MHUW_logo_KO.eps **EMERGENCY AND BASIC NEEDS 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:

Emergency and Basic Needs 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 Organization |  |
| DBA (if applicable) |  |
| EIN |  |
| 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 |  |
| Title |  |
| Phone |  |
| Email |  |
| Application Contact & Title (if *not* the CEO or Executive Director) |  |
| Phone |  |
| Email |  |
| **ORGANIZATION INFORMATION** | |
| Mission Statement (50-word limit) |  |
| Year Founded |  |
| 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 |  |
| Number of part-time employees |  |
| **GRANT REQUEST INFORMATION** | |
| Type of Grant Requested (select one)  General Operating Support  Program Support |  |
| For requests other than general operating support, provide the name of the program/project |  |
| For requests for other than general operating support, describe how the grant will be used (100-word limit) |  |
| For requests for other than general operating support, state how long your organization has run the program/provided the service(s) described in this proposal (50-word limit) |  |
|  |  |
| Amount of request  Please enter the total amount of funding for one year |  |
| Is your proposal 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 | mm/dd/yy |
| Income | $ |
| Expenses | $ |
| AND, if other than a general operating request  Program or Project budget  Dates  Income  Expenses | $  from: mm/dd/yy to: mm/dd/yy  $  $ |
| Has your organization 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 your organization and the title of document. Please upload as separate PDFs.* | |
| **Financial Attachments**   * **Budget(s)**   Organization’s operating budget for the current fiscal year, including revenues and expenses. If available, include the budget for the upcoming fiscal year.If the request is for a program, include the program budget. If the organization has a fiscal agent, do not include the fiscal agent’s budget.   * **Current (Year-to-Date) Financial Statements**   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 the organization uses that format.   * **Audit & Year-End Financial Statements**   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**   Complete the table below for the organization 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**   Must be dated within the past 90 days of submitting this application   * **Most Recently Completed IRS Form 990** * **Explanation of Items in Financial Attachments (if applicable)** * **Inclusiveness/Nondiscrimination Policy**   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 Chief Executive’s signature on this document acknowledges that the organization 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 organization 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 |
| **Diversity, Equity, and Inclusion:** | |
| Share how your organization defines diversity, equity, and inclusion.  Describe how your organization 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 three 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. Work Plan**

**Emergency and Basic Needs Service(s) Provided:** Choose from dropdown menus in the online system.

Identify Key Strategy/Strategies under which the proposal is being submitted:

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| **Community Impact Goals** | **Key Strategies** |
| Economic Opportunity | Food Assistance  Hygiene Services  Legal Services  Rental Services  Shelter  State ID Assistance  Transportation Assistance  Utility Assistance |

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| **Target Population:** | |
| Based on the service(s) selected, whom do you serve? Be specific in reference to demographics of the people you serve. How do you recruit participants and what criteria must individuals and/or families meet in order to be eligible for your services? | 300-word limit |
| Please complete the table below to provide information about the population(s) you serve. Please complete for each program delivery site. | Name of site:  County where services are delivered: |
| Number of people served (employing the key strategies selected) *\*If FPL numbers are unavailable, please provide the best FPL data you have to support the economic need of the population served at this location. Please see the Glossary section of the RFP packet for more information.* |  |
| Total served across all sites  \*Proportion of participants at or below 300% of Federal Poverty Level (please enter as a percentage) |  |
| **Statement of Need:** | |
| Briefly describe the existing demand for program services in the geographical area served by the program. Discuss decreases/increases in services provided and/or number of clients served. How is your program effective and efficient in meeting the community need? Describe steps taken to ensure you are addressing an unmet need and are not duplicating existing services or explain why duplication is necessary. | 300-word limit |
| **Primary Program Activities:** | |
| Primary program activities refer to essential tasks, projects, or services that directly impact program goals. Please describe each primary activity and explain how clients access the activities. If applicable, include how many days and hours or units of service are delivered by the program. | 500-word limit |
| **Approach to Service Delivery:** | |
| Provide an explanation for the program’s approach to service delivery. Please explain how research-based strategies, best practices or organizational learning support your approach. If the program is not informed by research, best practices or organizational learning, explain why this is the case | 250-word limit |

**2. Continuum of Care/Other Services**

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| **Continuum of Care/Other Services:** | |
| Provide an overview of other services provided by your organization or the linkages that you make for clients to other organizations that support the needs of clients accessing basic needs services. Specifically, please detail how your program addresses root causes of client needs (after/while they access basic needs services) to ensure they have opportunities that help them move closer to self-sufficiency. | 300-word limit |

**2. Evaluation**

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| **Monitoring and Evaluation Approach:** | |
| Describe your organization’s ability to report on the emergency and safety net services described in this application. What data do you collect and how? At what points in time? What tool(s) do you use to collect and analyze these data? | 300-word limit |
| **Quality Improvement:** | |
| Describe how your organization learns from and incorporates performance measurement findings in order to improve planning, strategy, and service delivery. Each proposal must include at least one notable illustration/example of organizational capacity to learn from its evaluation results to improve service delivery. Your response in this section is limited to 300 words. | 300-word limit |

**EMERGENCY AND BASIC NEEDS 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. |