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|  | | Date Submitted: |  |
| **Date Reviewed: (To be completed by RCUW)** | |
|  | | Reviewed for Completeness | |
| Financial Review Date | |
| Final Panel Review | |
| RCUW Community 2016 Partner Application | | | |
| **RCUW Mission Statement:** To improve lives by mobilizing the caring power of communities. **RCUW Focus areas:** Heath, Education and Income | | | |
| Section 1 – Contact Information | | | |
| Organization Name:  *(Must match IRS Form 990)* |  | | |
| Street Address: |  | | |
| City, State, Zip Code: |  | | |
| Mailing Address: |  | | |
| Telephone Number: |  | | |
| Email Address: |  | | |
| Website: |  | | |
| IRS Tax ID number: |  | | |
| Year Organization Founded: |  | | |
| Contact Person & Information: |  | | |
| Does your organization use another organization for fiscal management or administration? If yes, please provide the contact information.  No  Yes – Contact Information: | | | |

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| Please indicate where grant awards should be mailed:  Organization mailing address listed above  Other (List Fiscal Agent name and address): |
| Is the organization an audited federal and/or state government entity?  No  Yes |

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| Section 2 – Program Title, Amount Requested and Certification | | | |
| Program Title(s): |  | | |
| Service Title(s) |  | | |
| Total Award Amount Requesting for all services: | $ | | |
| In compliance with the USA PATRIOT ACT and other counterterrorism laws, we certify that all RCUW funds will be used in compliance with all applicable anti-terrorist financing and asset control laws, statutes, and executive orders.  1. We certify that an active and responsible governing body directs the organization named in this application whose members have no material conflict of interest and who all serve without compensation; that publicity and promotional activities are based on actual programs and operations; and that the organization is chartered or incorporated under the State of TN.   We certify that the information provided for this application is true and accurate and either has been or will be shared with the entire Board: | | | |
| Organization Executive Signature | | Printed Name | Date |
| Organization Board Chair Signature | | Printed Name | Date |
| Section 3 – Financial and Managerial Stewardship (Governance)  *\*See instructions for requirements on submitting financial documentation with application* | | | |
| Describe your process for fraud prevention: | | | |
| **Describe your board of directors’ involvement in your organization governance, budgeting, planning and fundraising.**    **How often does the board meet?**  **How often and who reviews the organizations financial information and assets?**  **Does the organization have bylaws and/or other documents describing operations?**  Yes  No  **If yes, provide a brief description of the general areas covered within the operations document?** | | | |
| **Does your organization have any board designated or donor-restricted funds?**  Yes  No  **If yes, provide an explanation of when and for what purpose the board restricted them.** | | | |
| **Provide insight into changes that are affecting your organization. Describe changes or what is occurring that affects your organization’s financial security or insecurity?** | | | |
| **Strategic Plan:**  **Does your organization have a strategic plan?**  Yes  No  **If so, when was it last updated?**  ***If the total requested amount for your organization is $10,000 or more you will need to submit your strategic plan with the application.***  **What is your organization’s mission?** | | | |
| **Citizenship/Partnership:**  **Is your organization’s information up to date on the RCUW Volunteer Clearinghouse?**  Yes  No  **Does a representative from your organization attend the RCUW hosted Interagency meetings periodically?**  Yes  No  **Please describe how your organization has engaged in partnerships or initiatives with other organizations to target underlying issues and changing conditions in the community to benefit a specific community population?** | | | |
| **Planned Fundraisers:**  **Please list any planned fundraisers for the coming year including the activity and when the fundraiser will take place:**  Fundraiser 1:  Fundraiser 2:  Fundraiser 3:  Fundraiser 4:  Check this box if you have no planned fundraisers for the following year | | | |
| **Additional Comments that you would like to share regarding financial and managerial stewardship:** | | | |

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| Section 4 – Outcomes Achieved – only complete this section if you received funding from Roane County United Way in 2015. |
| Provide a brief description with an explanation for services *previously* funded by United Way. For each of the services please state the focus area (health, education or income) that the service best fits into but only choose the one with the most significance. For outcome of service delivered please choose the most applicable; long lasting change or basic human needs. Important: Outcomes must be clearly defined and measurable. Outcomes = condition/behavior to be effected. |
| **Service 1:**  Description of service:  Focus Area:  Outcome of service delivered:  Demographics of those served:       Was there eligibility requirements?  No  Yes, describe the requirements:  Was a service fee charged?  No  Yes; explain fee structure:  How do the results of this service compare to the information you provided on expected results for service delivery on last year’s application? (Reference Part 3 question 14 on 2015 application) |
| **Service 2:**  Description of service:  Focus Area:  Outcome of service delivered:  Demographics of those served:       Was there eligibility requirements?  No  Yes, describe the requirements:  Was a service fee charged?  No  Yes; explain fee structure:  How do the results of this service compare to the information you provided on expected results for service delivery on last year’s application? (Reference Part 3 question 14 on 2015 application) |
| **Service 3:**  Description of service:  Focus Area:  Outcome of service delivered:  Demographics of those served:       Was there eligibility requirements?  No  Yes, describe the requirements:  Was a service fee charged?  No  Yes; explain fee structure:  How do the results of this service compare to the information you provided on expected results for service delivery on last year’s application? (Reference Part 3 question 14 on 2015 application) |
| **Service 4:**  Description of service:  Focus Area:  Outcome of service delivered:  Demographics of those served:       Was there eligibility requirements?  No  Yes, describe the requirements:  Was a service fee charged?  No  Yes; explain fee structure:  How do the results of this service compare to the information you provided on expected results for service delivery on last year’s application? (Reference Part 3 question 14 on 2015 application) |
| **Service 5:**  Description of service:  Focus Area:  Outcome of service delivered:  Demographics of those served:       Was there eligibility requirements?  No  Yes, describe the requirements:  Was a service fee charged?  No  Yes; explain fee structure:  How do the results of this service compare to the information you provided on expected results for service delivery on last year’s application? (Reference Part 3 question 14 on 2015 application) |

***Provide any additional comments regarding the services listed above:***

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| Section 5 – Funds Request  *When completing the information for each service you are requesting funding for please remember that you will be asked to share your progress toward your goals (outcomes) during next year’s community investment cycle.* | |
| **Service 1**  **Information** | **Service Title:**  **Amount being requested for this service: $**  **Service Description (Include expected demographics of service recipients and any partnerships with other organizations for delivery of service):**  **Service objective:**  **How many years has the service been delivered by the organization?**  **How many years has the service been delivered in Roane County?**  **If this service is also provided or delivered by another local organization, please describe how your organization’s service is different from the other organization?**  **On what type of expense will the funds be spent to provide this service?** (Labor, materials, etc.)  **Which of the following focus areas does this service primarily support?**  **Which outcome is expected?**  Explanation for outcome selected: Needs Assessment: (Information on needs assessment can be found on the RCUW website)  **Does this service fulfill a service *need* identified as a priority for Roane Countians from the needs assessment?**  No  Yes  If yes, does it also fulfill a service gap?  No  Yes  **Explain how the service aligns with the service need(s) you identified and describe any service gaps it addresses:**  **If funded, what are the expected outcomes of this service delivery?** For each outcome you list please also include the measurement tool and indicators (tracking).  Outcome 1:  Measurement Tool:  Indicators (Tracking):  Outcome 2:  Measurement Tool:  Indicators (Tracking):  Outcome 3:  Measurement Tool:  Indicators (Tracking):  Outcome 4:  Measurement Tool:  Indicators (Tracking):  **Why should Roane County United Way fund this service**? |

Note: Continue to next page if you have an additional service that you are requesting funding. If you do not have additional services that you are requesting funding for proceed to the Section 6 (last page).

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| **Section 5 Funds Request cont…** | |
| **Service 2**  **Information** | **Service Title:**  **Amount being requested for this service: $**  **Service Description (Include expected demographics of service recipients and any partnerships with other organizations for delivery of service):**  **Service objective:**  **How many years has the service been delivered by the organization?**  **How many years has the service been delivered in Roane County?**  **If this service is also provided or delivered by another local organization, please describe how your organization’s service is different from the other organization?**  **On what type of expense will the funds be spent to provide this service?** (Labor, materials, etc.)  **Which of the following focus areas does this service primarily support?**  **Which outcome is expected?**  Explanation for outcome selected: Needs Assessment: (Information on needs assessment can be found on the RCUW website)  **Does this service fulfill a service *need* identified as a priority for Roane Countians from the needs assessment?**  No  Yes  If yes, does it also fulfill a service gap?  No  Yes  **Explain how the service aligns with the service need(s) you identified and describe any service gaps it addresses:**  **If funded, what are the expected outcomes of this service delivery?** For each outcome you list please also include the measurement tool and indicators (tracking).  Outcome 1:  Measurement Tool:  Indicators (Tracking):  Outcome 2:  Measurement Tool:  Indicators (Tracking):  Outcome 3:  Measurement Tool:  Indicators (Tracking):  Outcome 4:  Measurement Tool:  Indicators (Tracking):  **Why should Roane County United Way fund this service**? |

Note: Continue to next page if you have an additional service that you are requesting funding. If you do not have additional services that you are requesting funding for proceed to the Section 6 (last page).

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| Section 5 – Funds Request continued… | |
| **Service 3**  **Information** | **Service Title:**  **Amount being requested for this service: $**  **Service Description (Include expected demographics of service recipients and any partnerships with other organizations for delivery of service):**  **Service objective:**  **How many years has the service been delivered by the organization?**  **How many years has the service been delivered in Roane County?**  **If this service is also provided or delivered by another local organization, please describe how your organization’s service is different from the other organization?**  **On what type of expense will the funds be spent to provide this service?** (Labor, materials, etc.)  **Which of the following focus areas does this service primarily support?**  **Which outcome is expected?**  Explanation for outcome selected: Needs Assessment: (Information on needs assessment can be found on the RCUW website)  **Does this service fulfill a service *need* identified as a priority for Roane Countians from the needs assessment?**  No  Yes  If yes, does it also fulfill a service gap?  No  Yes  **Explain how the service aligns with the service need(s) you identified and describe any service gaps it addresses:**  **If funded, what are the expected outcomes of this service delivery?** For each outcome you list please also include the measurement tool and indicators (tracking).  Outcome 1:  Measurement Tool:  Indicators (Tracking):  Outcome 2:  Measurement Tool:  Indicators (Tracking):  Outcome 3:  Measurement Tool:  Indicators (Tracking):  Outcome 4:  Measurement Tool:  Indicators (Tracking):  **Why should Roane County United Way fund this service**? |

Note: Continue to next page if you have an additional service that you are requesting funding. If you do not have additional services that you are requesting funding for proceed to the Section 6 (last page).

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| Section 5 – Funds Request continued… |

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| **Service 4**  **Information** | **Service Title:**  **Amount being requested for this service: $**  **Service Description (Include expected demographics of service recipients and any partnerships with other organizations for delivery of service):**  **Service objective:**  **How many years has the service been delivered by the organization?**  **How many years has the service been delivered in Roane County?**  **If this service is also provided or delivered by another local organization, please describe how your organization’s service is different from the other organization?**  **On what type of expense will the funds be spent to provide this service?** (Labor, materials, etc.)  **Which of the following focus areas does this service primarily support?**  **Which outcome is expected?**  Explanation for outcome selected: Needs Assessment: (Information on needs assessment can be found on the RCUW website)  **Does this service fulfill a service *need* identified as a priority for Roane Countians from the needs assessment?**  No  Yes  If yes, does it also fulfill a service gap?  No  Yes  **Explain how the service aligns with the service need(s) you identified and describe any service gaps it addresses:**  **If funded, what are the expected outcomes of this service delivery?** For each outcome you list please also include the measurement tool and indicators (tracking).  Outcome 1:  Measurement Tool:  Indicators (Tracking):  Outcome 2:  Measurement Tool:  Indicators (Tracking):  Outcome 3:  Measurement Tool:  Indicators (Tracking):  Outcome 4:  Measurement Tool:  Indicators (Tracking):  **Why should Roane County United Way fund this service**? |

Note: If you have additional services that you are requesting funding for please utilize the additional service request form on the United Way Website. If you do not have additional services that you are requesting funding for proceed to the Section 6 (last page).

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| Section 6 – Additional Information |

**Provide 1 success story**. This will be a narrative description of program participant’s success. The story should be about an actual person, not a program composite. This information helps reviewers better understand your program and its outcomes. Protect client confidentially by changing names and details as these stories may be shared with the community in fundraising efforts for RCUW.

Please list any additional comments related to your application that you feel is important for the Community Investment Committee in the area below: