



Please use a separate form for each program.

Organization: _____

Program: _____

Percentage of Program that serves Holmes County: _____

Percentage of Program that serves Wayne County: _____

Safety Net funding is meant to alleviate the pressure for individuals in need. Therefore, funding through the safety net focus area should be used primarily for direct client assistance.

Items that will not be funded by United Way of Wayne and Holmes for Safety Net applications:

- 1.) Salaries, benefits
- 2.) Occupancy expenses
- 3.) Technology
- 4.) Training for employees

Part I: Program Overview

Which objective will your program meet? (Check all that apply)

Individuals and families will have access to and retain shelter. _____

Individuals and families will have access to food. _____

Individuals will have access to utility assistance. _____

Access to other basic needs (please explain): _____

- 1. Does your program serve low income residents in Wayne or Holmes County?
If you answered NO, you do not qualify for this funding.
- 2. What percentage of clients served are low income residents? _____ %
- 3. Are you able to clearly track your client's progress?
- 4. Are you able to provide annual reporting of clients and services provided?



5. Please describe your program in detail.

6. Please list the type of services you provide.

Example:

- *Short term shelter*
- *Food(Hot Meals)*

7. Please describe the need that this program is meeting. What data leads you to believe this is a need in our community?



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11. Please describe this program's greatest challenge.

12. If your program is not able to meet a client's need, what do you tell the client and where do you refer them for additional assistance?

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Part II: Key Performance Indicators

Use this table, attach separate pdf if necessary.
2019 (12 months of data using your fiscal year)
2020 (projected)

Type of Service	Number of Services		Number of Households		Number of Individuals (unduplicated)		Number of Collaborations		Number of Referrals	
	2019	2020 Projected	2019	2020 Projected	2019	2020 Projected	2019	2020 Projected	2019	2020 Projected
<i>Hot Meals</i>	42	50	20	25	40	49	1	1	15	20

KPI Descriptions:

Type of Service: *What service are you providing?*

Number of services: *How many meals did you serve?*

Number of households: *How many households did you serve?*

Number of individuals: *How many individuals did you serve? If one person had 4 helpings, only count the person once and the meals/helpings 4 times.*

Number of Collaborations: *How many organizations do you partner with for this service?*

Number of Referrals: *How many referrals were given to UWWH or other organizations due to this service?*

Part III: Program Reporting and Evaluation

Please explain:

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How do you track a client's use of services? How often can the same client utilize your services?

How often and to whom are you reporting number of clients and services rendered?

What tools or processes do you use to evaluate the success of the program?

How often do you perform a program evaluation?

Part IV: United Way Promotional Section

If the program was previously funded, please provide a detailed example of a program success or needs story which we can use for publication.



Part V: Fundraising Events

Please list all fundraising events that you have planned for 2020: date and description.

Part VI: Budget Information

Please Use This Program Budget Template and attach separate pdf document

Item Description	Justification	Item Cost (Total)	Amount Requested from UWWH	Matched Amount	Amount Ratio	
					UWWH	MATCH
Ingredients	<i>In order to serve hot meals, we need the raw materials to cook the food.</i>	\$200.00	\$200.00	\$0	100%	0%
PT Cook-Hourly Rate	<i>We need to hire a PT cook to properly prepare the hot meals. \$10 per hour x 10 hours per week x 52 weeks.</i>	\$5,200.00	\$0.00	\$5,200.00	0%	100%
	Total Cost:	\$5,400.00	\$200.00	\$5,200.00	4%	96%

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2020 SAFETY NET RFP APPLICATION



United Way of Wayne
and Holmes Counties

Please complete a program budget for each independent program request.

Additionally, we require a budget narrative which addresses all or some of the following as applicable: (limit 200 words)

- 1. Item Description is "Miscellaneous" and the total cost is greater than \$1,000.00**
- 2. Please tell us what would happen to this program if United Way funds were not awarded.**

Additional questions regarding finances and financial documentation may be requested before final awards are announced. Please be prepared to answer additional questions and provide additional documentation.

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