, less attributable to the program, and harder to measure.

REPORT OF PROGRAM EVALUATION - Submit to ALBION-HOMER UNITED WAY

Initial REPORT due with Grant Request Application and Final REPORT due following end of Grant Period

The Albion-Homer United Way is strongly encouraging every Program Delivery Partner (agency) seeking funds through this grant request to develop a Logic Model Evaluation Plan as part of their grant application. A Program Evaluation, either Logic Model or Alternate, must be submitted with the grant request application. Obviously, at the start of your program the outputs and outcomes will be projected/anticipated (the goal), though inputs, activities, and method of measures can and must be determined at the beginning. As for the Alternate Program Evaluation, by answering the questions at the start, essentially you are projecting the outputs/outcomes for the program.

This evaluation will serve as a tool for the AHUW Board to evaluate the effectiveness of the Program Delivery Partner's program as it relates to the overall success of the Community Impact initiative, for which it was funded. The Logic Model Evaluation Plan (template attached) is designed to assist the Program Delivery Partner with administering a more effective program. 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 as we collaboratively work to make strides toward our Community Impact Initiatives.

The final *Report of Program Evaluation*, documenting actual results of the program, is due 30 days following the end of your funded program or grant period, whichever is earlier. If a Program Evaluation is not submitted on time, the Program Delivery Partner will not be considered for the next round of funding, and may be subject to repayment of part of the granted funds.

An Alternative Evaluation Report: If for some reason it is not possible for your agency to prepare a Logic Model Evaluation Plan upon submittal of your grant application, the following report and questions will suffice as your end of the granting cycle evaluation. 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:

ALTERNATE – REPORT OF PROGRAM EVALUATION (Disregard if Completing the Logic Model)

Grantee:

Program Name:

Final Evaluation due date (30 days following the end of the funded program or grant period, whichever is earlier):

Program Purpose:

Program Goals & Outcomes:

Community Impact Initiative Area(s): *Education;* *Support Life Skills;* *School Readiness*
 Income; *Financial Stability*
 Health; *Access to Healthcare;* *Promotes Physical Activity*
 Healthy Teens; *Emergency Needs*

Proposed Budget/Actual Expenditures (Please attach a copy of your original proposed budget with a final program budget of actual expenditures):

Evaluation Questions to Answer:

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 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 duration of the Grant Period

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 the period of the grant cycle.
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 2010-11 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.**
2. The Executive Director will hold meetings with Agency Directors, as needed.



Albion-Homer United Way

Anti-Terrorism Compliance Certificate

In compliance with the spirit and intent of the USA PATRIOT Act and other counterterrorism laws, Albion-Homer United Way requires that each agency ("Organization") certify that it is in compliance with the United Way of America's compliance program. Albion-Homer United Way requires that each funded agency certify annually its compliance with these requirements. This completed and signed form must be received in the Albion-Homer United Way office before funds can be released to your agency.

| Check the appropriate box to indicate your compliance with each of the following: | Comply | Do Not Comply |
|--|--------------------------|--------------------------|
| This Organization is not on any federal terrorism "watch lists," including the list in Executive Order 13224, the master list of specially designated nationals and blocked persons maintained by the Treasury Department, and the list of Foreign Terrorist Organizations maintained by the State Department. | <input type="checkbox"/> | <input type="checkbox"/> |
| This Organization does not, will not and has not knowingly provided financial, technical, in-kind or other material support or resources* to any individual or entity that is a terrorist or terrorist organization, or that supports or funds terrorism. | <input type="checkbox"/> | <input type="checkbox"/> |
| This Organization does not, will not and has not knowingly provided or collected funds or provided material support or resources with the intention that such funds or material support or resources be used to carry out acts of terrorism. | <input type="checkbox"/> | <input type="checkbox"/> |
| This Organization does not, will not and has not knowingly provided financial or material support or resources to any entity that has knowingly concealed the source of funds used to carry out terrorism or to support Foreign Terrorist Organizations. | <input type="checkbox"/> | <input type="checkbox"/> |
| This Organization does not re-grant to organizations, individuals, programs and/or projects outside of the United States of America without compliance with IRS guidelines. | <input type="checkbox"/> | <input type="checkbox"/> |
| This Organization takes reasonable, affirmative steps to ensure that any funds or resources distributed or processed do not fund terrorism or terrorist organizations. | <input type="checkbox"/> | <input type="checkbox"/> |
| This Organization takes reasonable steps to certify against fraud with respect to the provision of financial, technical, in-kind or other material support or resources to terrorists and terrorist organizations. | <input type="checkbox"/> | <input type="checkbox"/> |

*In this form, "material support or resources" means currency, monetary instruments, financial securities, financial services, lodging, training, expert advice or assistance, safehouses, false documentation or identification, communications equipment, facilities, weapons, lethal substances, explosives, personnel, transportation, and other physical assets, except medicine or religious materials.

Agency Name: _____ Phone: _____

Address, City, State, Zip: _____

I certify on behalf of the Agency listed above that the forgoing is true.

Print Name: _____ Title: _____

Signature: _____ Date: _____

Mail completed form to: Albion-Homer United Way
 P.O. Box 55
 203 South Superior Street
 Albion, MI 49224

