**United Way of Hays & Caldwell Counties**

**Community Investment Allocation 2025 & 2026**

**Application Form**

Please complete the following questions as completely as possible, limiting your application to 8 pages. You will have the opportunity to elaborate on your request during your presentation with the Funds Distribution Committee. **Applications are due by 5pm, Friday, July 19, 2024.**

Between this information and the presentation, we want to get a complete picture of your program, especially its quantifiable and measurable outcomes and its impact on priority community needs appropriate for United Way funding.

***If you are requesting funds for more than one separate program, please complete Sections A – E and a Program Budget form for each program.***

***Section A. Funding Request***

1. **Organization Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **Funding Request for 2025 to United Way of Hays & Caldwell Counties**: $
3. **Name of Program/Project for which you are seeking funding:**
4. **Brief Summary of Program and its Intended Outcomes: (This should be a soundbite. Please be brief.)**

# *Section B: Community Impact*

**Primary United Way Funding Priority Area and Outcome your program meets:** (Choose **ONE** only)

Education

Helping children and youth achieve their potential through education.

* Increase percentage of children who enter school (kindergarten) ready to learn.
* Increase percentage of children reading on grade level by 3rd grade
* Increase percentage of young people graduating from high school on time.

Income/Financial Stability

Helping families become financially stable and independent.

* Increase income and assets, as well as job training for improved employability.
* Help families meet transitional basic needs

Health

Improving people’s health.

* Increase access to quality primary care (prenatal thru adult).
* Increase access to prevention programs
* Decrease the rate of obesity in Hays County, both in children and adults

**Need**

Explain how your program is consistent with the priority area chosen above. Why do you think this program is needed in our community? *EXAMPLES: Cite existing agency data, waiting lists, census, Kids Count, or other dependable research, etc.*

# Section C: Program Impact

**This is NOT A REPORT on prior activity, this is a Proposal of THE IMPACT YOU EXPECT TO MAKE with the funds you are requesting.**

*Please note: All information should be limited to program activities in Hays & Caldwell Counties.*

*You may use additional space, provided entire application (sections B-E) is no longer than 8 pages.*

**INPUTS**

Describe the resources which will be dedicated to the program. Please specifically describe your use, recruitment and retention of volunteers in this program. *EXAMPLES: money, staff, staff-time, volunteers, facilities, equipment, etc.*

**ACTIVITIES & SERVICES**

What strategies, techniques, and types of treatment will you use to deliver the proposed services? *EXAMPLES: sheltering & feeding, training, counseling, etc.*

**OUTPUTS**

What volume of work do you propose to accomplish? Please list number of unduplicated clients to be reached by county, as well as any relevant service data. *EXAMPLES: number of clients served, classes taught, counseling sessions conducted, educational materials distributed, etc.*

**PROGRAM OUTCOMES/IMPACT**

What benefits or changes for individuals or populations will occur during or after participating in program activities? This is the “so-what;” the most important part of your proposal. *EXAMPLES: Short-term objectives should reflect new knowledge, attitudes or skills. They should be stated in a quantified and measurable statement. e.g. “70% of the participants will have improved their ability to speak Spanish by 15%, as measured by pre and post tests by the end of the program.” Long-term objectives should produce meaningful changes in their lives. We don’t expect you to measure this during the grant period, but please state what the long-term outcome is expected to be.*

**INDICATORS**

What specific data will you use to track and measure progress in achieving your outcomes? Each Partner Agency should develop its own, appropriate methods of measuring its program outcomes and collecting data. *EXAMPLES: Data on improvement in housing stability, nutritional status, school performance, job retention, physical or mental health, behavior, etc. Pre and post-tests, third-party (families, teachers, counselors) surveys or interviews, etc.*

**Other Information**

* 1. What are your plans to sustain this program?
  2. If UWHCC funded this program in 2022 or 2023, is there any difference between how you stated you would use the funds and how you actually did? If so, please explain.

**Section D. Budget and Financial Information**

*Please also complete the Program Budget form. If any line items need explanation, please add a short narrative.*

1. **What other sources of funding (e.g. grants, client fees, endowment earnings, etc.) do you have to support this program? Please include type of activity, net $ result.**
2. **Does Program Budget balance?** \_\_\_\_\_ Yes \_\_\_\_\_ No If no, explain.
3. **What is your agency’s fiscal year?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_

**4. What is your agency’s overhead rate for the most recent fiscal year?** \_\_\_\_ %

If you file the IRS 990

Management and General (Part IX, Line 25, Col C)

+ Fundraising (Part IX, Line 25, Col D)

=

Divide by Total Revenue (Part VIII, Line 12, Col A)

**= OVERHEAD RATE** **\_\_\_\_\_\_\_\_\_\_%**

If you file the IRS 990EZ

Total Expenses (Part I, Line 17)

- Program Expenses (Part III, Line 32)

=

Divide by Total Revenue (Part I, Line 9)

**= OVERHEAD RATE** **\_\_\_\_\_\_\_\_\_\_\_\_%**

If you don’t file the IRS 990 you still **MUST** submit your overhead percentage calculation and a clear explanation of how you came to this percentage. Please use a local calculation, not your national organization’s number.

*Please note, United Way wishes to encourage financial stability in our partner agencies. We encourage you to develop operating reserves and endowment funds, as they indicate diversified and stable funding. You are not penalized for healthy balances in these funds. Reserves of 3 – 6 months of operating expenses are recommended.*

**5. Does your agency have an operating reserve?** \_\_\_\_\_ yes \_\_\_\_\_ no

If yes, balance at end of most recently completedfiscal year $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many months does the reserve cover? \_\_\_\_\_\_\_\_ months

**6. Does your agency have an endowment fund?** \_\_\_\_\_ yes \_\_\_\_\_ no

If yes, balance at the end of most recently completed fiscal year$ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you reinvest the interest earned or use the interest? (explain)