

Application for
2016
Community Investment
Funding:
PROGRAM APPLICATION

Make sure you carefully review each section of the application.

Make sure all questions have been answered.

For questions, please contact:

Amy Longwill

Director of Community Impact

alongwill@hkuw.org

859.238.6986, office

859.583.5042, cell

Applications are due March 13, 2015 at 4:00 p.m. No late applications will be accepted.

Goal, Priority & Strategy

Indicate which Goal, Priority & Strategy with which the Program requesting funding aligns.
For each strategy selected, partners must submit bi-annual outcome measurement reports.

EDUCATION (1): Children enter school ready to learn and succeed.

Increase Access to Quality Preschool.

Provide early childhood programming that prepares children to succeed in school and life

UNIQUE PROGRAM STRATEGY:

Increase Parent’s understanding, confidence, and skills in helping children prepare for school.

Offer parent to parent mentoring classes

Increase parent engagement in and understanding of early child development

Extent parenting education to workplace, health care providers, neighborhoods, churches and schools

UNIQUE PROGRAM STRATEGY:

Increase public awareness and support for investing in early childhood education.

UNIQUE PROGRAM STRATEGY:

EDUCATION (2): Youth complete high school ready for college, career, and/or life.

Ensure all children are on grade level in reading and math by third grade.

UNIQUE PROGRAM STRATEGY:

Connect students with the support and skills they need to succeed in school and life.

Increase parent and youth engagement in and understanding of college and career readiness

Provide after school programming that develops life skills, including but not limited to problem solving, coping, self-care, and communication

Provide youth with knowledge and skills required in the workplace

Increase youth access to a caring adult role model

UNIQUE PROGRAM STRATEGY:

Equip parents and supportive adults with the knowledge and skills to prepare children to succeed in school and life.

Increase public awareness and support for investing in early childhood education

Extend parenting education (mentors, workshops, classes) to workplace, neighborhoods, churches, schools

UNIQUE PROGRAM STRATEGY:

INCOME: Families have adequate income and assets to independently meet their families' financial needs.

Decrease barriers to employment and higher education.

Increase employability of individuals through education of regional skills required for the regional employment opportunities

Support micro-enterprise training and creation

UNIQUE PROGRAM STRATEGY:

Increase ability to manage personal finances effectively.

Support individuals and families in establishing budgeting and banking skills

UNIQUE PROGRAM STRATEGY:

Help people in crisis become self-sufficient.

Increase access to and coordination between self-sufficiency services and individuals/families

Connect families and individuals in crisis to housing, food, health care and transportation

UNIQUE PROGRAM STRATEGY:

HEALTH: Individuals and families are healthier.

Pursue and promote safe, healthy living and lifestyle for children.

Increase access to healthy food and physical activities

Increase individuals' and families' engagement in and understanding of health

Improve individuals' and families' healthy behaviors

Ensure individuals and families are safe

UNIQUE PROGRAM STRATEGY:

Pursue and promote safe, healthy living and lifestyle for adults.

Increase access to healthy food and physical activities

Increase individuals' and families' engagement in and understanding of health

Improve individuals' and families' healthy behaviors

Ensure individuals and families are safe

UNIQUE PROGRAM STRATEGY:

Increase access and coordination of affordable health care services for all.

Establish place-based wellness coalitions (schools, churches, neighborhoods) to educate and motivate healthy choices

Increase access to preventative health services

UNIQUE PROGRAM STRATEGY:

2016 Community Investment Funding

PROGRAM Application

Community Impact Application: How will your program create opportunities for a better life for all?

Agency:

Program:

Funding Request:

Provide a detailed description of this program.

Identify the target population.

Utilize local, state and/or national data to state the need. Why is this program needed in our community? (Not all are required.)

Local:

State/Regional:

National:

What will happen if we DON'T have this program? What are the effects (short- and long-term) on our community?

Describe your collaboration efforts specific to this program. With whom do you collaborate? How? Why? Further, how do you avoid duplication of services?

Identify the "Recommendations for Improvement" and "Additional Comments/Concerns" named in your 2015 Final Score Sheet. Describe specific action taken to address each of the recommendations.

This program will serve people from the following counties:

	Boyle		Garrard		Lincoln		Mercer
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List counties outside of the HKUW service area which the program will serve.

Provide an estimated percentage of proposed HKUW funding for this specific program that is used to serve those outside of the HKUW service area (Boyle, Lincoln, Garrard, Mercer).

%

PROGRAM BUDGET: Income

The AGENCY and PROGRAM Budget are one in the same. Please see Agency Budget. This has been approved by Community Impact Director.

Item	Description/Explanation	2014	Projected 2015	Projected 2016
Contributions				
Special Events/Fundraising				
Legacies & Bequests (Unrestricted)				
Contributions by Associated Organizations				
Fees & Grants from Governmental Agencies				
Grants from Non- Governmental Sources (including HKUW)				
Membership Dues				
Program Service Fees				
Product Sales				
Sales of Assets				
Investment Income				
Miscellaneous Revenue				
Total PROGRAM Income				

PROGRAM BUDGET: Expenses

Item	Description/Explanation	2014	Projected 2015	Projected 2016
Salaries, Benefits & Payroll Taxes				
Professional Fees				
Supplies				
Telephone				
Postage/Shipping				
Office Supplies				
Occupancy/Utilities				
D&O Insurance				
Insurance (Property, Liability, Other)				
Rental & Maintenance of Equipment				
Marketing				
Printing & Publications				
Travel & Meals				
Conferences, Conventions & Meetings				
Specific Assistance to Individuals				
Membership Dues				
Awards & Grants				
Miscellaneous PROGRAM Expenses				
Total PROGRAM Expenses				

Supplement to Budget

Provide projected revenue this program will generate through fundraising and/or grant-writing to support the program **outside** of Heart of Kentucky United Way for 2015.

Description of Fundraising Activity and/or Grants	Amount

PROGRAM BUDGET SUMMARY

	FY 2014	FY 2015 Projected	FY 2016 Projected
Program Expenses			
Program Income			
Net			
Program Income (copy from above)			
HKUW Allocation (Actual & Projected)			
Percentage of Program Funding from HKUW			

Budget Narrative

Provide any additional details to clarify line items or specific items within the budget. Provide a narrative explanation for any amounts listed on the budget line items as "In-Kind" or "Other".

Provide any additional information that will assist community investment volunteers to understand the program budget and/or the requested amount of funding.

OUTCOME MEASUREMENT

GOAL:

PRIORITY:

STRATEGY:

UNIQUE PROGRAM STRATEGY:

Information and numerical information should be based on projections for 2016.

HOW MUCH DID WE DO?

Descriptor	Quantifier
<i>EX: Third graders reading two or more grades below grade level</i>	10

HOW WELL DID WE DO IT?

Descriptor	Quantifier
<i>EX: Of 100 clients served, number reporting satisfied with health service.</i>	95
Describe your program's use of best practice. How do you know that efforts and services of your program are appropriate?	

IS ANYONE BETTER OFF?

	Total Served	Number Achieving	Percent Achieving
<i>EX: Number of clients achieving GED.</i>	10	6	60%

Impact Snapshots

Help us communicate the impact of a contribution to your program through Heart of Kentucky United Way. Please select at least two of the following four options to illustrate the value of investing in your program.

Selection:

Selection:

Outcome Success Story

Provide a brief success story based on an actual outcome addressed within your application. The success story should illustrate your programs' effect on a SINGLE client or family. The success story **must** be available for public use by Heart of Kentucky United Way.

Agency Contact for Success Story:

Phone Number:

Identify the HKUW Goal & Priority this success story relates to:

County represented by the success story:

Heart of Kentucky United Way is granted permission to use the information provided on this form publicly.

Does your organization have a photo release for the person(s) identified in the success story?

DEMOGRAPHICS of people served.

UNDUPLICATED CLIENTS

	Boyle	Garrard	Lincoln	Mercer	Other Counties	Total
Number of Clients						
TOTAL						

GENDER

	Boyle	Garrard	Lincoln	Mercer	Other Counties	Total
Males						
Females						
Unreported						
TOTAL						

RACE

	Boyle	Garrard	Lincoln	Mercer	Other Counties	Total
Asian						
Black/African American						
Hispanic/Latino						
Pacific Islander						
White/Caucasian (non-Hispanic)						
Other						
Unreported						
TOTAL						

DEMOGRAPHICS, continued

AGE

	Boyle	Garrard	Lincoln	Mercer	Other Counties	Total
Pre-Elementary (Birth-5)						
Elementary School Age						
Middle School Age						
High School Age						
19-25 Years Old						
26-45 Years Old						
46-65 Years Old						
66+ Years of Age						
Unreported						
TOTAL						

INCOME LEVEL

	Boyle	Garrard	Lincoln	Mercer	Other Counties	Total
\$0 - \$14,999						
\$15,000 - \$24,999						
\$25,000 - \$34,999						
\$35,000 - \$49,999						
\$50,000 - \$74,999						
\$75,000 and above						
Unreported						
TOTAL						

Signature Page

By signing below you are indicating the following:

- I have reviewed this application
- The contents of this application are accurate and truthful
- Should we become aware of changes in the content, we agree to make Heart of Kentucky United Way known of such changes.

Executive Director Name:

Signature: _____ Date: _____

Board President Name:

Signature: _____ Date: _____

Please send the original signature page to Heart of Kentucky United Way via mail, e-mail (scanned) or deliver to HKUW Offices. Retain a copy for your records.