

2007 Community Impact Response Grant Request for Funding Proposal

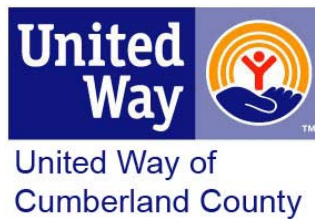
Target Community Impact Area:

***Abuse and/or Neglect of Children
And
Prevention/Intervention Programs Supporting At-Risk Children & Youth***

INSTRUCTIONS AND CHECKLIST

The Mission of the United Way of Cumberland County:

To measurably improve the quality of people's lives in Cumberland County



Enclosed is the 2007 Community Impact Response Grant Request for Funding Proposal. This proposal is the major vehicle through which our Community Impact Council and Volunteers gain a greater understanding of services and programs available and the impact they have on the lives of the people in our community. It also educates and informs volunteers about the needs of program clients, the program response to those needs, as well as the actual client outcomes achieved and what outcomes are expected within the next year. Program details will help volunteers understand how the program aligns with the strategic intent and priorities of United Way, how effectively resources are utilized, and if there is an atmosphere where continuous improvement in services is desired. Further, the request for funding proposal will provide information on the financial status of the agency, its Board leadership, and what businesses in the community benefit from its services.

GENERAL INFORMATION

- **Complete one request for funding proposal for each program to be funded.**
- **Use the agency's fiscal year in reporting information.**
- **All financial data should reconcile with the agency's most recently completed audit. If it does not, include an explanation.**
- **Round all figures to the nearest dollar.**
- **Number pages throughout the proposal.**
- **Materials should be arranged in the order provided on the checklist.**
- **Submit ONE SIGNED ORIGINAL and ten (10) 3-HOLE PUNCHED collated copies.**
- **DO NOT BIND OR STAPLE COPIES.**
- **Include NAME OF AGENCY and PROGRAM NAME at the top of each page.**
- **Use front and back copies.**
- **Include name of agency and program at top of each page.**
- **DO NOT INCLUDE MATERIALS OTHER THAN THOSE REQUESTED.**
- **Please do not return this instruction booklet with your proposal it is to assist you in completing the request for funding proposal.**
- **PLEASE COMPLETE, SIGN AND RETURN THE REQUEST FOR FUNDING CHECKLIST.**

REQUEST FOR FUNDING PROPOSALS and ALL REQUIRED ATTACHMENTS MUST BE SUBMITTED TO THE UNITED WAY OF CUMBERLAND COUNTY OFFICE, 222 Maiden Lane, P.O. Box 303, Fayetteville, NC 28302, by the close of business on Monday, November 12, 2007. If any portion of the proposal is incomplete, the proposal will be returned to the agency. You will be given five (5) working days to complete and/or make corrections to proposal.

This request will be for the funding period of January 1, 2008 through January 1, 2009. All funding is contingent upon the success of the annual campaign and the established evaluation and funding criteria. All agencies approved for funding will be required to submit a mid-term report (6-months into funding) to the UWCC.

For further information, contact Crystal Moore-McNair, Community Impact Manager, at 483-1179.

ACCESS TO THE REQUEST FOR FUNDING PROPOSAL

The 2007 Community Impact Response Grant Request for Funding Proposal, Attachments, Instructions and Checklist are available on the United Way of Cumberland County's website, www.unitedway-cc.org.

The Proposal is formatted as tables and text space. For tables simply click within a cell and type your information.

This instruction booklet will walk you through the proposal, page by page. It may be helpful to follow along, step by step, as you complete the application.

Page 1- Signature/Cover Page

This "cover" page should be completed with the information indicated. The top half of the page is fairly self-explanatory. Again, this is in a table format. Simply click in the appropriate cell of the table to enter the information requested.

Program Funding Information

Indicate the amount of program funding you are requesting.

Certification

Please print and sign name of authorizing individuals (Executive Director and Board Chair).

Indicate the fiscal year for your agency. Enter month and year for beginning date and ending date.

Page 2 – Program Information

Program Mission.

Provide statement of the program's mission including services and activities.

Program Cost Effectiveness.

Please discuss how the United Way of Cumberland County's funding will be used within the program. Discuss the need for the program in the community. List statistics, etc. to substantiate the data you are submitting. Discuss the impact of the program to date.

Alignment with UWCC's Community Impact Area.

Explain how the program's mission, goals and/or activities align with UWCC impact area.

Program Performance.

Please complete Attachment F-1: Program Performance Model indicating goals, objectives and proposed timeline.

Complete Attachment F-2: Program Performance Measurement Plan indicating your plan for measuring community impact.

Complete Attachment F-3: Program Performance Results and Findings.

Discuss the status of the program to date. Discuss current waiting lists (if applicable). Discuss challenges and obstacles.

Target Population.

Discuss the population the program will serve. Indicate how the program will be marketed to clients.

Number Served. Indicate the number of unduplicated clients served. Click onto the box before each year to enter data.

Participant/Client Income Level. Please indicate number served in each income level of table. Click onto the box and enter information for 2007/2007 funding year. If you do not collect this information indicate, why?

Page 3- Client Demographics, Collaborations, and Future Funding

Participant/Client Demographics.

Indicate the number of unduplicated individuals reached through program services and activities in each category. Click onto box following category to enter data.

Community Building/Collaborations.

Describe how the program is working with other organizations to provide additional services to its' clients.

Future Funding.

Discuss how the program will be funded in future years. Indicate sources of funding, fundraisers, grants, foundations, etc.

ATTACHMENTS

Attachment B: Program Financial Report.

You may change the line items to represent functions within your agency.

Attachment C: Donor Restricted Fund.

Indicate name of restricted fund, source and amount as well as date of restriction, beginning and ending.

Attachment D: Fundraising Activities.

List all fundraisers. Include Title, description, dollar goal set, dollar amount raised, purpose, solicitation period (date), method of solicitation and persons responsible.

Attachment E: Agency Board Roster.

List current members of your board of directors or advisory board. Indicate position, name, place of employment, mailing address and phone number, term date, gender and race for each director. If retired, please note that director is retired and list the company name from which the director retired.

Attachment F-1 thru F-3: Outcomes.

Complete Program Performance Model. List goals/objectives, resources dedicated to the program, services provided, direct results and the benefits to clients.

Complete Program Performance Measurement Plan. List outcomes to be measured, indicators, targets, benchmarks/data source and data collection method.

Complete Results/Findings From Outcomes. List outcomes and results/findings.

Request For Funding Proposal Budget Line Item Definitions

The following line item definitions are included for your use in completing your budget.

INCOME	DESCRIPTION
United Way of CC	Previous year's allocation or proposed request or allocation from United Way.
Other United Ways	Allocations received from other United Ways.
Fees and Grants from City / County	Include revenues from City and/or County sources.
Fees and Grants from State / Federal	Include revenues from Federal and/or State sources.
Foundations	Include all revenues received from foundations.
Contributions	Money received from the general public for which the donor received no direct benefit in return.
Fund Raising and Special Events	All revenues from special fundraising events. Include all revenues from events such as dinners, dances, bazaars, golf tournaments, etc. Include only those events sponsored by the agency itself. Proceeds from special events by an independent organization other than the agency should be included under contributions.
Program Service Fees	Include fees charged and collected for specific services provided, such as fees for special lessons, counseling sessions or day care fees. Do not include governmental fees (Medicaid/Medicare). Governmental fees such as Medicaid and Medicare should be included under Fees & Grants from State or Federal sources.
Sale of Materials	Include revenues obtained from the sale of supplies and services to other organizations and the general public. This could include sales of directories, uniform insignias, and pamphlets, training materials and copying services.
Investment Income	Include interest, dividends, rents or royalties. The principal asset on which the earnings are reported should be under the direct control of the agency (although the use of the principal may be excluded).
In-Kind Support	Include Revenues from in-kind donations.
Other	Provided to show income that does not apply to other categories. Specify the source of income.
Total Support/ Revenue	Add all sources of income.

EXPENSES	DESCRIPTION
Salaries	Salaries of staff.
Employee Benefits	Amounts paid/accrued for employee health and retirement benefit plans and any other employee benefit plans.
Payroll Taxes	Social Security, unemployment compensation premiums paid/payable under federal, state or local laws.
Contract and/or Professional Fees	Fees and expenses of professional practitioners and consultants who are not employees and are engaged as independent contractors for specified services on a fee or other individual contract basis.
Supplies	Necessary office supplies such as computer paper, pens, recreational, vocational and craft supplies.
Telephone	All telephone, telex, fax, and similar expenses.
Postage and Shipping	Cost of postage, parcel post, express mail, trucking and other delivery expenses, including shipping materials.
Occupancy	All costs arising from the agency's occupancy and use of owned or leased land or buildings, including rent of premises, parking lot rent, etc.
Utilities	Costs of electricity usage, water and sewer usage
Building Maintenance	Cost of building maintenance, garbage collection, alarm monitoring, etc.
Equipment Maintenance	Cost of renting and maintaining equipment, such as electronic data processing units, typewriters, calculators, Dictaphones, and similar equipment.
Printing and Publications	Cost of printing stationary, envelopes, commercial art, plates, artwork, proofs, photographs and other costs of publications and films. Also included in this classification are costs of purchasing publications, technical journals, books and pamphlets.
Other	These spaces are provided for any expense that does not apply to other categories such as charitable solicitation license fees. Specify the expense.
Total Expenses	Add all expenses.



United Way of
Cumberland County

**Community Impact Response Grant
Request for Funding Proposal
For Year 2007**

TIP SHEET FOR WRITING PROGRAM PERFORMANCE MODEL

(Please do not return this form)

	INPUTS	ACTIVITIES	OUTPUTS	OUTCOMES
D E F I N I T I O N	Inputs are the resources a program uses to achieve its objectives. The inputs make the <i>activities</i> possible.	Activities are the services a program provides, what a program does with the inputs.	Outputs are the products of a program activities, the important countable items, sometimes called units of service.	Outcomes are benefits for participants during or after their involvement with a program; these are the changes that a program wants their participants to undergo as a result of being in the program.
I N C L U D E S	Inputs include such things as staff, volunteers, donations, facilities, equipment, curricula and funding.	Activities include such things as trainings and workshops, case management, counseling, mentoring, mail delivery, etc.	Outputs include such things as the number of classes taught, the number of meals provided, the number of brochures distributed, participants served by the program, etc.	These would include such things as a greater knowledge of nutrition, improved reading skills, more effective responses to conflict, getting a job, having greater financial stability.
M I S T K E S	Leaving out things that are not budget items (volunteers, donated services, etc.) Too much detail in the information.	Listing (or missing) a major activity that does not appear in the program description in the body of the application. Listing component pieces of an activity	Listing <i>outcomes</i> rather than outputs. Giving targets instead of outputs.	Outcomes that are <i>not</i> focused on changes occurring in the participants. Outcomes far beyond what the program can reasonably demonstrate.



United Way of
Cumberland County

**Community Impact Response Grant
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For Year 2007**

TIP SHEET FOR WRITING PROGRAM PERFORMANCE MEASUREMENT PLAN

	INDICATORS	TARGETS	BENCHMARKS/DATA SOURCE	DATA COLLECTION METHOD
D E F I N I T I O N	Indicators are specific items of information that indicate a program's performance, measurable items or pieces of information that will show that the <i>outcome</i> is occurring.	Targets are the numerical objectives or goals for a programs' level of achievement on its performance measures.	Benchmarks/Data Source is the location of the indicator information.	The Data Collection Method is the means the program will use to collect information on the indicators, and how regularly it will be collected.
I N C L U D E S	Any trackable piece of information whose change would show that the outcome is being achieved.	Such things as the number of clients who will pass the class; the number of participants who demonstrate the desired behaviors; the percent of clients whose credit rating is improved, etc.	Such things as the program's own past performance numbers; national, state or community averages; another program's outstanding performance.	Any means of measurement that can be effectively used to show changes in the chosen indicators.
M I S T A K E S	Selecting vague or hard to define indicators. Selecting indicators that are difficult to track.	Setting, unreasonably high goals for the complexity of the program. Setting unreasonably low goals for the success of the program.	Selecting unrelated data (such as state averages for a group significantly different from the client group).	Selecting unreliable or inappropriate methods to obtain information. Selecting methods that could not be easily integrated into a program.



United Way of
Cumberland County

**2007 Community Impact Community Response Grant
Request for Funding Proposal Checklist**

Please check each item to assure that your proposal includes the following:

- | | |
|--|-----------------------|
| <input type="checkbox"/> Attachment A: Request for Funding Proposal (for each program) | Initials _____ |
| <input type="checkbox"/> Attachment B: Program Financial Report (for each program) | Initials _____ |
| <input type="checkbox"/> Attachment C: Donor Restricted Funds | Initials _____ |
| <input type="checkbox"/> Attachment D: Fundraising Activities | Initials _____ |
| <input type="checkbox"/> Attachment E: Agency Board Roster | Initials _____ |
| <input type="checkbox"/> Attachment F-1: Program Performance Model | Initials _____ |
| <input type="checkbox"/> Attachment F-2: Program Performance Measurement Plan | Initials _____ |
| <input type="checkbox"/> Attachment F-3: Program Performance Results/Findings | Initials _____ |

Additional Attachments (All agencies must submit one copy of the following):

- | | |
|---|-----------------------|
| <input type="checkbox"/> Most recently completed Audit | Initials _____ |
| <input type="checkbox"/> Most recently completed IRS 990 | Initials _____ |
| <input type="checkbox"/> Annual Report/Agency Brochure | Initials _____ |
| <input type="checkbox"/> UWCC Standards of Accountability
(Signed by Executive Director & Board Chair) | Initials _____ |
| <input type="checkbox"/> Request for Funding Proposal Checklist | Initials _____ |

I understand that all requests for funding materials must be complete upon submission. By my signature on this checklist, I acknowledge that all required components of the application are included.

Executive Director's Signature _____

Date _____

DETACH AND RETURN CHECKLIST WITH REQUEST FOR FUNDING PROPOSAL