

Community Impact

2024 - Application

Application Status:

Application Submission Details

Executive Director: _____

Board President: _____

Board Treasurer: _____

Submission Confirmation Email Sent To: _____

Submitted By: _____

Agency Information

General Agency Information

Name of Organization _____

Tax ID _____

Address _____

Web Address _____

Key Contact _____

Phone Number _____

Key Contact relationship to organization _____

Is the Key Contact the primary person completing the application?

Basic Program Information

Name of Program Applying for Funds

Address of Primary Program Site

Fiscal Year

Agency Description

1. Agency Description
(4,000 characters)

2. What is your agency's mission?
(500 characters)

3. How does your Board of Directors contribute to the organization's mission? This should include things like financial support, advocacy, strategic direction, and more (please cite 2-3).
(1,000 characters)

4. Is your organization part of a larger, national organization?

Y/N

4a. Do you have a local board of directors or local decision-making committee?

Y/N

Our organization understands these are the core values of United Way of Northeast Georgia:

Mission

To motivate and mobilize resources to meet the highest priority needs of individuals and families in Northeast Georgia.

Vision

To envision a region where every man, woman and child has access to quality education, financial stability and a healthy lifestyle.

Equity Statement

At United Way of Northeast Georgia, we believe a focus on diversity, equity, and inclusion is essential to the success of our region. We all must do our part, working UNITED, to create a more equitable community and ensure that everyone has access to the resources, opportunities, and support they need to live and thrive.

Acknowledge

☐

Program Information

Program Impact Area _____

Total Request from UW _____

*Your applied Focus Area is [select one from Basic Needs, Early Childhood Success and Workforce Development] and the key indicators are:

Basic Needs

- #1 % of families skipping less than 2 meals a week
- #2 % of people experiencing homelessness moving to stable housing
- #3 % of individuals report needs met after facing a defined emergency

Early Childhood Success

- #1 % of births with prenatal care in first trimester
- #2 % of children meeting developmental milestones (birth-5 year-olds)
- #3 % of children meeting kindergarten readiness benchmarks
- #4 % of parents demonstrating increased parenting skills and knowledge

Workforce Development

- #1 % of students enrolled in postsecondary training, certification, or education one year after high school graduation
- #2 % of 16-24-year-olds engaged in education
- #3 % of 16-24-year-olds engaged in work
- #4 % of job readiness participants retain employment for 90 days or more

5. Give a brief overview of the program for which you are requesting funds and its connection to the Focus Area chosen. (750 characters)

6. Describe the specific community need your program seeks to address and how it relates to this Focus Area's indicators. Be sure to include data points and/or qualitative evidence from client experience where possible. For additional data support sorted by Focus Area use the Resource Center tab on the e-CImpact main page. (1,000 characters)

- **Basic Needs Specific Question**

7. How will this program address the need you have outlined and provide access to emergency food, shelter, other essential resources, and/or move clients out of crisis and into a place of stability? (Note any collaborative partners whether or not funding is shared and if this is a new program. If evidence-based strategies, practices or curricula are used, please describe those.)

(2,000 characters)

- How does your program follow-up with clients to learn about their long-term outcomes? Please describe challenges and successes in this area. (750 characters)
- Does your program relate to another Focus Area? If so, which one and how so? As a reminder those are Early Childhood Success (ages 0-5 and their caregivers) and Workforce Development (ages 16-24) (750 characters)

- **Early Childhood Success Specific Question**

7. How will this program address the need you have outlined and help children 0-5 meet developmental milestones, prepare for kindergarten and/or be better supported by their caregivers than they would be without it? (Note any collaborative partners whether or not funding is shared and if this is a new program. If evidence-based strategies, practices or curricula are used, please describe those.)

(2,000 characters)

- How does your program directly engage the children you serve (if it does)? (750 characters)
- How does your program directly engage caregivers (if it does)? (750 characters)
- Does your program relate to another Focus Area? If so, which one and how so? As a reminder those are Basic Needs (food, shelter, other emergency/crisis response and stabilization) and Workforce Development (ages 16-24) (750 characters)

- **Workforce Development Specific Question**

7. How will this program address the need you have outlined and make the youth you serve more likely to be employed or in an education/certificate program during ages 16-24 than they would be without it? And/or how will intervention your program provides make those you serve more likely to retain employment after 90 days? (Note any collaborative partners whether or not funding is shared and if this is a new program. If evidence-based strategies, practices or curricula are used, please describe those.)

(2,000 characters)

- Do you engage employers to create hiring opportunities or help with employee retention as part of your program model? If so, how? If not, why not? (750 characters)
- Does your program relate to another Focus Area? If so, which one and how so? As a reminder those are Early Childhood Success (ages 0-5) and Basic Needs (food, shelter, other emergency/crisis response and stabilization) (750 characters)

8. How will this request for funding increase the quantity or quality of program services and client outcomes? Will being granted less than the full applied for amount impact the quantity or quality of service this program delivers and/or its clients' outcomes?

(1,000 characters)

9. Describe the plan for sustainability/stability of this program. (For example: Are there multiple funding sources? Is there a committed group of volunteers or staff to operate it? What gives you confidence this program will be available for years to come?)
(1,000 characters)

10. Please describe your target population. Include age range demographic information and income level if available. (this should include the population who could most benefit from your program and any intentionally emphasized groups, not just those whom you currently serve).
(750 characters)

11. Does your organization listen to and incorporate feedback from current and/or former clients in this program? If so, how has this impacted or evolved your service delivery?
(1,000 characters)

12. Cost per Beneficiary (please include the cost per unit of service and the time over which that service is delivered)
(250 characters)

13. Counties Served by Program (describe differences in service by county if any exist)

Banks	Yes/No
Barrow	Yes/No
Clarke	Yes/No
Elbert	Yes/No
Franklin	Yes/No
Greene	Yes/No
Hart	Yes/No
Jackson	Yes/No
Madison	Yes/No
Morgan	Yes/No
Oconee	Yes/No
Oglethorpe	Yes/No

Collaboration

14. Are you applying as a collaboration (this refers only to collaborations that will share UW funding)?

Yes/No

Only Answer if Above Answer Was Yes

How many collaborating partners will you besharing this funding with?
(1-5)

Collaborator 1
(Your Organization)

Collaborator Name
(Your Organization)

Grant funding to bedistributed to this collaborator

Collaborator 2

Collaborator Name

Grant funding to bedistributed to this collaborator

Collaborator Contact

Name and Email Address

Collaboration Description

14a. How does each collaborator contribute to the overall outcomes?
(1,000 characters)

14b. If granted less than requested, how will funding be distributed to collaborators? Is there a minimum required for you to be able to disburse funds proportionally to what is proposed?
(1,000 characters)

Program Performance Measures Output

Focus Area: [select one from Basic Needs, Early Childhood Success and Workforce Development]

Output:

	Previous Year Actual (2020)	Year to Date (2021)	Projected (2022)
Number	#	#	#

15. How do you plan to track these Outputs?
(500 characters)

16. Which Outcome Measure in the following section does this Output Measure help you accomplish?
(300 characters)

16.a How will these Outputs help participants achieve the Outcome(s) you have selected (i.e. how will attending these trainings help youth obtain employment)?
(1,000 characters)

17. What would you consider success in reference to this Output Measure? If there is a standard success measure for programs like this, please share that. If this is a new program, please explain why this is the benchmark you have set.
(500 characters)

16a. If your program is not performing at the standard of success you would like to see, please explain. (temporary barriers, systemic challenges, etc.)
(500 characters)

Outcome

Focus Area: [select one from Basic Needs, Early Childhood Success and Workforce Development]

Outcome Measure Options (can also write-in one):

Basic Needs

- #1 % of families skipping less than 2 meals a week
 - #2 % of people experiencing homelessness moving to stable housing
 - #3 % of individuals report needs met after facing a defined emergency
-

Early Childhood Success

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Measurement

	Previous Year Actual (2020)	Year to Date (2021)	Projected (2022)
# Served	#	#	#
# Achieving	#	#	#
% Achieving	%	%	%

18. How do you plan to track these Outcomes?
(500 characters)

18a. If this is a Write-In Measure, please explain how this outcome measure improving makes a significant impact in this focus area.
(1,000 characters)

19. What would you consider success in reference to this Outcome Measure? If there is a standard success measure for programs like this, please share that. If this is a new program, please explain why this is the benchmark you have set.
(500 characters)

19a. If your program is not performing at the standard of success you would like to see, please explain. (temporary barriers, systemic challenges, etc.)
(500 characters)

Program Budget Request

	Previous Year Actual 2021	UW Funding 2023	Other Funding 2023	Total Program Budget 2023
UW Request	5,000.00	30,000.00		30,000.00
Grants	25,000.00		30,000.00	30,000.00
Events Revenue	10,000.00		10,000.00	10,000.00
Program Fees	0.00			0.00
Individual donations	8,000.00		10,000.00	10,000.00
Other Revenue (click to add)	0.00	0.00	0.00	0.00
Total	48,000.00	30,000.00	50,000.00	80,000.00

Program Expense

	Previous Year Actual 2021	UW Funding 2023	Other Funding 2023	Total Program Budget 2023
Personnel Costs	42,000.00	24,000.00	42,000.00	66,000.00
Client Service Costs (participant financial support, participant wages, educational/certification costs, etc.)				
Program Materials/Supplies (including food)	100.00	2,000.00	2,000.00	4,000.00
Occupancy	0.00	0.00	0.00	0.00
Travel	0.00	3,000.00	3,000.00	6,000.00
Auxiliary (phone, internet, postage)				0.00
Contracted/Professional Fees				0.00
Legal and Accounting				0.00
Insurance				0.00
Other Program Expenses (click to add)	0.00	0.00	0.00	0.00
Total	42,100.00	29,000.00	47,000.00	76,000.00

	Previous Year Actual 2021	UW Funding 2023	Other Funding 2023	Total Program Budget 2023
Program Budget Surplus or (Deficit)	5,900.00	1,000.00	3,000.00	4,000.00

Budget Notes

Notes

Notes: Please include any information you would like to be considered regarding the budget charts

(1,000 characters)

How many funders does this program have in each category (i.e. Grants (4), Event Revenue (1), Program Fees(100), Individual Donors (50))?

Grants	8
Events Revenue	2
Program Fees	0
Individual Donations	75

Other Revenue

How many 'Other Revenue' items do you need to add? Note: These should reflect what was added under Other Revenue on the Program Budget Request.

Other Revenue Name (1)

Other Revenue Name (1) List # of Funders like above.