

EW

Ella Weaver

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Title

2023 Early Childhood Grant Application

Instance

2023

Questions 136

Agency Information

2 Legal Name of Agency (as listed on IRS Documentation) * Required field

Answer

3 Agency's DBA Name (if applicable)

Answer

4 Agency EIN Number * Required field

Answer



5 Agency Mailing Address * Required field

Answer

6 Contact Person for this Proposal * Required field

Answer



7 Contact Email * Required field

Answer

8 Contact Title * Required field

Answer

An updated Giving Matters and 211 profile are required at the time of submission. For help updating or setting up a Giving Matters profile, [click here](#). For help updating or setting up a 211 profile, click [here](#).

10 Please provide a link to your Giving Matters profile: * Required field

Answer

11 Please provide a link to your 211 profile:

* Required field

Answer



Program Information

13 Title of this Proposal (Program or Service Name, NOT the name of your agency)

* Required field

Answer

14 Please provide a description of this program.

* Required field

Answer

15 Is this program a:

* Required field

- ☐ Current program
- ☐ New program

16 What are the eligibility requirements (such as Federal Poverty Guidelines) for your services?

* Required field

Answer

17 Is there a fee associated with this program?

* Required field

- ☐ Yes
- ☐ No

18 If yes, what is the fee?

Answer

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

* Required field

- ☐ Yes
- ☐ No

20 If yes, please explain.

Answer

Identify Bold Goal Alignment

Please review the Bold Goals, Strategies and Tactics [found here](#) and identify the Bold Goal, strategies, and tactics this program aligns with.

This application is specifically for the Early Childhood Development impact area, and specifically the following Bold Goal: by 2030, 50% or more of children will be kindergarten ready. If your programs aligns with a different impact area, please contact Ella Weaver (ella.weaver@yourlocaluw.org) to gain access to that application.

22 Which strategies and tactics within Early Childhood Development does this program align with (may include multiple)?

* Required field

- ☐ Supported Families: Maternal, Prenatal, and Newborn Education
- ☐ Supported Families: Educational Support for all Family Members
- ☐ Supported Families: Positive Family/Child Interactions
- ☐ Supported Families: Family Mental Health
- ☐ Supported Families: Business and Community Awareness
- ☐ Health and Development: Access to Healthcare
- ☐ Health and Development: Food Security/Physical Activity/Safe, Stable and Nurturing Environments
- ☐ Health and Development: Prenatal Care
- ☐ Health and Development: Social/Emotional Screenings and Services
- ☐ Early Learning: Early Literacy Experiences in the Home and the Community
- ☐ Early Learning: Early Developmental Intervention Services
- ☐ Early Learning: Supported transitions from pregnancy to early care and education, to preschool, and to kindergarten
- ☐ Early Learning: High-quality, affordable early learning programs from birth to kindergarten

Identify Shared Measurements

Please review the Shared Measurements that have been identified for each Bold Goal area [found here](#). Please select 2-3 of the shared measurements related to the Strategies this program align with. At least one should be an outcome (e.g. % change in...) as opposed to selecting all outputs (e.g. # of people served).

24 Select 2-3 shared measurements to include in your reporting.

* Required field

- ☐ Supported Families: % of caregivers who report a change in knowledge, attitudes and behaviors
- ☐ Supported Families: Pre/post program assessment (increase or decrease or score)
- ☐ Supported Families: Pre/post EPDS measures (overall mental health measure for caregivers)
- ☐ Health & Development: # of families enrolled in or connected to program also enrolled in SNAP/TANF/TNCARE

- ☐ Health & Development: # of families who have an identified medical home
- ☐ Health & Development: % of children who demonstrate age-appropriate developmental milestones (as shown by an assessment)
- ☐ Health & Development: % of children who demonstrate growth in social-emotional skills (as shown by an assessment)
- ☐ Early Learning: # of people served/enrolled and length of time enrolled (active participation)
- ☐ Early Learning: % of caregivers who report a change in knowledge, attitudes, and behaviors
- ☐ Early Learning: Pre/post program assessment (increase or decrease or score) for child
- ☐ Early Learning: # of trainings for early care and education staff and/or universal childcare development

Based on the measurements you selected, please provide quantitative goals for the next 12 months.

For example, if you selected "% of caregivers who report who change in knowledge, attitudes, and behaviors" your goal might be: of the total number served, 75% will report a change in knowledge. Or, if you selected "# of trainings for early care and education staff and/or universal childcare development" your goal might be: conduct four trainings on a quarterly schedule with attendance of at least 25 at each training.

26 Please specify your first measurement and provide quantitative goals for the next 12 months.

* Required field

Answer

27 Please specify your second measurement and provide quantitative goals for the next 12 months.

* Required field

Answer

28 Please specify your third measurement, if applicable, and provide quantitative goals for the next 12 months.

Answer

29 Please describe in detail how success is defined for individuals participating in this program.

* Required field

Answer

30 Describe any assessments you already have in place or the process by which you will implement the measurement of your chosen outcomes.

* Required field

Answer

31 Please describe how this program will consider diversity, equity and inclusion in your service delivery design and implementation. For example, how will the program foster effective principles and practices of valuing diversity, equity, and inclusion? How will they be communicated and measured? How will you advance diversity, equity, and inclusion in systemic ways?

* Required field

Answer

32 Any additional comments or information regarding this program?

Answer

Program Budget

If desired, you may use this [Program Budget Template](#) to gather all fields before completing the following budget sections:

- 1. Program Income
- 2. Program Expenses
- 3. Use of Requested United Way Funds

At the end of each section, the total for that section will be automatically calculated. For that calculation to work, you will need to enter a number in each field, even if that number is 0.

Please complete the following fields to show the full *Program Budget*.

- First, enter your program income. The Income total will auto-populate after all of the fields are complete.
- Second, enter your program expenses. The Expenses total will auto-populate after all of the fields are complete.
- Finally, the "Total Surplus/Deficit" field will auto-populate.

You must enter a value in each field, even if that value is zero.

Income

36 Request from United Way

* Required field

Answer

37 Agency Fundraising

* Required field

Answer

38	Government Grants & Contracts	* Required field
<div>Answer</div>		
39	Non-government Grants & Contracts	* Required field
<div>Answer</div>		
40	Program Income/Fees	* Required field
<div>Answer</div>		
41	Investment Account Income	* Required field
<div>Answer</div>		
42	In-kind Donations (UWRCC & Other)	* Required field
<div>Answer</div>		
43	Total Income : Response to question(s) Request fr..., Agency Fun..., Government..., Non-govern..., Program In..., Investment..., In-kind Do... needed to calculate.	
* Required field		
<u>Expenses</u>		
45	Salaries	* Required field
<div>Answer</div>		
46	Payroll Taxes	* Required field
<div>Answer</div>		
47	Health Benefits	* Required field
<div>Answer</div>		
48	Pension	* Required field

Answer

49

Contract Workers

* Required field

Answer

50

Other Personnel Expenses

* Required field

Answer

51

Rent/Mortgage

* Required field


Answer

52

Utilities

* Required field

Answer



53

Telephone/Fax

* Required field

Answer

54

Non-Payroll Insurance

* Required field

Answer

55

Office Supplies

* Required field

Answer

56

Program Supplies

* Required field

Answer

57

Postage and Delivery

* Required field

Answer

58	Professional Service Fee	* Required field
<div>Answer</div>		
59	Consultant Fees	* Required field
<div>Answer</div>		
60	Training & Development	* Required field
<div>Answer</div>		
61	Travel	* Required field
<div>Answer</div>		
62	Direct Client Assistance	* Required field
<div>Answer</div>		
63	Printing and Copying	* Required field
<div>Answer</div>		
64	Repairs and Maintenance	* Required field
<div>Answer</div>		
65	Equipment	* Required field
<div>Answer</div>		
66	Depreciation	* Required field
<div>Answer</div>		
67	Other	* Required field

Answer

68 **Total Expense** : Response to question(s) Salaries, Payroll Ta..., Health Ben..., Pension, Contract W..., Other Pers..., Rent/Mortg..., Utilities, Telephone/..., Non-Payrol..., Office Sup..., Program Su..., Postage an..., Profession..., Consultant..., Training &..., Travel, Direct Cli..., Printing a..., Repairs an..., Equipment, Depreciati..., Other needed to calculate.

* Required field

69 **Total Surplus/Deficit** : Response to question(s) Total Inco..., Total Expe... needed to calculate.

* Required field

Please complete the following fields to show how the requested funds from United Way will be used. You must enter a value in each field, even if that value is zero. After all fields in this section have been completed, the number in "Request from United Way" should auto-populate.

71 **Supplies/Equipment**

* Required field

Answer

72 **Salaries**

* Required field

Answer

73 **Travel**

* Required field

Answer

74 **Benefits/Taxes**

* Required field

Answer

75 **Occupancy**

* Required field

Answer

76 **Marketing**

* Required field

Answer

77 **Direct Assistance to Individuals**

* Required field

Answer

78 Other

* Required field

Answer



79 Please describe "Other".

Answer

80 Request from United Way : Response to question(s) Supplies/E..., Salaries, Travel, Benefits/T..., Occupancy, Marketing, Direct Ass..., Other needed to calculate.

* Required field

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

* Required field

Answer

Projected Demographics

Please provide the projected demographics for the population this program will serve.

The total in each demographic section should match the other totals as well as the number in "How many individuals will this program serve?"

83 How many individuals will this program serve?

* Required field

Answer

84 Comments about target number served or demographic information?

Answer

Age Ranges

You must enter a value in each field, even if that value is zero. After all fields in this section have been completed, the total will auto-populate.

86 0-5 Years Old

* Required field

Answer

87 6-12 Years Old

* Required field

Answer

8813-19 Years Old


* Required field

Answer

8920-29 Years Old

* Required field

Answer



9030-39 Years Old


* Required field

Answer

9140-49 Years Old

* Required field

Answer



9255+ Years Old

* Required field

Answer

93Unknown

* Required field

Answer

94Total in Age Ranges : Response to question(s) 0-5 Years ..., 6-12 Years..., 13-19 Year..., 20-29 Year..., 55+ Years ..., Unknown needed to calculate.

* Required field

Location

You must enter a value in each field, even if that value is zero. After all fields in this section have been completed, the total will auto-populate.

96Christiana, TN

* Required field

Answer

97Eagleville, TN

* Required field

Answer

98

Fosterville, TN

* Required field

Answer

99

LaVergne, TN

* Required field

Answer

100

Lascassas, TN

* Required field

Answer

101

Murfreesboro, TN

* Required field

Answer

102

Milton, TN

* Required field

Answer

103

Rockvale, TN

* Required field


Answer

104

Smyrna, TN

* Required field

Answer



105

Other in Rutherford County

* Required field

Answer

106

Auburntown, TN

* Required field

Answer

107	Bradyville, TN	* Required field
<div>Answer</div>		
108	Readyville, TN	* Required field
<div>Answer</div>		
109	Woodbury, TN	* Required field
<div>Answer</div> <div></div>		
110	Other in Cannon County	* Required field
<div>Answer</div>		
111	Total in Location : Response to question(s) Christiana..., Eagleville..., Fostervill..., LaVergne, ..., Lascassas..., Murfreesbo..., Milton, TN, Rockvale, ..., Smyrna, TN, Other in R..., Auburntown..., Bradyville..., Readyville..., Woodbury, ..., Other in C... needed to calculate.	
1	* Required field	
<div>Ethnicities/Race</div> <div>You must enter a value in each field, even if that value is zero. After all fields in this section have been completed, the total will auto-populate.</div>		
113	Caucasian	* Required field
<div>Answer</div>		
114	African-American	* Required field
<div>Answer</div>		
115	Hispanic	* Required field
<div>Answer</div>		
116	Other	* Required field
<div>Answer</div>		
117	Unknown	

* Required field

Answer

118Total in Ethnicities/Race : Response to question(s) Caucasian, African-Am..., Hispanic, Other, Unknown needed to calculate.

* Required field

Gender

You must enter a value in each field, even if that value is zero. After all fields in this section have been completed, the total will auto-populate.

120Female

* Required field

Answer

121Male

* Required field

Answer

122Unkown

* Required field

Answer

123Total in Gender : Response to question(s) Female, Male, Unkown needed to calculate.

* Required field

Veterans

You must enter a value in each field, even if that value is zero. After all fields in this section have been completed, the total will auto-populate.

125Veterans

* Required field

Answer

126Nonveterans

* Required field

Answer

127Unkown

* Required field

Answer

128Total Veteran Status : Response to question(s) Veterans, Nonveteran..., Unkown needed to calculate.

* Required field

Program Success Story

130 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)

Answer

Final Agreements and Submission

Please review United Way of Rutherford and Cannon Counties' [Diversity, Equity, and Inclusion Statement](#).

133 Does your agency acknowledge and align with the United Way of Rutherford and Cannon Counties' Diversity, Equity, and Inclusion statement?

* Required field

- ☐ Yes
- ☐ No

Please fill out the [Patriot Act Form](#) and [Partnership Agreement](#) and upload each document to your Agency Profile in Compyle. Instructions on uploading each of these documents can be found [here](#).

135 Have you uploaded the Patriot Act Form to your Agency Profile in Compyle?

* Required field

- ☐ Yes
- ☐ No

136 Have you uploaded the 2023 Partnership Agreement to your Agency Profile in Compyle?

* Required field

- ☐ Yes
- ☐ No

Submit