



2019 Emerging Needs Funding Request

Please check the box that best describes your organization :

United Way of
Portage County

Non-Profit

United Way Partner Program

Government

SECTION 1: AGENCY INFORMATION

1. Total Amount Request: \$ _____
2. Program Name _____
3. Agency (full legal name) _____
4. Address _____
5. Phone Number _____
6. Chief Professional Officer _____
7. Chief Volunteer Officer _____
8. Local Contact Person (if different from above) _____
9. Address _____
10. Phone Number _____

I certify that, to the best of my knowledge, the information I provide in this Grant Application is true and accurate.

Date Approved by
Board of Directors

Authorized Signature

Please submit this Emerging Needs Funding Request form to Mae Nachman, Director of Community Impact, United Way of Portage County, 1100 CenterPoint Drive, Suite 302, Stevens Point, WI 54481. Electronic Submission is allowed.

Completed grant applications are accepted and reviewed quarterly (during the third month of the quarter) and we ask that you submit two months prior to needing funding to complete application process.

Funding notification will take place after the next meeting of the United Way Vision Council and United Way Board of Directors.

PROGRAM BACKGROUND/PROGRAM INFORMATION

1. **Program Narrative** – Please describe the purpose of your program. Highlight the critical community need/problem your program will be addressing. *(Please limit response to 400 words)*

2. **United Way Impact Area, Priority, and Strategy** your program is best aligned with :
Select one Impact Area. Please reference Impact Area documents attached to this application for selection of Priority and Strategy.

Education: United Way will partner with programs that are most effective in helping our children enter school ready to learn, succeed in life, and meet the diverse needs of the community.
Priority _____ Strategy _____

Financial Stability: United Way will prioritize funding for programs that give community members a chance for a brighter future, a path toward achieving financial capability, and meet the diverse needs of the community.
Priority _____ Strategy _____

Health: United Way will prioritize funding for programs that address behavioral and physical wellness and meet the diverse needs of the community.
Priority _____ Strategy _____

3. **Target Population(s)** your program will serve:

- **Does the target population align with the 2019 United Way Priority Populations as defined on the Impact Area Vision Statement and Priority Funding Document?** Yes No
Please explain.

- **Please describe your outreach activities to ensure you reach the target populations(s).**

- **What is the anticipated total number of UNDUPLICATED program participants?**

4. What evidence-based or evidence-informed model or “best practice” does your agency use for the program? Please reference specific research supported strategies the program implements. Does the research evidence reflect the local target population you are seeking to serve? *(Please limit response to 350 words)*

5. What are the Outcomes for your program? (minimum of two)

6. What are your performance measurements for you program? What tool will you be using to measure the results of your work?

7. How will you use data to ensure you achieve your targets and improve your program?

8. Is there a fee for your program services? Yes No
 If YES, does the program have a sliding fee scale available for clients? Yes No

9. Does your program have a waiting list? Yes No
 If YES, what is the average duration of the wait list?

10. Describe any collaborative/cooperative efforts your program is involved in with other service providers/organizations and how these efforts benefit this program. *(Please limit response to 250 words)*

Number of paid FTEs required to operate the program:

2019 Actual # Program FTE	2019 Budgeted # Program FTE	2020 Proposed # Program FTE

SECTION 3: BUDGET PAGE

Please complete the budget form below. You may include additional budget information such as proposed budgets from the years listed or previous years if you believe this information will assist in a determination of funding need. Additionally, you may be asked to provide additional information after initial review of the information provided. **The budget should include income and expenses related to this request.

THIS BUDGET REPRESENTS PROGRAM DELIVERY IN PORTAGE COUNTY ONLY				
		2019	2019	2020
	INCOME	YTD ACTUAL	YTD BUDGET	Proposed BUDGET
1	UNITED WAY ALLOCATION			
2	CONTRIBUTIONS			
3	SPECIAL EVENTS			
4	OTHER PUBLIC SUPPORT			
5	GOVERNMENT SUPPORT			
6	FOUNDATIONS AND PRIVATE GRANTS			
7	DUES/FEES			
8	SALES TO PUBLIC			
9	INVESTMENT INCOME			
10	MISCELLANEOUS 1 (explain)			
11	MISCELLANEOUS 2 (explain)			
12	TOTAL INCOME	-		-
	EXPENSES			
13	SALARIES			
14	EMPLOYEE BENEFITS & PAYROLL TAXES			
15	PROFESSIONAL FEES			
16	SUPPLIES/PRINTING/DUPLICATING			
17	COMMUNICATION-PHONE/FAX/POSTAGE			
18	OCCUPANCY			
19	RENTAL/MAINT. OF EQUIPMENT			
20	TRAVEL			
21	CONFERENCE/CONVENTIONS/MTGS			
22	SCHOLARSHIPS/GRANTS/ASST. TO INDIV.			
23	DUES TO STATE/NATIONAL ORG.			
24	INSURANCE			
25	MISCELLANEOUS (explain)			
26	TOTAL EXPENSES	\$ -		\$ -
27	EXCESS/(DEFICIT)	\$ -		\$ -