MHUW_logo_KO.eps **COLLABORATING FOR IMPACT APPLICATION  
  
This worksheet is for your reference only.   
All applications must be submitted online.   
Online instructions will be available on December 2, 2019  
  
Paper or email submissions will not be considered.**

STRATEGIC INVESTMENT GRANTS:

Collaborating for Impact Application  
(Funding: July 1, 2020 – June 30, 2021)

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| **SUMMARY SHEET FORM** **(For reference only. Please complete and submit online.)** | |
| Legal Name of Backbone or Coordinating Entity |  |
| DBA (if applicable) |  |
| EIN |  |
| Name of Collective Impact Network or Formal Collaborative |  |
| Mailing Address |  |
| If your physical address differs from your mailing address, please provide the zip code and county of your physical address |  |
| Phone |  |
| Website |  |
| Name of CEO or Executive Director of Backbone or Coordinating Entity |  |
| Title |  |
| Phone |  |
| Email |  |
| Application Contact & Title (if *not* the CEO or Executive Director) |  |
| Phone |  |
| Email |  |
| **ORGANIZATION INFORMATION** | |
| Backbone Organization or Coordinating Entity Mission Statement (50-word limit) |  |
| Collective Impact Network or Formal Collaborative Mission Statement (50-word limit) |  |
| In what year did your Collective Impact Network or Formal Collaborative come together? |  |
| Backbone or Coordinating Entity Tax Exemption Status  501(c)(3)  Using a fiscal sponsor   Name of fiscal sponsor  Other than 501(c)(3)  Please describe |  |
| Number of full-time employees in Backbone or Coordinating Entity |  |
| Number of part-time employees in Backbone or Coordinating Entity |  |
| **GRANT REQUEST INFORMATION** | |
| Amount of request  Please enter the total amount of funding for one year |  |
| Is the Backbone or Coordinating Entity eligible for Child Care Contribution Credit Funds?  If yes, please provide the License Number(s) |  |
| **FINANCIAL INFORMATION** | |
| Organization’s Current Budget for Fiscal Year Ending  *Note: We* ***do not*** *need the budget of the Backbone or Coordinating Entity* | mm/dd/yy |
| Income | $ |
| Expenses | $ |
| Has your Collective Impact Network or Formal Collaborative received Mile High United Way funding in the past? (Other than donor designated funds)  If yes, please explain |  |
| **REQUIRED ATTACHMENTS**  *Include a header on each attachment that includes the name of Collective Impact Network or Formal Collaborative and the title of document. Please upload as separate PDFs.* | |
| **Financial Attachments**   * **Budget(s) for Collective Impact Network or Formal Collaborative**   Collective Impact Network’s or Formal Collaborative’s operating budget for the current fiscal year, including revenues and expenses. If available, include the budget for the upcoming fiscal year. If the Collective Impact Network or Formal Collaborative has a fiscal agent, do not include the fiscal agent’s budget.  Early Childhood Councils: please provide your operating budget for the current fiscal year, including revenues and expenses. If available, also include the budget for the upcoming fiscal year.   * **Current (Year-to-Date) Financial Statements for Backbone or Coordinating Entity**   Include a Statement of Financial Position (Balance Sheet) and Statement of Activities (Income and Expense Statement) through the most recently completed operating month available (must be within the past three months). Provide the Statement of Activities in a budget-to-actual format if that format is used.   * **Audit & Year-End Financial Statements for Backbone or Coordinating Entity**   Submit an annual independent audit for the most recent fiscal year completed by an independent Certified Public Accountant.  If the organization operating budget is under **$1,000,000**, completed annual independent review and certified year-end financials approved by Board Chair and Executive Director may be substituted.   * **Sources of Income Table for Collective Impact Network or Formal Collaborative**   Complete the table below for the Collective Impact Network or Formal Collaborative as a whole, based on the most recently completed fiscal year. Categories may be modified.  Percentage Funding Source  % Government grants (federal, state, county, local)  % Government contracts  % Foundations  % Business  % Events (include event sponsorships)  % Individual contributions  % Fees/earned income  % In-kind contributions (optional)  % Other  % TOTAL (must equal 100%)  **Secretary of State Certificate of Good Standing for Backbone or Coordinating Entity**  Must be dated within the past 90 days of submitting this application   * **Most Recently Completed IRS Form 990 for Backbone or Coordinating Entity** * **Explanation of Items in Financial Attachments (if applicable)** * **Names and Qualifications of Key Staff Leading the Collective Impact Network or Formal Collaborative Work** * **Memorandum of Understanding (with all partnering organizations, if applicable)** An application requires Memorandum of Understanding from all participating partner agencies if collaboration is a key component of program outcomes. * **Inclusiveness/Nondiscrimination Policy Backbone or Coordinating Entity**   Adopted by Board of Directors   * **Mile High United Way Partner Expectations**   The expectations document outlines Mile High United Way partner expectations for the funding cycle. The Backbone or Coordinating Organization’s Chief Executive’s signature on this document acknowledges that the Collective Impact Network or Formal Collaborative agrees to the terms and that the proposal is submitted in good faith. | |

**ORGANIZATIONAL OVERVIEW**

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| **Overview, History, and Team:** | |
| Briefly summarize the history and experience of the Collective Impact Network or Formal Collaborative working on the issue for which you are seeking funding.  Include an explanation on how your team is uniquely positioned to deliver results. Emphasize why you believe you have the right capabilities, experience, and commitment to execute your work and have impact. Share plans your team may have to address key staff or leadership changes. | 500-word limit |
| **Collective Impact Network or Formal Collaborative Team/Members** | |
| Does your Collective Impact Network or Formal Collaborative have documented governance, infrastructure and decision-making processes? If yes, describe how the Network or Collaborative is implementing them.  Please list (table in online application) your key stakeholders and partner organizations.  Provide:   * Stakeholder/Partner name * Role within Collective Impact Network or Formal Collaborative * Length of time in role (within the Collective Impact Network or Formal Collaborative) * Additional comments if necessary | 300-word limit |
| **Diversity, Equity, and Inclusion:** | |
| Share how your Collective Impact Network or Formal Collaborative defines diversity, equity, and inclusion.  Describe how your Collective Impact Network or Formal Collaborative ensures diversity, equity, and inclusion with board and staff. In particular share efforts to include members of the community(ies) you serve on board and staff teams.  Beyond board and staff, share the ways in which the voice, experience, and leadership of the community(ies) you serve are included in the programming, planning, implementation, and evaluation of the organization. | 500-word limit |

**NARRATIVE**

There are two sections in the narrative. This is your opportunity to present a thorough description of the work for which funding is being requested. In short, we are asking you to identify a community need, tell us how your work addresses that need, state why you use the approach and strategies, and show how you measure results and use that information to improve your work and bring about community change.

We ask that you write in such a way that a reader who does not know about your work will be able to visualize and understand it. Please refer to the Glossary in the RFP Packet for definitions.

**1. Collective Impact Network or Formal Collaborative Plan**

**Community Impact Goal(s) and Key Strategy/Strategies:** Choose from dropdown menus in the online system. Identify Community Impact Goal(s) and Key Strategy/Strategies under which the proposal is being submitted:

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| --- | --- | --- |
| **Community Impact Goals** | **Key Strategies** | |
| Strong Start | High-Quality Early Care and Education  Parent/Caregiver Training and Support | |
| Reading Matters | Early Learning and Literacy | |
| Developing Tomorrow’s Talent | Out-of-School Time | |
| Economic Opportunity | Workforce Development within the field of early childhood education  Emergency and Basic Needs (*Food Assistance, Hygiene Services, Legal Services, Rental Assistance, Shelter, State ID Assistance, Transportation Assistance, and Utility Assistance)* | |
| **Target Population:** | | |
| Refer to the Priority Areas map in the RFP document (pp 14-19).  Is your organization located, or does your organization serve communities (employing the key strategies selected) that reside within these priority areas? | | Yes or No |
| If yes, please describe the neighborhoods or communities you serve within these priority areas. As appropriate, reference the population you serve, including through your organizations’ programs, through systems-level work, and the ultimate beneficiaries of these efforts. Be specific in reference to the demographics of the people your network serves, including the proportion of services delivered to populations/ participants at or below 300% of Federal Poverty Level (FPL). If unavailable, please provide the best FPL data you have to demonstrate the economic need of the population served. Please describe the area/region in which your target populations are served.  Please see the Glossary section of the RFP packet for more FPL information. | | 400-word limit |
| If no, please describe the neighborhoods or communities you serve. As appropriate, reference the population you serve, including through your organizations’ programs, through systems-level work, and the ultimate beneficiaries of these efforts. Be specific in reference to the demographics of the people your network serves, including the proportion of services delivered to populations/ participants at or below 300% of Federal Poverty Level (FPL). If unavailable, please provide the best FPL data you have to demonstrate the economic need of the population served. Please describe the area/region in which your target populations are served.  Please see the Glossary section of the RFP packet for more FPL information. | | 400-word limit |
| **Statement of Need:** | | |
| Taking into account the target population, geographic area and intended outcomes, identify the need your Collective Impact Network or Formal Collaborative is addressing, using community data where possible to demonstrate that need. Outside of this effort, which other organizations are providing services in the community?  How does your work address the cultural identity of the population to be served? | | 300-word limit |
| **Collective Impact or Formal Collaborative Focus and Outcomes:** | | |
| Please describe what you propose to accomplish through your Collective Impact or Formal Collaborativein order to address the need described above. What are the specific measurable outcomes for which your Collective Impact or Formal Collaborativeholds itself accountable? If possible, include accompanying data points supporting your past achievements of these outcomes. Share anticipated/proposed targets for each of your outcomes | | 300-word limit |
| **Network or Collaborative Services and Programs:** | | |
| Please provide brief descriptions of the practices/services/programs being implemented to address the needs of the target population. | | 300-word limit |
| **Rationale for Approach:** | | |
| Explain why you have chosen your specific strategies, programs, and services. Please include any significant evolution in this area of your work. Highlight the uniqueness and/or effectiveness of your approach. You may want to consider: is your program based on research or evaluation results? Would you characterize your work as “best practice”, “evidence-based”, “research-informed”, or “innovative”, and why? If your work is based on evaluation results or studies, refer to those. | | 300-word limit |

**2. Evaluation**

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| --- | --- |
| **Monitoring and Evaluation Approach:** | |
| Describe your Collective Impact Network’s or Formal Collaborative’s ability to report on the outcomes specified in this application. What data do you collect and how is it collected? At what points in time? What tool(s) do you use to collect and analyze the data? | 300-word limit |
| **Quality Improvement:** | |
| Describe how your Collective Impact Network or Formal Collaborative learns from and incorporates evaluation findings in order to improve planning, strategy, and service delivery. Each proposal must include at least one concrete illustration/example of your Collective Impact Network’s or Formal Collaborative’s capacity to learn from its monitoring and evaluation results to improve service delivery. | 300-word limit |

**COLLABORATING FOR IMPACT RUBRIC**

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| **IMPACT**  Does the proposal describe an important problem? Will the solution proposed have impact in addressing the problem? Is the proposal sufficiently ambitious toward a solution; the number of people served; the size of the geography served; or intensity of impact on a small but vulnerable population or geography? | |
| 1 | Limited approach with little to no impact on the targeted location or population. Approach struggles to achieve results with no indication of positive impact; insufficiently ambitious. |
| 2 | Presented an appropriate solution to a serious and pressing problem; approach shows promising impact with limited breadth or depth; acceptable level of ambition. |
| 3 | Illustrated a powerful solution to a compelling and crucial problem; approach delivers impressive impact with both breadth and depth; exceptional level of  ambition. |
|  |  |
| **LIKELIHOOD OF SUCCESS** Does the team have the skills, capacity, relationships, and experience to deliver on this proposal? Were the focus, outcomes, and services sufficiently detailed and measurable? Does the work show meaningful representation and inclusion of the population served? | |
| 1 | Described a team with basic abilities but lacking in knowledge or training. Offered an insufficient information on focus, outcomes, and services. No information on how the population served is included in the planning, programming, implementation, etc. |
| 2 | Proposed a competent, qualified team with clear strengths. Presented realistic information on focus, outcomes, and services with sufficient attention to detail. Some information on how the population served is included in the planning, programming, implementation, etc. |
| 3 | Led by an experienced team of qualified experts who have achieved  remarkable results. Focus, outcomes, and services grounded in past success, with rationale for that approach. There is meaningful representation and inclusion of the population served in planning, programming, implementation, etc. |
|  |  |
| **STRENGTH OF EVIDENCE** Does the team successfully present strong evidence that the proposed strategy is effective and has previously demonstrated compelling results? | |
| 1 | Little to no evidence that the approach is effective. |
| 2 | Evidence-based approach that is proven effective in addressing the population they aim to serve. Delivers results over time and demonstrates a track record of success. |
| 3 | Strong, data-driven, best-practice approach with demonstrated success in producing intended outcomes for beneficiaries. |