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|  | Date Submitted: |       |
| **Date Reviewed: (To be completed by RCUW)** |
| 2021 RCUW Community Investment Grant Application |
| * **RCUW Mission Statement:** *To create long-lasting change that improves people’s lives, by collaborating with service providers and other constituencies in the community to meet community needs*
* **RCUW Goal:** *To help more members of Roane County achieve healthier lifestyles; enhanced levels of education and job qualification; and financial* stability.
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| Section 1 – Contact Information |
| Organization Name:*(Must match IRS Form 990)* |       |
| Physical Street Address: |       |
| City, State, Zip Code: |       |
| Mailing Address: |       |
| Telephone Number: |       |
| Email Address: |       |
| Website: |       |
| IRS Tax ID number: |       |
| Year Organization Founded: |       |
| CEO Name and Contact Information  |       |
| CFO Name and Contact Information |  |
| What Counties do you serve? |  |

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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 – Amount Requested and Certification – Recommend creating a pdf of the completed application with signatures. The completed application as a pdf and a separate pdf of the signature page only is acceptable. |
| Service Title(s)  |       |
| Total Award Amount Requesting for all services: | $      (If your organization will be requesting $15,000 or less, please apply through the Community Enhancement process).  |
| In compliance with the USA PATRIOT ACT and other counterterrorism laws, we certify that all RCUW funds are to 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 the 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 |

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| Section 3 – Financial Stewardship and Managerial (Governance) Stewardship *\*See instructions for requirements on submitting financial documentation with application* |
| Describe your process for fraud prevention:      **Did your organization apply for 2020 Payroll Protection Program funding?** [ ]  Yes [ ]  No**Did your organization receive a TN Community Cares grant or any other COVID relief funding?** [ ]  Yes [ ]  No Please briefly describe if YES.       |
| **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?**         |
| **Provide insight into any changes that are affecting your organization especially since the COVID pandemic. Describe changes or occurrences that affect 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?**      **What is your organization’s mission?**       |
| **Collaboration/Partnership:****Is your organization’s information current on the RCUW Volunteer Clearinghouse?** [ ]  Yes [ ]  No**Does a representative from your organization attend the RCUW hosted Interagency meetings periodically?** [ ]  Yes [ ]  No**If your organization has received prior funding, do you have the United Way logo on printed materials as stated in partnership agreement** [ ]  Yes [ ]  No**Please describe how your organization has engaged in partnerships or initiatives with other organizations to target identified issues and changing conditions in the community to benefit a specific community population.**      **List any other ways your agency supports and/or partners with United Way of Roane County beyond receiving grant funding for partnered programs.**       |
| **Planned Fundraisers:****Please list all 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 a 12-month period.**It is important your organization is aware that you may be asked throughout the year to assist RCUW with fundraising events as a partner collaboration.**  |
| **Additional Comments that you would like to share regarding financial and managerial stewardship:**      |

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| Section 4 – Outcomes Achieved from Prior Funding |
| All applicants: Include outcomes/performance measures for a 12-month period of the service. Please provide results communicated to donors and to your board of directors. United Way is working to identify the needs of our local ALICE (Asset Limited, Income Constrained, Employed) population. Of the total population you will serve this year how many people do you believe live as ALICE or in poverty? Please include this information as you describe your program. |
| **Service 1:** Did you receive funding from RCUW for the recently completed 12-month period (April 1 through March 31) and if so, what was the amount?      Service Title:      Brief description of service:       Focus Area:  Demographics of those served:      Was there eligibility requirements. [ ]  No [ ]  Yes, describe the requirements:      Was a service fee charged? [ ]  No [ ]  Yes; explain fee structure:      Describe measures achieved in a 12-month period for the service you are requesting RCUW Community Investment funds      **RCUW funds recipients**: Based on previous year RCUW application (Section 5: funds requests, expected outcomes of the service delivery) expected outcomes, what were the measurable results?       |
| **Service 2:** Did you receive funding from RCUW for the recently completed 12-month period (April 1 through March 31) and if so, what was the amount?      Service Title:      Brief description of service:       Focus Area: Demographics of those served:      Was there eligibility requirements. [ ]  No [ ]  Yes, describe the requirements:      Was a service fee charged? [ ]  No [ ]  Yes; explain fee structure:      Describe measures achieved in a 12-month period for the service you are requesting RCUW Community Investment funds      **RCUW funds recipients**: Based on previous year RCUW application (Section 5: funds requests, expected outcomes of the service delivery) expected outcomes, what were the measurable results?       |
| **Service 3:** Did you receive funding from RCUW for the recently completed 12-month period (April 1 through March 31) and if so, what was the amount?      Service Title:      Brief description of service:       Focus Area: Demographics of those served:      Was there eligibility requirements. [ ]  No [ ]  Yes, describe the requirements:      Was a service fee charged? [ ]  No [ ]  Yes; explain fee structure:      Describe measures achieved in a 12-month period for the service you are requesting RCUW Community Investment funds      **RCUW funds recipients**: Based on previous year RCUW application (Section 5: funds requests, expected outcomes of the service delivery) expected outcomes, what were the measurable results?       |
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| Section 5 – Funds Request*Please indicate (if any) what impact the COVID pandemic has had on the scope of services provided at your organization and what accommodations you have made to the program to continue services.* Also, w*hen completing the information for each service for requested funds, please remember that you will be required to share your progress toward your goals (outcomes) on a semi-annual and final outcome report.*  |
| **Service 1****Information** | **Service Title:**      **Amount requested for this service: $**     **Service Description (Include expected service recipient demographics, who will deliver service, when and how often will the service be delivered, estimated cost to deliver the service per service recipient, 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?**      **Which of the following focus areas does this service primarily support?** Need: **Describe how the need by Roane Countians was identified, when was it identified, estimate number who need the service, expected impact of service delivery?**       **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 (include how many Roane Countians will receive the service):      How often do you measure and with what measurement tool is used:       Describe impact of service delivery:       Outcome 2 (include how many Roane Countians will receive the service):      How often do you measure and with what measurement tool is used:       Describe impact of service delivery:       Outcome 3(include how many Roane Countians will receive the service):      How often do you measure and with what measurement tool is used:       Describe impact of service delivery:        |
| **Why should Roane County United Way fund this service**?      **Has your organization changed the way you provide services and if so, how?**       |

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 2****Information** | **Service Title:**      **Amount being requested for this service: $**     **Service Description (Include expected service recipient demographics, who will deliver service, when and how often will the service be delivered, estimated cost to deliver the service per service recipient, 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?**      **Which of the following focus areas does this service primarily support?** Need: **Describe how the need by Roane Countians was identified, when was it identified, estimate number who need the service, expected impact of service delivery?**       **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 (include how many Roane Countians will receive the service):      How often do you measure and with what measurement tool is used:       Describe impact of service delivery:       Outcome 2 (include how many Roane Countians will receive the service):      How often do you measure and with what measurement tool is used:       Describe impact of service delivery:       Outcome 3(include how many Roane Countians will receive the service):      How often do you measure and with what measurement tool is used:       Describe impact of service delivery:        |
| **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 service recipient demographics, who will deliver service, when and how often will the service be delivered, estimated cost to deliver the service per service recipient, and any partnerships with other organizations for delivery of service):**      **Service objective:**      **How many years has this service been delivered by the organization?**      **How many years has this service been delivered in Roane County?**      **If this service is provided or delivered by another local organization, please describe how your organization’s service is different from the other organization.**      **Which of the following focus areas does this service primarily support?** Need: **Describe how the need by Roane Countians was identified, when was it identified, estimate number who need the service, expected impact of service delivery?**       **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 (include how many Roane Countians will receive the service):      How often do you measure and with what measurement tool is used:       Describe impact of service delivery:       Outcome 2 (include how many Roane Countians will receive the service):      How often do you measure and with what measurement tool is used:       Describe impact of service delivery:       Outcome 3(include how many Roane Countians will receive the service):      How often do you measure and with what measurement tool is used:       Describe impact of service delivery:        |
| **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 service recipient demographics, who will deliver service, when and how often will the service be delivered, estimated cost to deliver the service per service recipient, 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?**      **Which of the following focus areas does this service primarily support?** Need: **Describe how the need by Roane Countians was identified, when was it identified, estimate number who need the service, expected impact of service delivery?**       **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 (include how many Roane Countians will receive the service):      How often do you measure and with what measurement tool is used:       Describe impact of service delivery:       Outcome 2 (include how many Roane Countians will receive the service):      How often do you measure and with what measurement tool is used:       Describe impact of service delivery:       Outcome 3(include how many Roane Countians will receive the service):      How often do you measure and with what measurement tool is used:       Describe impact of service delivery:        |
| **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 – Past Success Story  |

**Provide story**. This will be a narrative description of service recipient’s success. The story should be about an actual person, not a program composite. This information helps reviewers’ to understand the service (and any additional, related services) provided which affects the outcome and/or impact to the service recipient. Protect client confidentially by changing names and details as these stories may be shared with the community in fundraising efforts for RCUW. RCUW may use this success story in promotional materials.

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