

2023 COMMUNITY INVESTMENT APPLICATION

Through the Community Investment Fund, United Way of Coastal Georgia (UWCGA) makes *impactful* investments into programs that deliver *measurable results* in the priority areas of Education, Health, and Financial Stability. To achieve our goal, UWCGA will focus our resources on a limited set of investments in programs demonstrating the greatest impact in addressing critical community needs, directing resources to those that need it most, and contributing to significant outcomes in the lives of the individuals in our community.

APPLICATION DEADLINE FEBRUARY 22, 2023 AT 5:00.

To be eligible to apply for UWCGA funding, organizations must meet all of the following criteria:

- Organization must be a registered 501(c)3 and have been in existence for a minimum of three (3) years at the time of application.
- Program(s) for which funding is being requested must be in existence and active for a minimum of one (1) year at the time of application.
- Organization must provide health and human service programming which is meeting the needs of the people residing in Camden, Glynn, and/or McIntosh counties.
- Have an active board of directors and stated mission and bylaws.
- Current Charity Registration with Georgia Secretary of State
- Current Corporation Registration with Georgia Secretary of State
- Current Form 990 annually with the Internal Revenue Service
- Current Audit or Compiled Financial Statement

United Way of Coastal Georgia Audit Requirements

- ❖ Agencies with annual revenue of \$500,000 or more in 2022 are required to submit an audit report including accrual basis financial statements prepared in conformance with generally accepted accounting principles (GAAP) or other comprehensive basis of accounting and audited in accordance with generally accepted auditing standards (GAAS).
- ❖ Agencies with annual revenue less than \$500,000 in 2022 must have an independent financial review of agency financial statements, in accordance with Statements on Standards for Accountability and Review Services issued by the American Institute of Certified Public Accountants.

Additional Application Requirements

- Organization must provide ample and reasonable evidence to substantiate the need for and effectiveness of its program, including but not limited to, outcome measurements and demographic data on those served.
- Organization site visit, to include the all necessary program-related staff (i.e., Executive Director, Program & Financial Managers, and Board leadership).

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Tiered Funding Levels

Organizations must select **one** of the following Funding Tiers for which the program will be considered. No other funding requests will be accepted.

Tier 1	Tier 2	Tier 3
\$50,000	\$20,000	\$10,000
<p>Programs demonstrating highest long-term impact.</p> <p>90% or more individuals/families served are at or below 200% Federal Poverty Guideline.</p> <p>50% matching funds requirement</p> <p>25% limit on use of funds for administrative expenses related to program operation.</p> <p>Additional partnership expectations (i.e., participation in partner learning community activities, etc.).</p>	<p>Programs demonstrating highly impactful services and outcomes.</p> <p>75% or more individuals/families served are at or below 200% Federal Poverty Guideline</p> <p>Matching funds not required but highly encouraged.</p> <p>25% limit on use of funds for administrative expenses related to program operation.</p>	<p>Programs demonstrating highly impactful services and outcomes..</p> <p>No restriction on income levels of individuals receiving program service.</p> <p>Matching funds not required but highly encouraged.</p> <p>25% limit on use of funds for administrative expenses related to program operation.</p>

Please note

- There is no limit to the number of programs that any one organization may apply for. However, only one (1) application per program will be accepted, regardless of the number of counties being served.
- Organizations applying at Tier 1 and Tier 2 may request to have the program considered at the next Tier. In order to receive consideration, organizations **MUST** select “yes” on the application AND submit a completed Program Adjustment Form.
 - The Program Adjustment Form describes the adjustments to program service delivery and/or program outcomes that will be necessary if funding is awarded at the lower Tier.
 - Program Adjustment Form **MUST** be submitted with the original application submission.
- No funding requests outside of these amounts will be accepted. All investments will be made at the tier levels described above. No other amounts will be considered.

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ORGANIZATION SUMMARY

Organization Name

Primary Contact

EIN

Title

Mailing Address

Phone Number

Street Address

Email Address

Date Founded

Organization Description, including mission of organization.

Description of services provided

Number of LOCAL locations and/or sites

Counties of Service

- | | | |
|-----------------------------------|-----------------------------------|--------------------------------|
| <input type="checkbox"/> Brantley | <input type="checkbox"/> Glynn | <input type="checkbox"/> Wayne |
| <input type="checkbox"/> Camden | <input type="checkbox"/> McIntosh | |
| <input type="checkbox"/> Charlton | <input type="checkbox"/> Pierce | |

Describe any significant organizational changes in the last 12 months. (i.e., changes in management or staffing, new and/or removed programs, funding or budgetary changes, etc.).

Please list the organization's top three funding sources of this organization over the past two years.

Funding Source 1

Funding Source 2

Funding Source 3

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How did your organization partner with United Way in the past year? Mark all that apply.

- | | |
|---|--|
| <input type="checkbox"/> Hosted or participated in a UWCGA volunteer event in <u>2022</u> . | <input type="checkbox"/> Resilient Communities of Southeast Georgia Initiative Partner |
| <input type="checkbox"/> Hosted a UWCGA workplace campaign with employees in <u>2022</u> . | <input type="checkbox"/> Attended a training/professional development event hosted by UWCGA in 2022. |
| <input type="checkbox"/> Hosted or invited UWCGA to participate in collaborative discussions in 2022. | <input type="checkbox"/> Hosted a trauma-informed training staff in 2022. |
| <input type="checkbox"/> Attended a UWCGA fundraising or other marketing event in <u>2022</u> . | <input type="checkbox"/> Listed UWCGA in Marketing Materials. |
| <input type="checkbox"/> Presented at a UWCGA fundraising or campaign-related event in 2022. | <input type="checkbox"/> Other, please describe.
[Redacted] |

Date of prospective UWCGA employee giving campaign (Required for funded organizations). [Redacted]

Diversity, Equity, Inclusion

UWCGA values organizations that promote values of inclusion, diversity, and equity and that advance equitable opportunities for all. Some questions to consider during the investment process include but are not limited to:

- How do you include the voices of your client population in decision-making?
- How is your client population represented among organization staff and board leadership?
- How is your organization advocating for systems changes that will benefit your client population?

Does the organization have a statement and/or policy regarding diversity, equity, and inclusion?

- Yes No

If yes, please provide it.

[Redacted]

If not, please explain.

[Redacted]

How is the organization learning about and deepening its understanding of diversity, equity, and inclusion?

[Redacted]

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PROGRAM PROPOSAL

Name of Program

Number of years this program has been operational.

Program Coordinator/Manager

Phone Number

Title

Email

Select the Funding Tier for which this program is applying

Tier 1 (\$50,000)

Tier 2 (\$20,000)

Tier 3 (\$10,000)

If a program is not selected for funding at the requested Tier selected above, organizations may request to have the program considered at the next lower Tier. In order to receive consideration, organizations must select “yes” below AND submit a completed Program Adjustment Form at the time of the original application submission. The Program Adjustment Fund provides organizations the opportunity to describe the adjustments to program service delivery and/or program outcomes that will be necessary if funding is awarded at the lower Tier.

If this program is not awarded funding at the requested Tier, should the program be considered at the next lower Tier?

Yes

No

Program Video link

Please select the ONE United Way impact area that best aligns with your program.

- Education:** Increase the number of students enrolled in school and prepared to move to the next grade level via programs such as pre-k, mentoring, tutoring, anti-bullying, summer programs, after school programs, etc.
- Financial Stability:** Increase opportunities for a good quality of life by reducing the percentage of people living in poverty via programs such as job training, interviewing skills, GED programs, removing transportation barriers, budgeting, affordable housing, etc.
- Health:** Providing services, support, and resources to improve the health, safety and wellness of individuals and families including infant mortality, teen pregnancy, childhood obesity, anti-drug, mental, emotional and behavioral health treatment, etc.

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PROGRAM OVERVIEW

UWCGA invests in the most efficient, effective, and innovative non-profit organizations in Camden, Glynn, and McIntosh counties. Programs seeking UWCGA funding must demonstrate the ability to operate in a manner consistent with the highest standards of quality, integrity, and effectiveness. Programs must also demonstrate continuous improvement, data-driven decisions, and the ability to address the most critical needs in our community.

Briefly describe the specific program for which you are requesting funding in the space provided below. Please include the mission of the program.

Describe the specific, unmet community need this program seeks to address. Please include details of how the activities of this program will address this specific need.

What makes this program unique as compared to similar programs delivered by other organizations?

Which of the following counties is served by this program?

- | | | |
|-----------------------------------|-----------------------------------|--------------------------------|
| <input type="checkbox"/> Brantley | <input type="checkbox"/> Glynn | <input type="checkbox"/> Wayne |
| <input type="checkbox"/> Camden | <input type="checkbox"/> McIntosh | |
| <input type="checkbox"/> Charlton | <input type="checkbox"/> Pierce | |

Describe your target population.

How do you inform your target population of the availability of your program?

Do you charge a fee for the program service?

- Yes No

If yes, how much is the program fee?

If the participant is unable to pay fees do you provide financial assistance?

- Yes No

If yes, how do you determine need? Include documentation information required to verify need.

What is the percentage of your clients who receive free services?

What is the percentage of your clients who pay reduced fees?

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Do you have a waiting list?

Yes

No

Total # of full time staff in the program.

Total # of part-time staff in the program.

Do you perform background checks on your employees and volunteers?

Yes

No

Using LOCAL data, list the evidence of need for your program. You may include state and/or national data if applicable; however, local data demonstrating evidence of need is required.

Provide the relevant and evidence-based data sources used for your program to evaluate its planning and decision-making. Please provide the source as well as current data related to the program. *A minimum of one data source should reference data specific to the coastal Georgia region.*

Data Source 1

Data Source 2

Data Source 3

USE OF UNITED WAY FUNDING

Use this space to describe why this program would be a good investment for UWCGA. How does United Way's investment help meet the funding needs of the programs? What is the impact of the investment? Would UWCGA funds extend service to a portion of the population that are not currently served? Compelling grant proposals will describe why UWCGA is the right funder for this program.

Specifically, how will United Way funds be used? Include an explanation for any funding that will be used for administrative expenses.

How many unduplicated individuals will be served by this program in the 2023 funding cycle?

What percentage of those individuals will be served with UWCGA funds in the 2023 funding cycle?

United Way funding is intended to address critical community needs and support underserved populations. How does this program support vulnerable populations in our community?

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Will the program continue if you don't receive this grant?

Yes

No

COLLABORATIONS AND PARTNERSHIPS

How does the program collaborate with other organizations in the community? Include information on collaborations with other UW agencies, faith-based organizations, other community non-profits, government agencies, local companies, schools, etc.



Meaningful collaboration is more than simply sharing space, making referrals, or receiving funding from another organization. Consider the following questions:

- What new partnerships have formed to implement the program?
- What aspects of the program are shared?
- How do you create and measure mutual outcomes?

How is this program *meaningfully* collaborating with other community organizations to provide program-related services and meet critical community needs in an effective manner?

Briefly describe details of the top 3 collaborations used to conduct program service delivery.

Collaboration 1

Collaboration 2

Collaboration 3

Outside of funding, how can UWCGA collaborate more with your program to benefit the community?

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CHALLENGES AND ACCOMPLISHMENTS

Use this space to provide a realistic description of the program's accomplishments, challenges, opportunities for growth, and plans for the future.

List the top 3 accomplishments achieved by this program in 2022.

List the top 3 challenges this program encountered in 2022.

Goals for the upcoming year for this program.

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PROGRAM DEMOGRAPHICS

Provide demographic data for the community members served by the program. For 2023, projections may be used for data not currently being tracked. ***However, any organization receiving UWCGA funding will be required to develop a plan for tracking demographic data and will have to provide 2023 ACTUAL demographic data for the following categories in the Year End Report. *****

	2021 Actual	2022 Actual	2023 Projected
Total Number of Served			
Brantley			
Camden			
Charlton			
Glynn			
McIntosh			
Pierce			
Wayne			
Total			
Gender			
Males			
Females			
Other			
Not Reported			
Age			
0 - 4 years			
5 - 12 years			
13 - 18 years			
19 - 25 years			
26 - 54 years			
55 and older			
Race			
Asian			
Black			
Hispanic/Latino			
Multi-racial			

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Native American			
Pacific Islander			
White			
Other			
Not Reported			
Poverty Guidelines			
Below 100% of FPL			
100 - 150% of FPL			
150 - 200% of FPL			
200 - 250% of FPL			
Above 250% of FPL			
Other Demographics			
Cognitive Disability			
Deaf/Hard of Hearing			
Physical Disability			
Veteran			
Visual Impairment			

What **percentage** of the program's clients are below 200% of the Federal Poverty Guideline.



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PROGRAM IMPACT AND PERFORMANCE

What will be the impact of this program? How will the success of this program be evaluated? We recognize that some programs have a broad impact on a lot of individuals while some programs serve smaller numbers more deeply. Use this space to describe how YOU measure impact in this specific program.



- **Outcomes** should demonstrate *lasting* impact (i.e., increased knowledge, skills, changes in attitudes, behaviors, or circumstances) AND be *quantifiable* and *measurable*.
- **What is the benefit for the participant? What is the end result? What is different? How do you know when you are successful?**
- **Indicators** should describe specific data used to track and measure progress.
- **Data Collection tools** could be surveys, pre/post tests, reports, etc.
- **Timeline** should include frequency and duration of data collection (i.e., weekly, monthly, etc. AND for how long).

Example Outcome: By June 30, 2024, 80% of participants will increase reading skills by one grade level as measured by pre and post-tests”.

Outcome 1

Indicator: (include # and/or %)

Data collection tool(s):

Data collection timeline:

Outcome 2

Indicator: (include # and/or %)

Data collection tool(s):

Data collection timeline:

Outcome 3

Indicator: (include # and/or %)

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Data collection tool(s):

Data collection timeline:

Describe the steps in place to revise or revisit the program/service if program success is not being met during this grant cycle. Include how program improvement opportunities are identified. Do you have a process to develop and implement potential program changes or solutions? If so, what does that entail? How will you know if the potential improvements are working?

PROGRAM SUCCESS STORY

Use this space to share a success story. The story should capture the significance of your program, reflect its purpose, and be about a client within this program receiving services in Camden, Glynn, and/or McIntosh counties.

Please provide a *brief* description of the program that is approved for use with communication/marketing activities.

Limit of 75 words.

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PROGRAM BUDGET

Please provide your PROGRAM budget. This information should reflect the income/expenses from the PROGRAM, not your organization.

	Current FY	Next FY (Projected)
Revenue		
UW Community Investment (Total Award + Donor Designations)		
Gov. Funding - City		
Gov. Funding - County		
Gov. Funding - State		
Gov. Funding - Federal		
Foundation and Corporate Support		
Individual Contributions/Donations		
Special Events		
Program Fees		
Membership Dues		
Other Income		
Total		
Expense		
Personnel Costs		
Program Supplies		
Specific Assistance for Individuals		
Occupancy (rent, utilities, building & grounds)		
Professional Fees and Contracts		
Membership Dues/Support to Affiliate Org.		
Other Expenses		
Total		

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NUMBER OF PROGRAM FUNDERS

Please list the NUMBER of sources of revenue/funding the PROGRAM has (i.e., Grants (4), Event Revenue (1), Program Fees (100), Individual Donors (100)).

	Current FY	Next FY (Projected)
Awards/Grants		
Membership Dues		
Program Service Fees		
Special Events/Fundraising		
Other (Specify)		
Other (Specify)		
Other (Specify)		

MATCH FUNDING

How will UWCGA funding be leveraged? Will funds be used as match funding for a new or existing grant or other funding source? Please list the top 3 sources of match funding, the dollar amount, and details as it relates to the match requirements.

**** Programs applying at the Tier 1 level MUST indicate their potential match funding sources. ****

Match 1

Fund Source

Dollar Amount

Details

Match 2

Fund Source

Dollar Amount

Details

Match 3

Fund Source

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Dollar Amount

Details

Other, please describe.

I do hereby certify that all of the foregoing information and statements submitted in this application and its attachments and supporting documents are true and correct to the best of my knowledge, and that all responses to the questions are full and complete, omitting no material information. I further agree that United Way of Coastal Georgia can contact other individuals and organizations for pertinent information about the program, application, and/or related documentation.

Executive Director (Print Name)

Executive Director Signature

Date