MHUW_logo_KO.eps**STRATEGIC INVESTMENT GRANT APPLICATION FOR  
EMERGENCY AND BASIC NEEDS   
  
This worksheet is for your reference only.   
All applications must be submitted online.   
Paper or email submissions will not be considered.**

STRATEGIC INVESTMENT GRANT APPLICATION for

Emergency and Basic Needs   
  
(Funding: July 1, 2021 – June 30, 2023)

**Link to access the application:**

**https://www.grantrequest.com/SID\_6111?SA=SNA&FID=35052**

**CONTACT INFORMATION**

**General Information**

\*Legal Name of Organization

DBA (if applicable)

\*Organization Full Mailing Address

\*Organization Mailing Address County

If your organization physical address differs from your organization mailing address, please provide the zip code and county of your physical address below:

Organization Physical Address Zip Code

Organization Physical Address County

\*Organization Phone

\*Organization Website

**Organization Primary Contact (CEO or Executive Director)**

\*Prefix

\*First Name \*Middle Initial \*Last Name

\*Title

\*Phone: \*Email

**Application Contact (if not the CEO or Executive Director)**

Prefix

First Name Middle Initial Last Name

Title

Phone: Email

**ORGANIZATION INFORMATION**

**Background Information**

\*Mission Statement (50-word limit):

\*Year Founded:

\*Tax Exempt Status: Select one:

* 501(c)(3)
* Other
* Fiscal sponsor

If your organization has a 501(c)(3) designation, please enter your EIN

If your organization has a designation other than 501(c)(3), please describe below

If your organization has a fiscal sponsor, please provide the name and EIN of the fiscal sponsor

\*Number of full-time employees \*Number of part-time employees

**GRANT REQUEST INFORMATION**

**Request Information**

\*Type of Grant Requested: please select one:

* General Operating Support
* Program Support

\*For all requests (general operating and program), describe how the grant will be used (100-word limit):

For program support requests, provide the name of the program/project:

For requests for other than general operating support, state how long your organization has administered 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

If your organization is an eligible Child Care Contribution Credit recipient, is your proposal eligible for Child Care Contribution Credit funds?

* Yes
* No

If yes, please provide the License Number(s)

**FINANCIAL INFORMATION**

**Financial Information**

End Date of your Organization's Current Fiscal Year (mm/dd/yyyy)

Organization Income (per current fiscal year budget):

Organization Expenses (per current fiscal year budget):

AND, if applying for program support

Program Income: Program Expenses:

Has your organization received Mile High United Way funding in the past (other than donor designated funds)?

* Yes
* No

If yes, please explain (100-word limit):

**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.*

* **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.

* **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.

**OVERVIEW AND NARRATIVE**

**Organizational Overview**

\* **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 (this can include strategic planning and/or succession planning).

(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, committees, and staff. In particular share efforts to include members of the community(ies) you serve, on board, committee, and staff teams.  
  
Beyond board, committees, 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 and why you use the approach and strategies, and show how you measure results and use that information to improve your work to bring about positive 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:** Select using the check boxes in the online system. Identify the services under which the proposal is being submitted:

*(If selecting more than one service, be sure to properly describe all services in each of the application questions)*

* Access to Food
* Access to Shelter
* Child Care
* Legal Services
* Rental and/or Utility Assistance
* State Identification Assistance
* Tax Preparation
* Transportation Assistance

**Target Population**

Based on the service(s) selected, whom do you serve? Be specific in reference to demographics of the people you serve by completing the table below. If FPL numbers are unavailable, please provide the best FPL data you have to support the economic need of the population served. Please see the Glossary section of the RFP packet for more information.

*(Please note that this section will not be as a table in the online application)*

Socio-economic: Participants below 300% of FPL

* Provide a description of Participants below 300% of FPL (50-word limit)
* Percent of Participants below 300%FPL
* Number of Participants below 300%FPL

Race/Ethnicity: African American/Black Demographic Information

* Estimated Percent of Participants served
* Percent of Participants below 300%FPL

Race/Ethnicity: Asian/Pacific Islander

* Estimated Percent of Participants served
* Percent of Participants below 300%FPL

Race/Ethnicity: Indigenous/Native/American Indian

* Estimated Percent of Participants served
* Percent of Participants below 300%FPL

Race/Ethnicity: Latinx/Hispanic

* Estimated Percent of Participants served
* Percent of Participants below 300%FPL

Race/Ethnicity: White/Caucasian

* Description (50-word limit)
* Estimated Percent of Participants served
* Percent of Participants below 300%FPL

Race/Ethnicity: Other

* Estimated Percent of Participants served
* Percent of Participants below 300%FPL

Foreign-born/Immigrant

* Estimated Percent of Participants served
* Percent of Participants below 300%FPL

Refugee Status

* Estimated Percent of Participants served
* Percent of Participants below 300%FPL

Gender: Identify as Female

* Estimated Percent of Participants served
* Percent of Participants below 300%FPL

Gender: Identify as Male

* Estimated Percent of Participants served
* Percent of Participants below 300%FPL

Gender: Non-binary/Non-conforming

* Estimated Percent of Participants served
* Percent of Participants below 300%FPL

Limited English Language Proficiency

* Estimated Percent of Participants served
* Percent of Participants below 300%FPL

How do you recruit participants and what criteria must individuals and/or families meet in order to be eligible for your services? (200-word limit)

Tell us about the geographic area (within the seven-county metro area) where service(s) selected are offered (100-word limit)

OPTIONAL: Please share the top five zip codes where your organization provides services.

Statement of Need:   
For General Operating and Program requests, please share about your programs that align with our funding priorities, and for which you are requesting support

Briefly describe the existing demand for program services in the geographical area served by the organization or program (depending on your request for general operating or program support). Discuss decreases/increases in services provided and/or in 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:  
For General Operating and Program requests, please share about your programs that align with our funding priorities, and for which you are requesting support

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

Using the program(s) described above, provide an explanation for the 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**

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. (300-word limit)

**3. Evaluation**

Monitoring and Evaluation Approach: Please specify the key data you collect to assess the impact of your programs (e.g., number of clients served, or increases in [client outcome]). At what points in time is this data collected? (150-word limit)

Monitoring and Evaluation Approach: What tools do you use to collect and analyze the data? In what database is the data stored? (150-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. (300-word limit)

**OUTCOMES (Measurable Goals)**

This is a new section in our application. Here you will select from a list of measurements from the outcomes measurement tool.

Mile High United way wishes to measure progress towards targeted outcomes using key indicators identified below. This grant application platform enables your organization to identify within the application which measurable indicators are relevant to your project.  
  
In this application, we ask that you select each of the measurable indicators your organization will report on through this grant funding. You will be prompted to complete this portion of the application on the Edit Outcomes section.  
  
If your grant application is approved your organization will be required to provide updates twice during each year of the grant cycle, on progress related to each measurable indicator identified in this application via Blackbaud Outcomes. Your program manager may also engage with you in more frequent informal reporting discussions and updates. Thank you for your partnership in shared learning and in achieving our mutual ambitions.

Please select at least 3 Outcomes.

|  |  |
| --- | --- |
| **REQUIRED** | |
| General | Number of unique participants to be served with family income below 300% of FPL |
| **OPTIONAL** | |
| Access to Food | Number of meals provided |
| Number of unique families provided meals |
| Number of unique participants accessing food pantry/food delivery service |
| Number of pounds of food provided |
| Number of unique participants enrolled in SNAP |
| Access to Shelter | Number of shelter beds in your agency's facility on a given night |
| Number of shelter overnight stays |
| Number of individuals accessing overnight shelter |
| Number of shelter day stays |
| Number of unique individuals accessing day shelter |
| Number of temporary housing units provided |
| Home Sharing - number of contacts made |
| Home Sharing - number of provider intakes |
| Home Sharing - number of seeker intakes |
| Home Sharing - number of match meetings held |
| Home Sharing - number of matches made |
| Child Care | Number of early childhood classrooms to be provided |
| Total number of high-quality early childhood education slots to be provided |
| Number of high-quality early childhood education slots provided for infants (children under 1 year of age) |
| Number of high-quality early childhood education slots provided for toddlers (children aged 1 year-4 years) |
| Number of children enrolled in high quality early childhood education programs |
| Percent of children enrolled in high quality early childhood education programs |
| Number of Children k-3 who maintain satisfactory or improved school attendance |
| Percent of Children k-3 who maintain satisfactory or improved school attendance |
| Number of parents/caregivers provided with information, resources, tools, trainings, and/or teaching skills to support developmental behaviors |
| Number of parents/caregivers demonstrating/reporting developmentally supportive behaviors |
| Number of parents who report feeling increased confidence in supporting their child’s literacy development |
| Number of individuals who enrolled in an ECE-focused educational program (Includes: High School, CTE, GED, 2- and 4-Year Colleges, Advanced Degrees, etc.) |
| Number of individuals who have earned a credential degree or graduated from an ECE-focused educational program (Includes: High School, CTE, GED, 2- and 4-Year Colleges, Advanced Degrees, etc.) |
| Number of children (up to age 12) provided out-of-school time programming |
| Number of children (up to age 12) who receive at least 30 days of out-of-school time programming |
| Percent of children (up to age 12) who receive at least 30 days of out-of-school time programming |
| Legal Services | Number of requests for assistance received |
| number of requests for assistance fulfilled |
| Rental and/or Utility Assistance | Number of unique households requesting rental assistance |
| Number of unique households provided rental assistance |
| Number of unique individuals requesting utility assistance |
| Number of unique individuals receiving utility assistance |
| State ID Assistance | Number of unique individuals requesting assistance to receive state ID documents |
| Number of unique individuals receiving state ID documents |
| Tax Preparation | Number of tax returns completed for participants |
| Number of tax refunds participants received |
| Total amount of tax refunds received |
| Number of participants receiving EITC |
| Transportation Assistance | Number of unique individuals requesting transportation assistance |
| Number of unique individuals receiving transportation assistance |

**EMERGENCY AND BASIC NEEDS RUBRIC:**

|  |  |
| --- | --- |
| **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. |