	Questions 136	
EW Ella Weaver	Agency Information	
ella.weaver@yourlocaluw.org Title	2 Legal Name of Agency (as listed on IRS Documentation)	* Required field
2023 Financial Stability Grant Application Instance 2023	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

Answ	er
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An updated Giving Matters and 211 profile are required at the time of submission. For help updating or setting up a
Giving Matters profile, <u>click here</u> . For help updating or setting up a 211 profile, click <u>here</u> .

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

		* Required
	Answer	
F	Program Information	
13	Title of this Proposal (Program or Service Name, NOT the name of your agency)	* Required
	Answer	
14	Please provide a description of this program.	* Required
	Answer	
15	Is this program a:	* Required
	 Current program New program 	
16	What are the eligibility requirements (such as Federal Poverty Guidelines) for your services?	* Required
	Answer	

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 f

	○ Yes
	○ No
20	If yes, please explain.
	Answer
	Ientify Bold Goal Alignment Pase review the Bold Goals, Strategies and Tactics <u>found here</u> and identify the Bold Goal, strategies, and tactics th
pro	 by 2030, 80% or more of households will pay less than 30% of their income on housing. By 2030, 75% of more of households will be above the ALICE threshold.
-	our programs aligns with a different impact area, please contact Ella Weaver (<u>ella.weaver@yourlocaluw.org</u>) to ga cess to that application.
22	Which strategies and tactics within Financial Stability does this program align with (may include multiple)? * Required fine
22	
22	 * Required fit Financial Empowerment: Financial counseling services (i.e. budgeting, debt management,
22	 * Required fit Financial Empowerment: Financial counseling services (i.e. budgeting, debt management, credit counseling)
22	 * Required fit Financial Empowerment: Financial counseling services (i.e. budgeting, debt management, credit counseling) Financial Empowerment: Eviction and predatory lending education
22	 * Required fit Financial Empowerment: Financial counseling services (i.e. budgeting, debt management, credit counseling) Financial Empowerment: Eviction and predatory lending education Financial Empowerment: Free tax preparation services
222	 * Required field Financial Empowerment: Financial counseling services (i.e. budgeting, debt management, credit counseling) Financial Empowerment: Eviction and predatory lending education Financial Empowerment: Free tax preparation services Housing: Eviction prevention and landlord engagement
22	 * Required fit Financial Empowerment: Financial counseling services (i.e. budgeting, debt management, credit counseling) Financial Empowerment: Eviction and predatory lending education Financial Empowerment: Free tax preparation services Housing: Eviction prevention and landlord engagement Housing: Transitional housing and housing pathways leading to permanent housing
22	 * Required field Financial Empowerment: Financial counseling services (i.e. budgeting, debt management, credit counseling) Financial Empowerment: Eviction and predatory lending education Financial Empowerment: Free tax preparation services Housing: Eviction prevention and landlord engagement Housing: Transitional housing and housing pathways leading to permanent housing Housing: Long-term case management (3-24 months) with direct financial assistance
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222	 * Required five Financial Empowerment: Financial counseling services (i.e. budgeting, debt management, credit counseling) Financial Empowerment: Eviction and predatory lending education Financial Empowerment: Free tax preparation services Housing: Eviction prevention and landlord engagement Housing: Transitional housing and housing pathways leading to permanent housing Housing: Long-term case management (3-24 months) with direct financial assistance Housing: First-time homebuyer education Workforce Development: Career navigation programs (utilizing a 2Generation approach) Workforce Development: Engage employers in education and training on hiring and retaining
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Identify Shared Measurements

Please review the Shared Measurements that have been identified for each Bold Goal area <u>found here</u>. 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

□ Financial Empowerment: Pre/Post Assessment numbers for growth and understanding in financial literacy

 \Box

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	Financial Empowerment: % of clients who improve their credit score			
	Financial Empowerment: % of clients who completed case management program and met established goals			
	Financial Empowerment: # of sessions attended at wraparound services			
	Financial Empowerment: # of children involved in financial stability approaches, 2Gen			
	Housing: # of sessions attended at wraparound services			
	Housing: % of client's income to cost of housing ratio 30% or less			
	Housing: % of households to obtain/maintain stable housing			
	Housing: % of clients who completed case management program and met established goals			
	Workforce Development: # of families whose employment was positively affected because they were connected to wraparound services such as childcare, transportation, etc.			
	Workforce Development: % of clients that report increase in their income related to increased skill attainment			
	Workforce Development: # of community members trained on ALICE population			
	Workforce Development: # of children involved in financial stability approaches, 2Gen			
	Workforce Development: % of individuals who maintain employment for at least three months			
	Wraparound Services & Support: # of sessions attended at wraparound services			
	Wraparound Services & Support: % of clients who saw an increase in income or resources (SNAP/TANF/TennCare)			
	Wraparound Services & Support: % of individuals who demonstrate improvement in problem solving and/or positive coping skills as measured by an assessment			
	Wraparound Services & Support: % of individuals who demonstrate improvement in their daily functioning as measured by an assessment			
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 Ple	ase specify your first measurement and provide quantitative goals for the next 12 months. * Required field			
	Answer			
27 Ple	ase 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			

	Please describe in detail how success is defined for individuals participating in this program. * Required
	Answer
30	Describe any assessments you already have in place or the process by which you will implement the measuren of your chosen outcomes.
	* Required
	Answer
31	Please describe how this program will consider diversity, equity and inclusion in your service delivery design an 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, an inclusion in systemic ways?
	* Required
	Answer
22	Any additional comments or information regarding this program?
32	Any additional comments or information regarding this program?
32	Any additional comments or information regarding this program? Answer

If desired, you may use this <u>Program Budget Template</u> 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.

36	Request from United Way	* Required fie
	Answer	
37	Agency Fundraising	* Required fie
	Answer	
38	Government Grants & Contracts	* Required fie
	Answer	
39	Non-government Grants & Contracts	* Required fie
	Answer	
40	Program Income/Fees	* Required fie
	Answer	
41	Investment Account Income	* Required fie
	Answer	
42	In-kind Donations (UWRCC & Other)	* Required fie

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		
Answer			

46	Payroll Taxes	* Required field
	Answer	
47	Health Benefits	* Required field
	Answer	
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	

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
	Answer	
59	Consultant Fees	* Required field
	Answer	
60	Training & Development	* Required field
	Answer	
61	Travel	* Required field
	Answer	
62	Direct Client Assistance	* Required field
	Answer	

53 Printing and Copying	* Required
Answer	
Repairs and Maintenance	
	* Required

	Equipment	* Required fie
	Answer	
66	Depreciation	* Required fie
	Answer	
67	Other	* Required fie
	Answer	
68	Total Expense : Response to question(s) Salaries, Payroll Ta, Health Be Rent/Mortg, Utilities, Telephone/, Non-Payrol, Office Sup, Program Consultant, Training &, Travel, Direct Cli, Printing a, Repairs an, I calculate.	n Su, Postage an, Profession,
		* Required fie
69	Total Surplus/Deficit : Response to question(s) Total Inco, Total Expe	. needed to calculate.
Pl		needed to calculate. * Required fie funds from United Way will be used ter all fields in this section have bee
Pl	Total Surplus/Deficit : Response to question(s) Total Inco, Total Expe lease complete the following fields to show how the requested ou must enter a value in each field, even if that value is zero. Aft	needed to calculate. * Required fie funds from United Way will be used ter all fields in this section have bee p-populate.
Pl Yc co	Total Surplus/Deficit : Response to question(s) Total Inco, Total Expe lease complete the following fields to show how the requested ou must enter a value in each field, even if that value is zero. Aft ompleted, the number in "Request from United Way" should auto	needed to calculate. * Required fie funds from United Way will be used ter all fields in this section have bee p-populate.
Pl Yc co	Total Surplus/Deficit : Response to question(s) Total Inco, Total Expe lease complete the following fields to show how the requested ou must enter a value in each field, even if that value is zero. Aft ompleted, the number in "Request from United Way" should auto Supplies/Equipment Answer	needed to calculate. * Required for funds from United Way will be used ter all fields in this section have bee poppulate. * Required for
Pl Yc cc	Total Surplus/Deficit : Response to question(s) Total Inco, Total Expe lease complete the following fields to show how the requested ou must enter a value in each field, even if that value is zero. Aft ompleted, the number in "Request from United Way" should auto Supplies/Equipment Answer	* Required fie funds from United Way will be used ter all fields in this section have bee

îts/Taxes	
	* Required fiel
swer	
7	nswer

76	Marketing	* Required fiel
	Answer	
77	Direct Assistance to Individuals	* Required field
	Answer	
78	Other	* Required fiel
	Answer	•••]
79	Please describe "Other".	
	Answer	
80	Request from United Way : Response to question(s) Supp Marketing, Direct Ass, Other needed to calculate.	blies/E, Salaries, Travel, Benefits/T, Occupancy, * Required fiel
81	Please provide the administrative percentage of your age 25 divided by Part VIII line 12)	ency operating budget (On your 990-Part IX Column C line * Required fiel
	Answer	

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

	* Required fiel
Answer	
Comments about target number served or demographic information?	

Yo	<u>e Ranges</u> u must enter a value in each field, even if that value is zero. After a al will auto-populate.	Il fields in this section have been completed, the
86	0-5 Years Old	* Required fie
	Answer	
87	6-12 Years Old	* Required fie
	Answer	
88	13-19 Years Old	* Required fie
	Answer	
89	20-29 Years Old	* Required fie
	Answer	
90	30-39 Years Old	* Required fie
	Answer	
91	40-49 Years Old	* Required fie
	Answer	
92	55+ Years Old	* Required fie
	Answer	
93	Unknown	* Required fie
	Answer	

Yo	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.	
96	Christiana, TN	* Required fi
	Answer	
97	Eagleville, TN	* Required fi
	Answer	
98	Fosterville, TN	* Required fi
	Answer	
99	LaVergne, TN	* Required fi
	Answer	
100	Lascassas, TN	* Required fi
	Answer	
101	Murfreesboro, TN	* Required fi
	Answer	
102	Milton, TN	

103 Rockvale, TN	
	* Required fiel
Answer	
104 Smyrna, TN	
	* Required fie

	Answer	
105	Other in Rutherford County	* Required fiel
	Answer	
106	Auburntown, TN	* Required fiel
	Answer	
107	Bradyville, TN	* Required fiel
	Answer	
108	Readyville, TN	* Required fiel
	Answer	
109	Woodbury, TN	* Required fiel
	Answer	
110	Other in Cannon County	* Required fiel
	Answer	
11 1	Total in Location : Response to question(s) Christiana, Eaglevi Murfreesbo, Milton, TN, Rockvale,, Smyrna, TN, Other in R, Woodbury,, Other in C needed to calculate.	
Υοι	<u>inicities/Race</u> u must enter a value in each field, even if that value is zero. After al will auto-populate.	
113	Caucasian	* Required fiel
	Answer	
114	African-American	* Required fiel

115	Hispanic	* Required field
	Answer	
116	Other	* Required field
	Answer	
117	Unknown	* Required field
	Answer	
11 8	Total in Ethnicities/Race : Response to question(s) Caucasian, African-Am, Hispanic, Other, calculate.	, Unknown needed to * Required field
Yo	<u>nder</u> u must enter a value in each field, even if that value is zero. After all fields in this section have al will auto-populate.	been completed, the
120	Female	* Required field
120	Female	* Required field
120		
	Answer	* Required field
	Answer Male Answer	
121	Answer Male Answer	* Required field
121	Answer Male Answer Unkown	* Required field
121 122 123 <u>Ve</u> Yo	Answer Male Answer Unkown	* Required field * Required field * Required field
121 122 123 <u>Ve</u> Yo tot	Answer Male Answer Unkown Answer Total in Gender : Response to question(s) Female, Male, Unkown needed to calculate. terans u must enter a value in each field, even if that value is zero. After all fields in this section have	* Required field * Required field * Required field

Compyle

	* Required fi
	Answer
127	Unkown * Required fi
	Answer
128	Total Veteran Status : Response to question(s) Veterans, Nonveteran, Unkown needed to calculate. * Required fi
P	rogram Success Story
	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
Fi	nal Agreements and Submission
Ple	ase review United Way of Rutherford and Cannon Counties' <u>Diversity, Equity, and Inclusion Statement.</u>
	Does your agency acknowledge and align with the United Way of Rutherford and Cannon Counties' Diversity, Equity, and Inclusion statement?
	* Required fi
	 Yes No
	⊖ Yes

	⊖ Yes	
	⊖ No	
136	Have you uploaded the 2023 Partnership Agreement to your Agency Profile in Compyle?	
		* Required field
	⊖ Yes	
	⊖ No	

Submit