

Health Application

2018-2020 SAMPLE Application



United Way of Central Illinois

Organization Information (0%)

General Information

Organization Legal Name	Auto Fill
Organization Vision Statement	Auto Fill
Organization Mission Statement	Auto Fill
Total Annual Organization Operating Budget	Auto Fill
Organization Telephone	Auto Fill
Organization Fax	Auto Fill
Primary Address	Auto Fill
Organization Website	Auto Fill
Executive Director Full Name	Auto Fill
Executive Director Email	Auto Fill

Program Information (42,000 characters possible)

General Program Information (8%)

Program Name	
Amount of funding being requested from United Way	
Primary Program Contact	
Is this a new or established program?	

Describe the program for which funds are being requested.

Describe the facility(ies) where program services are delivered.

Program Support (6%)

Describe the number of staff and the experience of those implementing this program.

Are stakeholders (health champions), as defined in the RFA, used in this program's structure?

If so, please explain who they are, the training stakeholders receive, how they are specifically utilized in service delivery, and the added value they bring to this program and its target population.

Are volunteers used in this program's structure?

If so, please explain the training volunteers receive, how they are specifically utilized in service delivery, and the added value they bring to this program and its target population. (If the only volunteers engaged are considered stakeholders, please only describe above. This section is for volunteers that are not utilized in a stakeholder role.)

Client Information (7%)

Describe the population this program serves/intends to serve.

Issue Area Specific Information (20%)

Describe how this program aligns with the chosen Priority(ies) and Strategy(ies) and why this program is a strong investment to advance the health of our community.

(Optional) As United Way writes their action plan for the upcoming program year for its unfunded advocacy priority, what are specific ways your program would like UW to engage with you around Priority 3?

Collaboration/Coordination (7%)

Collaborations for this grant's purposes means programs/initiatives who are in an active relationship in which the parties are mutually responsible for the success and well-being of the client. They are actively sharing data back and forth, and working seamlessly to advance the success of the client.

In contrast, referrals are passive relationships that help connect client's, but programs are not integrated into the client's action plan, and data is not shared back and forth.

Briefly describe the partnerships/collaborations this program utilizes to enhance client outcomes. This does not include referral relationships.

What target client outcomes/indicators are the partners above responsible for and how is this information communicated back and forth between/among partners?

In regards to referrals, please list the services primarily referred to when working with your target population.

Program Year Information

Provide start and end dates for the following program 'years'.

Most Recently Completed Year	Current year	Projected year
Start Date:	Start Date:	Start Date:
End Date:	End Date:	End Date:

Budget Information (10% : Includes form and narratives) (20,000 characters possible)

PROGRAM BUDGET

Code	Line Item	Most Recently Completed Year (Actuals)	Current Year (End of Year Estimates)	Proposed Year (Estimates)
4000	Contributions (From external sources)			
4010	Internal Foundations and Trusts			
4200	Special Events			
4300	Legacies and Bequests			
4600	Contributed by Associated Organizations			
4700	Allocated by Federated Fund-Raising Organizations			
4701	Allocated by United Way of Central Illinois			
4702	Donor Designated Funds by United Way of Central Illinois			
4721	All Revenue from Other United Ways			
4800	Allocated by Unassociated & Non-Federated Organizations			
5000	Fees from Government Agencies			
5500	Grants from Government Agencies			
6000	Revenue from Membership Dues/Fees			
6200	Program Service Fees & Incidental Revenue (Net)			
6300	Sales of Materials & Service Fees & Incidental Revenue (Net)			
6400	Sales to Public - Net			
6500	Investment Income			
6900	Miscellaneous Income			
Total Income	Auto calculating line			
7000	Salaries-Program Staff			
7001	Salaries-Administrative			
7100	Employee Benefits			
7200	Payroll Taxes			
8000	Professional Fees			
8100	Supplies			
8200	Telephone			
8300	Postage and Shipping			
8400	Occupancy (Building and Grounds)			
8500	Equipment Expenses			
8600	Printing and Publications			
8700	Travel			
8800	Conferences, Conventions, & Meetings			
8813	Training Expenses			
8900	Specific Assistance to Individuals			
9000	Membership Dues			
9002	Payments to National Organizations			
9100	Awards and Grants			
9400	Miscellaneous Expenses			
9800	Insurance Premiums			
Total Expenses	Auto calculating line			
Revenues Over/Under Expenditures	Auto calculating line			

Budget and Allocation Request Narratives

Explain any surpluses or deficits and how the organization has responded to this?

Explain and itemize any miscellaneous income or expenses identified in the budget.

Explain all line items with any increase or decrease of 10% or more from one year to the next.

Describe and itemize the following line items: 7000 and 7001 (Salaries, please no names), 8000 (Professional Fees), 8400 (Occupancy), 8500 (Equipment Expenses), 8800 (Conferences, Conventions, and Meetings), 8813 (Staff Education Expenses).

If applicable, what percent of funding is used for stakeholder training and support.

If not previously addressed, what percent of funding is used for program evaluation, and to which line item is it attributed?

Explain if this program is affected by other funding sources (i.e. match grants, government funding, etc.)

Explain how this program will use UW funding and program modifications that would take place at 80%, 60%, and 40% of your funding request.

Client Demographic Report (5%: Includes form and narrative) (1,000 characters possible)

Clients Served	Most Recently Completed Fiscal Year (Actuals)	Current Fiscal Year (End of Year Estimates)	Proposed Fiscal Year (Estimates)
Total Clients served by program			
Total			
# of total clients served identified to IRS as single			
# of total clients served identified to IRS as head of household/dependent			
Total			

Individual Client Information:

Gender	Most Recently Completed Fiscal Year	%	Current Fiscal Year	%	Proposed Fiscal Year (Estimates)	%
Female						
Male						
Transgender						
Unknown						
Total						

Age	Most Recently Completed Fiscal Year	%	Current Fiscal Year	%	Proposed Fiscal Year (Estimates)	%
00 - 04 Years (Infant)						
05 - 09 Years (Child)						
10 - 14 Years (Pre-teen)						
15 - 19 Years (Teen)						
20 - 34 Years (Young Adult)						
35 - 54 Years (Adult)						
55 - 64 Years (Mature Adult)						
65 - 74 Years (Senior)						
75 - 84 Years (Senior +)						
85+ Years (Elderly)						
Unknown						
Total						

Ethnicity	Most Recently Completed Fiscal Year	%	Current Fiscal Year	%	Proposed Fiscal Year (Estimates)	%
Black / African American						
Asian						
White / Caucasian						
Hispanic / Latino						
Native Americans						
Pacific Islander						
Multi-Racial						
Others						
Unknown						
Total						

Single and *Family Unit Information:

Location	Most Recently Completed Fiscal Year	%	Current Fiscal Year	%	Proposed Fiscal Year (Estimates)	%
Sangamon County						
Menard County						
Unknown						
Total						

Family Size of client being served	Most Recently Completed Fiscal Year	%	Current Fiscal Year	%	Proposed Fiscal Year (Estimates)	%
1 (Single)						
2						
3						
4						
5						
6						
7						
8+						

Unknown						
Total						

Menard County Unit Information:

Single Income (% of MNFI: \$29,111)	Most Recently Completed Fiscal Year	%	Current Fiscal Year	%	Proposed Fiscal Year (Estimates)	%
0-50%(\$0-\$14,555.50)						
50-80%(\$14,555.51-\$23,288.80)						
At least 80%, but less than 120% (\$23,288.81-\$34,933.20)						
Equal to or greater than 120% (\$34,933.21+)						
Unknown						
Total						

Family Income (% of MFI: \$74,193)	Most Recently Completed Fiscal Year	%	Current Fiscal Year	%	Proposed Fiscal Year (Estimates)	%
0-50% (\$0-\$37,096.50)						
50-80%(\$37,096.51-\$59,354.40)						
At least 80%, but less than 120% (\$59,354.41-\$89,031.60)						
Equal to or greater than 120% (\$89,031.61+)						
Unknown						
Total						

Sangamon County Unit Information:

Single Income (% of MNFI: \$35,898)	Most Recently Completed Fiscal Year	%	Current Fiscal Year	%	Proposed Fiscal Year (Estimates)	%
0-50%(\$0-\$17,949)						
50-80%(\$17,949.01-\$28,718.40)						
At least 80%, but less than 120% (\$28,718.41-\$43,077.60)						
Equal to or greater than 120% (\$43,077.61+)						
Unknown						
Total						

Family Income (% of MFI: \$74,886)	Most Recently Completed Fiscal Year	%	Current Fiscal Year	%	Proposed Fiscal Year (Estimates)	%
0-50%(\$0-\$37,443)						
50-80% (\$37,443.01-\$59,908.80)						
At least 80%, but less than 120% (\$59,908.81-\$89,863.20)						
Equal to or greater than 120% (\$89,863.21+)						
Unknown						
0-50%						

Other Client Information:

Other Services Clients are Receiving	Most Recently Completed Fiscal Year	%	Current Fiscal Year	%	Proposed Fiscal Year (Estimates)	%
SSDI (<i>Social Security Disability Insurance</i>)						
SSI (<i>Supplemental Security Income</i>)						
SNAP						
Medicaid						
Affordable Care Act Subsidies						
Other						
Unknown						
Total						

Demographic Narratives

If applicable, explain why there is unknown demographic data for this program

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LOGIC MODEL DATA FORMS GO HERE!(7%)

(Programs will be asked to provide past, current, and proposed outcome and output data as available)

Logic Model Questions (30%) (22,000 characters possible)

Explain all measures with any increase or decrease of 10% or more from one year to the next.

Explain how this program's inputs lead to the identified outcomes and outputs.

Explain how this program's activities lead to the identified outcomes and outputs.

Identify and explain any additional OUTPUTS and OUTCOMES/INDICATORS identified (beyond the suggested outputs) and their importance to program delivery.

Explain this program's evaluation process.

How is programmatic data used for continuous improvement purposes?

Optional (5,000 characters possible)

Provide a success story that details the effectiveness of this program's services.

If needed, use this space to further explain a programmatic aspect which is of value, but went under addressed in other sections of the application.

Attachment Section

Complete the metric identification and measurement form in the resource center for each of your selected outputs and outcomes and upload it here.

Upload the tools used to evaluate this program.

Please upload all relevant coordination/collaboration agreements that your program uses to achieve programmatic success.

Upload any relevant awards or certification this program has received or organizational awards/certifications that enhance the value of this program specifically.

Upload a programmatic flow chart/process map and or other visual representation that shows how this program operates.

Optional
Optional