

# Agency Application Package for 2022

## Sample Application Package

### Section 1: Agency Information

#### Contact Information and Giving Matters Profile

Legal Name of Agency (As Listed on IRS Documentation) \*

Agency's dba Name (If Applicable)

Agency EIN Number \*

Agency Mailing Address (Please include city, state, and zip code.) \*

Contact Person's Name for This Proposal \*

Contact Person's Email Address \*

Contact Person's Title \*

Is your agency's Giving Matters profile current at the time of submission of this proposal?

- Yes  
 No

Please paste a link to your Giving Matters profile in this box. \*

Is your 2-1-1 profile current at the time of submission of this proposal? You may update your 2-1-1 profile by visiting [www.uw211.org](http://www.uw211.org).

- Yes  
 No

**Mission:** To improve lives by advancing opportunities for education, health and financial stability for all

**Vision:** To be the primary community solutions leader for human services

Does your agency acknowledge and align with the United Way of Rutherford and Cannon Counties' Diversity, Equity, and Inclusion statement? (Please see "Partnership Agreement for Funding" section III, letter j.)

- Yes
- No

Please describe how your agency considers diversity, equity and inclusion in your service delivery design and implementation. \*

*For example, how does your organization foster effective principles and practices of valuing diversity, equity, and inclusion? How are they communicated and measured? How does the organization advance diversity, equity, and inclusion in systemic ways? What specifically are you doing to improve organizational dynamics in these areas?*

**Items marked with an asterisk(\*) are required**

**Upload Patriot Act**

**Upload Partnership Agreement**

**Section 2: Program Information and Description**

Title of This Proposal (Program or Service Name) \*

Please give a description of this program. (50 words) \*

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Please choose which Bold Goal, strategy, and tactic with which your program best aligns (you may choose multiple). See *supporting documents for clarification on tactics*.

### **Mental Health/ Substance Abuse**

By 2030, improve mental health by 25% or more.

By 2030, decrease drug-related overdose deaths and suicides by 25% or more.

- Prevention
  - Develop projects (i.e. trainings, campaigns) that help sector groups (a church, a place of business, a service organization) implement a culture of positive mental health and wellness practices
  - Community-based strategies to increase awareness and outreach to destigmatize mental health and increase access to services
  - Connection to basic needs
- Early Intervention
  - Co-locating services
  - Workforce development (address shortage in mental health professionals)
  - First Responder engagement
  - Equitable access to school-based programs and services
- Treatment and Recovery
  - Increase accessibility to affordable treatment and services
  - Workforce Development (increase number of treatment providers)
  - Increasing access to peer support services
- Data Collection and Evaluation
  - Standardized data collection
  - Community level baseline data
  - Program evaluations

### **Early Childhood Development**

By 2030, 50% or more of children will be kindergarten ready.

- Supported Families
  - Maternal, Prenatal, and Newborn Education
  - Educational Support for all Family Members
  - Positive Family/Child Interactions
  - Family Mental Health
  - Business and Community Awareness
- Health and Development
  - Access to Healthcare
  - Food Security/ Physical Activity/Safe, Stable and Nurturing Environments
  - Prenatal Care
  - Social/Emotional Screenings and Services
- Early Learning
  - Early Literacy Experiences in the Home and the Community
  - Early Developmental Intervention Services

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- Supported transitions from pregnancy to early care and education, to preschool, and to kindergarten
- High-quality, affordable early learning programs from birth to kindergarten

## Financial Stability

By 2030, 75% or more of households will be above the ALICE\* threshold.

By 2030, 80% or more of households will pay less than 30% of their income on housing.

\*ALICE (Asset-Limited, Income-Constrained, Employed)

- Financial Empowerment
  - Financial counseling services (i.e. budgeting, debt management, credit counseling)
  - Eviction and predatory lending education
  - Free tax preparation services
- Housing
  - Eviction prevention and landlord engagement
  - Transitional housing and housing pathways leading to permanent housing
  - Long-term case management (3-24 months) with direct financial assistance
  - First-time homebuyer education
- Workforce Development
  - Career navigation programs (utilizing a 2Generation approach)
  - Peer mentor programs
  - Engage employers in education and training on hiring and retaining the ALICE (Asset Limited, Income Constrained, Employed) population
  - Workforce development and skills training programs
- Wraparound/Supportive Services
  - Long-term case management or coaching to help connect to resources and assist clients in obtaining necessary documents to be able to access services
  - Wrap-around services such as childcare and transportation
  - Capacity building for Charity Tracker and other community-wide networks of support

## Healthy Behaviors

By 2030, 30% or less of public-school students and adults will be overweight or obese.

### Is this program a

- Current program
- New program

What are the eligibility requirements (such as Federal Poverty Guidelines) for your services? (100 words) \*

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Are there special circumstances that greatly impact your cost per person (i.e., licensed staff required)?

- Yes
- No

Is there a fee associated with this program?

- Yes
- No

With your current service capacity, can you serve everyone requesting services from this program?

- Yes
- No

Do you maintain a waiting list for this program?

- Yes
- No

How do you define success in this program?

Please describe any other pertinent collaborations or partnerships involving this program.

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Any additional comments or information regarding this program? (100 words)

0 of 100 words

**Items marked with an asterisk(\*) are required**

**Program Budget**

1	Request from United Way	<input type="text" value="\$0.00"/>	Income
2	Agency Fundraising	<input type="text" value="\$0.00"/>	Income
3	Government Grants & Contracts	<input type="text" value="\$0.00"/>	Income
4	Non-government Grants & Contracts	<input type="text" value="\$0.00"/>	Income
5	Program Income/Fees	<input type="text" value="\$0.00"/>	Income
6	Investment Account Income	<input type="text" value="\$0.00"/>	Income
7	In-kind Donations (UWRCC & Other)	<input type="text" value="\$0.00"/>	Income
8	Salaries	<input type="text" value="\$0.00"/>	Expense
9	Payroll Taxes	<input type="text" value="\$0.00"/>	Expense
10	Health Benefits	<input type="text" value="\$0.00"/>	Expense
11	Pension	<input type="text" value="\$0.00"/>	Expense
12	Contract Workers	<input type="text" value="\$0.00"/>	Expense
13	Other Personnel Expenses	<input type="text" value="\$0.00"/>	Expense
14	Rent/Mortgage	<input type="text" value="\$0.00"/>	Expense
15	Utilities	<input type="text" value="\$0.00"/>	Expense

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United Way of Rutherford  
& Cannon Counties

16	Telephone/Fax	\$0.00	Expense
17	Non-Payroll Insurance	\$0.00	Expense
18	Office Supplies	\$0.00	Expense
19	Program Supplies	\$0.00	Expense
20	Postage and Delivery	\$0.00	Expense
21	Professional Service Fee	\$0.00	Expense
22	Consultant Fees	\$0.00	Expense
23	Training and Development	\$0.00	Expense
24	Travel	\$0.00	Expense
25	Direct Client Assistance	\$0.00	Expense
26	Printing and Copying	\$0.00	Expense
27	Repairs and Maintenance	\$0.00	Expense
28	Equipment	\$0.00	Expense
29	Depreciation	\$0.00	Expense
30	Other	\$0.00	Expense
	Total Income	\$0.00	
	Total Expense	\$0.00	
	Total Surplus/Deficit	\$0.00	

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## Budget Narrative

Please identify agency fundraising efforts (*including the title of the event and the month which it is held*), other sources of income/revenue for this program, and your plans in the event you are not awarded the full amount of your request. (200 words) \*

Please list any ways that your agency uses United Way support to attract matching funds for this program. (*For example: A government grant is available for \$25,000. In order to receive the funds, you must secure funding of \$10,000 of matching funds. You would be able to use your United Way funds as that \$10,000 match.*) If yes, explain briefly how United Way funds are used to match other funds. What is the match ratio or requirement? Please also identify sources and types of in-kind donations. (150 words) \*

0 of 100 words

Please provide the administrative percentage of your agency operating budget. (On your 990-Part IX Colum C line 25 divided by Part VIII line 12) \*

Using the proposed budget from the previous section, please specifically outline how the United Way of Rutherford & Cannon Counties grant will be applied to your expenses if awarded. (100 words) \*

0 of 100 words



Please identify any subrecipients if awarded funding. \*

How would funds be sub granted and for what purpose? Please outline specific amounts. (100 words) \*

0 of 100 words

Items marked with an asterisk(\*) are required

### Demographics

#### Age Ranges

Group	Number
0-5 Years Old	<input type="text" value="0"/>
6-12 Years Old	<input type="text" value="0"/>
13-19 Years Old	<input type="text" value="0"/>
20-54 Years Old	<input type="text" value="0"/>
55+ Years Old	<input type="text" value="0"/>
Unknown	<input type="text" value="0"/>
<b>Total</b>	<b>0</b>

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Location

Group	Number
Christiana TN	<input type="text" value="0"/>
Eagleville TN	<input type="text" value="0"/>
Fosterville TN	<input type="text" value="0"/>
LaVergne TN	<input type="text" value="0"/>
Lascassas TN	<input type="text" value="0"/>
Murfreesboro TN	<input type="text" value="0"/>
Milton TN	<input type="text" value="0"/>
Rockvale TN	<input type="text" value="0"/>
Smyrna TN	<input type="text" value="0"/>
Other in Rutherford County TN	<input type="text" value="0"/>
Auburntown TN	<input type="text" value="0"/>
Bradyville TN	<input type="text" value="0"/>
Readyville TN	<input type="text" value="0"/>
Woodbury TN	<input type="text" value="0"/>
Other in Cannon County TN	<input type="text" value="0"/>
<b>Total</b>	<b>0</b>

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Ethnicities/Race

Group	Number
Caucasian	<input type="text" value="0"/>
African-American	<input type="text" value="0"/>
Hispanic	<input type="text" value="0"/>
Other	<input type="text" value="0"/>
Unknown	<input type="text" value="0"/>
<b>Total</b>	<b>0</b>

Gender

Group	Number
Female	<input type="text" value="0"/>
Male	<input type="text" value="0"/>
Gender Unknown	<input type="text" value="0"/>
<b>Total</b>	<b>0</b>

Veterans

Group	Number
Veterans	<input type="text" value="0"/>
Nonveterans	<input type="text" value="0"/>
Unknown	<input type="text" value="0"/>
<b>Total</b>	<b>0</b>

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## Logic Model

Agency will be asked to complete a logic model for the program. A community-wide outcome (i.e., Bold Goals 2030) will be selected from a drop-down menu. The agency will then describe the program's inputs (staff, resources, etc. needed to deliver the program), activities (classes, trainings, etc.), outputs (numbers served, etc.), and indicators/measurements (how will success be monitored?).

## Program Success Story

Agency & Program Names: \*

If this is an existing program, please provide a success story of a client. Please note that this information may be used in public mediums and print materials, so please change any names or identifying information. (500 words) \*

0 of 500 words

Name of person who created / shared the story:

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