STRATEGIC INVESTMENT GRANTS

Application Questions
2025-2027 Funding Opportunity

This worksheet is for your reference only.

If you choose to apply:

- Sections A-G must be submitted online on or before 5:00p.m. on March 3, 2025.
- Section H must be completed via the Zoom application conversation.

Paper or email submissions will not be considered.

Link to access the application: https://milehighunitedway.force.com

Please note that the application will not be available until February 21, 2025

Mile High United Way

SECTION A: Expectations
(Complete through online portal)

*Denotes a required field

I, the undersigned, certify that I have reviewed the Expectations for Organizations Receiving Funding (below); the entire RFP Information Packet; and that the information provided to Mile High United Way in this application for funding is true and accurate to the best of my knowledge, and is submitted in good faith.

<u>NOTE:</u> This is NOT a Funding Agreement. Adding your name to this section acknowledges that you have carefully reviewed the expectations of organizations that receive funding (below).

If the organization is selected for funding, Mile High United Way agrees to:

- Provide funding for programs or services selected through the Strategic Investment Grants process during the 2025-2026 funding year (July 1, 2025–June 30, 2026). Funding for the 2026-2027 funding year (July 1, 2026–June 30, 2027) will be considered following a non-competitive renewal process, based on organization performance and availability of funds.

- Communicate and collaborate with funded organizations on topics such as other community resources, opportunities for collaboration, in-kind contributions, technical assistance, and training opportunities, etc., as appropriate.

- Facilitate collaborative efforts and provide training and educational opportunities to the extent applicable to the organization and the purpose of the grant.

If the organization is selected for funding, Funded Organization agrees to:
- Provide program or services as outlined in its application for funding, including activities, outcomes, and budget, unless otherwise agreed upon;

- Cooperate with Mile High United Way in requests for site visits, campaign speakers, fiscal and service information related to the use of funds allocated to organization by Mile High United Way, and to the maintenance of the organization's tax-exempt status;

- Obtain pre-approval from Mile High United Way before the public release of any promotional or press materials that include the Mile High United Way name, trademarks, brands, or logos. Any approval given by Mile High United Way allowing agency to use the Mile High United Way name, trademarks, brands, and logos may be revoked at any time in Mile High United Way's sole discretion. In the event of such a revocation by Mile High United Way, Funded Organization shall immediately discontinue all uses of the Mile High United Way trademarks, brands and logos and return or destroy all marketing, promotional and other materials that contain the same;

- Provide information as requested by Mile High United Way including, but not limited to, the following requirements:

Signed agreement	Due June 30, 2025 (if awarded funding)
Notice of change in Executive Director or other key staff	Notification within 15 days of hire or taking office
Changes to program design, target population, collaboration partners, or budget	Requires written approval from Mile High United Way Program Staff
Mergers/Consolidations	Notification in writing 30 days before document is finalized
Adverse change in financial position	Notification in writing
Progress and Evaluation Reports	Submitted as requested

Progress Reports and Evaluation: Organizations receiving funding will be required to collect data (demographic and performance indicators) and report regularly on the actual performance of your project.

Fundraising Policy - Restricted Activities: Organizations receiving funding may not solicit direct designations through Mile High United Way workplace campaigns. Reference to the funded organization's eligibility to receive donor directed funds through the annual United Way campaign is permitted within the agency's regular newsletter or other communication tools. Such materials, however, cannot be distributed at Mile High United Way workplace campaigns.

Enter name of the organization's leader (e.g., CEO or Executive Director), indicating review and understanding of the above:

*Full Name:

*Title:

SECTION B: CONTACT INFORMATION
(Complete through online portal)

General Information

*Legal Name of Organization:

DBA (if applicable):

*Organization Full Mailing Address:

*Organization Mailing Address County:

If your organization's 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: *Last Name:

*Title:

*Phone: *Email:

Application Contact (if not the CEO or Executive Director)

Prefix:

First Name: Last Name:

Title:

Phone: Email:

SECTION C: ORGANIZATION INFORMATION
(Complete through online portal)

Background Information

*Mission Statement (300-character limit. Character count includes spaces.):

*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:

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:

SECTION D: GRANT REQUEST INFORMATION
(Complete through online portal)

Request Information

* Select the services under which the proposal is being submitted:
Select one from Early Childhood, Out-of-School Time, or Basic Needs.

If selecting Basic Needs, please choose no more than two services.

- ☐ Basic Needs
  Book your Zoom application call:
  https://www.signupgenius.com/go/10C0D4EADAC28A3F94-54748194-2025
    - o Access to Housing
    - o Access to Food
    - o Legal Services
    - o Tax Preparation

☐ Out-of-School Time
Book your Zoom application call:
https://www.signupgenius.com/go/10C0D4EADAC28A3F94-54755028-2025

☐ Early Childhood
Book your Zoom application call:
https://www.signupgenius.com/go/10C0D4EADAC28A3F94-54751110-2025

*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 (500-character limit. Character count includes spaces.):

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 (300-character limit. Character count includes spaces.):

If your organization is an eligible Child Care Contribution Tax Credit recipient, is your proposal eligible for Child Care Contribution Tax Credit funds?
☐ Yes
☐ No
If yes, please provide your License Number(s):

SECTION E: Target Population
(Complete through online portal)

Based on the service(s) selected, share the demographic information of the people you serve (using data for your most recent fiscal year). If Federal Poverty Guideline numbers are unavailable, please provide the best data you have, to support the economic need of the population served. Please see the Glossary section of the RFP packet for more information.
Socio-economic:

Participants with incomes at or below 300% of the 2025 Federal Poverty Guidelines
☐ *Percent of Participants below 300% FPL:
☐ *Number of Participants below 300% FPL:

Please provide the number and percentage of participants served, who have <u>incomes at or below 300% of the 2025 Federal Poverty Guidelines</u>, for the following demographics:

Race/Ethnicity: African American/Black:

Race/Ethnicity: Asian/Pacific Islander:

Race/Ethnicity: Indigenous/Native/American Indian:

Race/Ethnicity: Latine/Latinx/Hispanic:

Race/Ethnicity: White/Caucasian (not any other race/ethnicity):

Race/Ethnicity: Other:

Gender: Identify as Female:

Gender: Identify as Male:

Gender: Non-binary/non-conforming:

SECTION F: FINANCIAL INFORMATION
(Complete through online portal)

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 (500-character limit. Character counts include spaces):

SECTION G: REQUIRED ATTACHMENTS
(Upload to online portal)

Include a header on each attachment that includes the name of your organization and the title of document. Please upload as separate PDFs (i.e., one pdf document per bullet point). * Indicates a required document

*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's operating budget is under $1,000,000, completed annual independent review and certified year-end financials approved by the 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

SECTION H: NARRATIVE
(Presented on Zoom Call)

Zoom Call Information:

- This is your opportunity to share information about your work in the voice of staff and the people you serve.
- The narrative questions of the application will form the basis of the call.
- Your narrative responses will be no longer than 25 minutes. This will be followed by a reviewer question period of no more than 10 minutes. The call will be no longer than 35 minutes. Please prepare accordingly.
- You are welcome to have up to four people on the call, including staff (not contractors or consultants), board, and client participants (if appropriate). On SignUp Genius, please be sure that the names you enter will be the same for the people joining you on Zoom. These will be the only people we will be allowing into your Zoom call.
- Each participant on the call will be expected to contribute to the application. No silent observers, please.
- If your organization requires translation services, you can indicate this when you sign up for your Zoom call. You can also have someone at your organization translate, as they may be more familiar with the language used in your work.
- Please join our application training sessions (info and bootcamp) for tips to have a successful Zoom call.

Call Format:

- You are welcome to use a PowerPoint presentation, but it is not required.
- If using a PowerPoint presentation, we will not ask you the questions and will have you run through the presentation.
- If you are not using a PowerPoint presentation, we will ask each question and then have you respond.
- We will not ask the question in entirety, only the part in **bold font** below. However, you should answer the question by responding to all the sections completely. This is your opportunity to present a thorough description of the work for which funding is being requested.
- Pre-recorded videos will not be permitted, as we want to hear directly from you during the meeting.
- Up to four people from your organization can be on the call. However, you do not need to have four people on the call.
- Consultants and contractors are not invited to join the call.
- Each person on the call should have a speaking opportunity/opportunity to contribute to answering the application questions. No silent observers, please.

Tips and Important Information
- Each service area (Early Childhood, Out-of-School Time, and Basic Needs) has a few nuanced questions. Please answer the questions about the service area for which you are requesting funding.
- In short, we are asking you to identify a community need, tell us how your work addresses that need through your approach and strategies, and show how you measure results and use that information to show your approach is working to bring about positive community change.
- We ask that you respond to the questions in such a way that a reviewer who does not know about your work will be able to visualize and understand it.
- We acknowledge that you are the expert in this work at your organization, but we may not be familiar with the work – teach us! Refrain from using acronyms. Approach as if you are explaining your work to Roweena's 8-year-old niece, Lily.
- **Remember, you will be presenting to a group of people who are excited to learn about your work and are cheering for you to succeed!**

QUESTION 1

ALL APPLICANTS:

What is the community need that your organization is working to address?

In your response, please address ALL of the following:

Describe the need.

Has the need increased or changed over time?

How does the need impact the community you serve?

What data does your organization use to determine your approach to address this need?

Why is it important for your organization to address this need?

With which Mile High United Way Community Priority does your work most align?

QUESTION 2

ALL APPLICANTS:

How does your organization address the above need?

In your response, please address ALL of the following:

Describe the services your organization provides to address the need.

Describe the existing demand for program services.

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.

EARLY CHILDHOOD APPLICANTS:	OUT-OF-SCHOOL TIME APPLICANTS:	BASIC NEEDS APPLICANTS:
How does your organization define "high quality" in relation to the work for which you are applying?	*How does your organization define "high quality" in relation to the work for which you are applying?*	*How does your work align with/make progress toward the goal/s for the area to which you are applying?*
Share how your approach is multi-faceted, layered, comprehensive, inclusive, and responsive.	*How are your programs:* • *Delivering engaging activities?* • *Honoring and responding to the needs and interests of participants and community?* • *Ensuring a physically, emotionally, and socially safe space?* • *Supporting learning?*	

Question 3

ALL APPLICANTS:

How else are you supporting clients?

Provide an overview of other services provided by your organization, or the connections that you make for clients to other organizations that support the needs of clients accessing your services.

Question 4

ALL APPLICANTS:

How do you know that your work is successful in addressing the need you mentioned in Question 1? (Hint: This is a data question)

In your response, please address ALL of the following:

Please specify the key data you collect to assess the impact of the services you mentioned in Question 2.

At what points in time is this data collected? What is the data telling you about your success in addressing the need?

What tools do you use to collect and analyze data? In what database is the data stored?

Describe how your organization learns from and incorporates performance measurement findings 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, related to the services mentioned in Question 2.

Question 5

ALL APPLICANTS:

Tell us about your team. (Hint: Time to show off!)

In your response, please address ALL of the following:

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 an impact.

Share plans your team may have to address key staff or leadership changes (this should include strategic planning and/or succession planning).

Hint: Do not read out your team's bios

Question 6

ALL APPLICANTS:

Representation

In your response, please address ALL of the following:

Describe how your organization ensures representation of clients served within the board, committees, and staff. In particular, share efforts to include members of the community(ies) you serve, on the board, committees, and staff teams.

In addition to the 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.

How is the community you serve represented/reflected in your leadership: Executive Director/CEO, Leadership Team, and Board?

Reporting Indicators

Below are the indicators on which funded organizations will be reporting. Please be sure that your organization already collects this information prior to submitting a proposal.

REQUIRED	
General	Number of unduplicated participants served with family income at or below 300% of FPL (Required)
SELECTION BASED ON APPLICATION FOCUS AREA **FOR PARTICIPANTS WITH A FAMILY INCOME AT OR BELLOW 300% of FPL**	
ACCESS TO HOUSING Safety Net/ Immediate Needs	Drop-in/Day Shelter *Number of shelter day stays* *Number of unduplicated individuals accessing day shelter* *Number of unduplicated individuals who move to transitional or permanent housing options*
	Overnight Shelter *Number of shelter beds* *Number of shelter overnight stays* *Number of unduplicated individuals accessing overnight shelter* *Number of unduplicated individuals who move to transitional or permanent housing options*
ACCESS TO HOUSING Transitional Housing	Tiny Homes/Transitional Housing *Number of temporary housing units provided* *Average length of stay at temporary housing units* *Number of unduplicated households provided with temporary housing units* *Number of unduplicated households who move to permanent housing options*
	Home Sharing *Number of provider intakes* *Number of seeker intakes* *Number of match meetings held* *Number of matches made* *Number of unduplicated households who move to permanent housing options*
ACCESS TO HOUSING Affordable Stable Housing/ Permanent Supportive Housing	Permanent Supportive Housing *Number of permanent supportive housing units provided* *Average length of stay at permanent supportive housing units* *Number of unduplicated households provided with permanent supportive housing*
	Home Ownership *Number of unduplicated households attending comprehensive workshops on homeownership* *Number of unduplicated households on track to save for a downpayment* *Number of unduplicated households who have made a home purchase*
ACCESS TO FOOD Food Banks/Food Pantries	Food Banks *Number of pounds of food distributed* *Number of pounds of food rescued* *Number of partner organizations receiving food*
	Food Pantries *Number of unduplicated individuals accessing food pantry* *Number of unduplicated families accessing food pantry* *Number of pounds of food distributed*

ACCESS TO FOOD Meal Delivery/ Congregate Meals	*Number of congregate meals served* *Number of meals delivered to homes* *Number of unduplicated individuals served*
ACCESS TO FOOD Food Rescue	*Number of pounds of food rescued* *Number of pounds of food distributed* *Number of partner organizations receiving food*
ACCESS TO FOOD Safety Net/ Supportive Programs	*Number of unduplicated individuals who were enrolled in SNAP* *Number of unduplicated individuals who were enrolled in WIC*
TAX PREP	*Number of tax returns prepared* *Amount (dollars) of tax refunds received* *Customer satisfaction* *Number of volunteers recruited and trained* *Percentage of eligible taxpayers claiming the EITC and other tax credits* *Amount (dollars) of tax credits received* *Number of financial literacy classes provided* *Number of people who attend financial literacy classes* *Number of people who share that they benefitted from financial literacy classes*
LEGAL SERVICES	*Number of unduplicated clients served* *Number of requests for assistance received* *Number of requests for assistance fulfilled* *Number of positive case resolutions* *Number of pro bono hours contributed* *Number of legal clinics hosted* *Number of individuals who attend legal clinics*
OUT-OF-SCHOOL TIME	*Number of children (aged 5-12) provided out-of-school time programming year-round or during the school year* *Number and percent of children (aged 5-12) who receive at least 75 hours of out-of-school time programming year-round or during the school year* *Number and percent of children (aged 5-12) who receive at least 150 hours of out-of-school time programming year-round or during the school year*
EARLY CHILDHOOD Learning Center Care	*Number of children served* *Number of families served* *Number of high-quality EC classrooms provided* *Number of high-quality ECE slots provided (for infants and for toddlers)* *Number of individuals who enrolled in an ECE-focused educational program* *Number of children who demonstrate developmental progress*
EARLY CHILDHOOD Family, Friend, and Neighbor Care	*Number of children served* *Number of families served* *Number of individuals who enrolled in an ECE-focused educational program (credentialing pathways)* *Number of children who demonstrate developmental progress*
EARLY CHILDHOOD	*Number of children served* *Number of families served*

Parent/ Caregiver Learning and Support	*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 learning and development* *Number of home visits* *Number of children who demonstrate developmental progress*

STRATEGIC INVESTMENT GRANT APPLICATION RUBRIC:

The rubric is used as a **guide** for reviewers as they learn about your work. You can use this information to guide your preparation for the application Zoom call.

IMPACT	
Does the proposal describe an urgent community need? Will the proposed solution have an impact in addressing the problem? Does the proposed approach effectively progress toward a solution for the number of people served or the geography/community served?	
1	Limited approach with little to no impact on a community need. Approach struggles to achieve results with no indication of positive impact.
2	Presented an effective solution to a serious and pressing problem. Approach describes a promising positive impact.
3	Illustrated a powerful solution to a compelling and crucial problem. Approach delivers substantial positive impact.

STRENGTH OF EVIDENCE	
Does the team successfully present strong evidence that the proposed strategy is effective? Does the organization demonstrate continuous learning and performance improvement from data collection?	
1	Little to no evidence that the approach is effective. No continuous learning or performance improvement
2	Established a reasonable record of results that is proven effective in addressing the community need. Delivers results over time and demonstrates a track record of success. Organization engages in continuous learning and performance improvement.
3	Strong, data-driven, approach with demonstrated success in producing intended outcomes for people served. Organization embraces a culture of continuous learning and performance improvement.

TEAM	
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? Organization leadership and decision makers are reflective of the community served.	
1	Described a team with basic abilities but lacking in knowledge or training. Offered insufficient information on focus, outcomes, and services. No information on how the population served is included in the planning, programming, implementation, etc.
2	Led by 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. Organization leadership and decision makers are reflective of the community served.