

EW

Ella WEaver

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Title

2023 Healthy Behaviors 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 Financial Stability impact area, and specifically the following Bold Goal: by 2030, 30% or less of public school students and adults will be overweight or obese.

-

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 Healthy Behaviors does this program align with (may include multiple)? * Required field

- ☐ Wellness Activities: Physical activity education in schools
- ☐ Wellness Activities: Increase awareness of free resources for physical activity (e.g. greenway system, parks, apps, etc.)
- ☐ Wellness Activities: Increase access for under-resourced families to local resources, such as swimming pools and gyms
- ☐ Wellness Activities: Physical activity for all abilities and ages
- ☐ Healthy Food Choices: Education for parents and families about food choices
- ☐ Healthy Food Choices: Increase access to community or government resources for healthy food for families
- ☐ Healthy Food Choices: Increase awareness of community or government resources
- ☐ Appropriate Messaging/Communication: Interculturally appropriate and inclusive messaging in a variety of languages
- ☐ Appropriate Messaging/Communication: Advocacy at the local and state levels for health promotion in schools and the community
- ☐ Appropriate Messaging/Communication: Promote health literacy in community and schools
- ☐ Medical Intervention: Creating closed-loop referral pathways
- ☐ Medical Intervention: Community Medical Support for under-resourced families

Identify Outcomes

24 The shared measurements for Healthy Behaviors will be developed in late 2023. Please self-identify the 2-3 outcomes that will be included in your reporting. * Required field

Answer

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

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

Answer

39 Non-government Grants & Contracts

* Required field

Answer

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
<div>Answer</div>		
49	Contract Workers	* Required field
<div>Answer</div>		
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

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

63

Printing and Copying

* Required field

Answer

64

Repairs and Maintenance

* Required field

Answer

65

Equipment

* Required field

Answer

66

Depreciation

* Required field

Answer

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

88

13-19 Years Old

* Required field

Answer

89

20-29 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

98Fosterville, TN

* Required field

Answer

99LaVergne, TN

* Required field

	<div>Answer</div>
100	<div>Lascassas, TN</div> <div>* Required field</div>
	<div>Answer</div>
101	<div>Murfreesboro, TN</div> <div>* Required field</div>
	<div>Answer</div>
102	<div>Milton, TN</div> <div>* Required field</div>
	<div>Answer</div>
103	<div>Rockvale, TN</div> <div>* Required field</div>
	<div>Answer</div>
104	<div>Smyrna, TN</div> <div>* Required field</div>
	<div>Answer</div> <div></div>
105	<div>Other in Rutherford County</div> <div>* Required field</div>
	<div>Answer</div>
106	<div>Auburntown, TN</div> <div>* Required field</div>
	<div>Answer</div>
107	<div>Bradyville, TN</div> <div>* Required field</div>
	<div>Answer</div>
108	<div>Readyville, TN</div> <div>* Required field</div>
	<div>Answer</div>
109	<div>Woodbury, TN</div>

* Required field

Answer

110

Other in Cannon County

* Required field

Answer

11

1

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.

* Required field

Ethnicities/Race

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.

113

Caucasian

* Required field

Answer

114

African-American

* Required field

Answer

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, 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.

120

Female

* 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.

130If 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