



Please submit a separate application for each program.

Organization: _____

Program: _____

Percentage of Service to Holmes County?: _____

Percentage of Service to Wayne County? _____

Part I: Program Overview

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

Early childhood development. _____

Summer program. _____

All other youth programing _____

1. Does your program serve low income residents in Wayne or Holmes County?
2. What percentage of the clients served by this program are at or below 200% of Federal poverty limit?
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. What School District(s) children benefit from this program? _____

6. **Early Childhood Development: How does your program help children prepare for kindergarten, obtain proficiency in math or reading, or focus on literacy?**

2020 YOUTH DEVELOPMENT RFP APPLICATION



United Way of Wayne
and Holmes Counties

- 7. Does your program engage with any local school districts in reporting progress? If yes, how do you engage?**
- 8. Does your program reduce absenteeism and discipline referrals? If yes, please explain how.**
- 9. Does this program provide professional development for practitioners? If yes, please explain.**
- 10. Does this program engage the entire family with any events? If yes, please explain.**



11. Does this program strengthen caregiver/parent/child relationship? If yes, please explain.

12. Please list the type of services your program provides.

Example:

- ***Scholarships for after school care***
- ***Tutoring sessions for math***
- ***Family activity hour***

13. What needs are your program meeting that no other organization/program is currently meeting or able to meet?



14. Please describe the outreach efforts currently used to recruit and retain participants.

15. Are your numbers of service increasing, decreasing or staying steady? Please explain your rate of service and any changes influencing this rate.

16. Please explain the sustainability of this program if you did not receive funds from United Way of Wayne and Holmes.

17. Please describe this program's greatest challenge.



Part II: Key Performance Indicators

Use this table:

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	2018	2019	2018	2019	2018	2019	2018	2019
Scholarships	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 scholarships did you provide?*

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

Number of individuals: *How many individuals did you serve? If one person had 4 scholarships, only count the person once and the scholarship 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?*

Number of children who achieve developmental milestones: *How many?*

Number of staff trained to provide quality programs: *How many?*

Part III: Program Reporting and Evaluation

Please explain:

How does a child become part of your program?

What does your intake process look like?

How do you track a client's progress?

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?

For Internal Use Only

UWWH Account ID: _____



How often do you perform a program evaluation?

If you are unable to serve this family, what direction do you provide?

Part IV: United Way Promotional Section

If the program was previously funded, please provide a detailed example of a program success 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.

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UWWH Account ID: _____



Part VI: Budget Information

Please Use This Program Budget Template and attach as separate pdf form

Item Description	Justification	Item Cost (Total)	Amount Requested from UWWH	Matched Amount	Amount Ratio	
					UWWH	MATCH
Vaccines	<i>In order to administer vaccines we need to purchase them. \$2.00 each, we need 100 units</i>	\$200.00	\$200.00	\$0	100%	0%
PT Nurse-Hourly Rate	<i>We need to hire a PT nurse to properly administer vaccinations. \$25 per hour x 10 hours per week x 52 weeks.</i>	\$13,000.00	\$4,000.00	\$9,000.00	30%	70%
		Total Cost:	\$4,200.00	\$9,000.00	47%	53%

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. Total amount ratio is showing UWWH portion higher than 75%. Specifically, please explain the sustainability of the program if you do not receive funding from UWWH.

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.