

## Our Mission:

*Through leadership, partnerships and innovation, Heart of Arkansas United Way unites community resources to meet changing health and human needs.*

Thank you for your interest in applying for a 2019-20 United Way Community Investment Grant. Below you'll find the guidelines and eligibility information for our grants. To apply, visit [heartaruw.org/apply](http://heartaruw.org/apply). For more information or if you have any questions, please contact Kristi Davis, Director of Initiatives and Investments at [kdavis@heartaruw.org](mailto:kdavis@heartaruw.org) or 501-435-3200.

## Our Focus Areas

Please note that your proposal should clearly demonstrate how the program or initiative makes a measurable impact in one of the following areas:

**Education** – Preparing children, youth and young adults to succeed in school and life.

**Financial Stability** – Helping individuals and families pave a path to financial independence.

**Health** – Helping individuals live healthy, independent lives.

## Requirements

All applicants must meet and provide evidence of the following requirements:

- Recognized 501(c)3 non-profit, tax exempt organization and/or a tax-exempt entity by the IRS
- Locally based volunteer board of directors that meet at least quarterly, makes policy decisions and holds election of officers
- Audit (annual budget \$500,000.00 or over) or Financial Review (annual budget under \$500,000.00), if required
- IRS Form 990 if required by the IRS
- Demonstrates effectiveness of its programs/services through measurable outcomes
- Works in partnership with other organizations to positively impact our community and its citizens
- Registered with the Arkansas Secretary of State, if required
- Must have a signed Patriot Act form on file
- Serve or operate in Pulaski and/or Lonoke Counties.

## Guidelines

- Organizations may apply for funds to start a new program or support an existing program.
- Up to 10% of grant funds may be used for administrative expenses associated with the program.
- Grant funds cannot be sought for capital expenditures such as building, plans, construction or renovation.
- Grant funds cannot be sought for proselytization.
- Minimum grant request is \$5,000.00.

## Timeline

January 7-11, 2019	Agency Training
January 14 -March 1, 2019	Grant Submission
March 15- May 10, 2019	Program Evaluation
June 21, 2019	Recommendations to the Board of Directors
June 28, 2019	Grant Announcements
September 15, 2019	Quarterly disbursements begin

**Required Agency Information**

- Legal Name of Organization (Write the name of your organization as it is listed with IRS)
- Doing Business As (if applicable)
- Physical Address, City, State, Zip
- Mailing Address (if different)
- Website
- Contact Name, Title, Phone Number, Email Address
- Chief Executive Staff Name, Title, Phone Number, Email Address

Question	Description
<b>Agency Mission Statement</b>	Give mission statement of agency overall, not just the program.
<b>Board of Directors</b>	Attach a copy of your board of directors. Does the board meet quarterly, make policy decisions and holds election of officers?
<b>Tax Exempt Status</b>	Attach a copy of your organization’s tax-exempt status verification such as a 501(c)3. If your organization is not a 501(c)3, please attach a letter that verifies your organization’s EIN numbers.)
<b>Budget</b>	Fill out the attached Program Budget. This budget is specifically for the program requesting funds, not the agency.
<b>Agency IRS Filing</b>	Attach your most recent IRS Filing such as a Form 990.
<b>Number of Employees</b>	Give the number of employees specific to the program
<b>Number of Volunteers</b>	Give the number of volunteers specific to the program
<b>Geographic Area(s) Served</b>	Program must serve in Pulaski and/or Lonoke Counties

<b>Registration with the Secretary of State</b>  Yes_____ No_____	All 501(c)3 nonprofits are required to be registered with the Arkansas Secretary of State except for religious institutions.
<b>Audit or Financial Review</b>	Attach audit or financial review. All nonprofits are required to submit an audit if the annual budget is \$500,000.00 or over, or a Financial Audit if the annual budget is under \$500,000.00.

<b>Program Name/Brief Summary</b>	Give a summary of the program. (Three to five sentences.)
<b>Is the program new or existing?</b>  New _____ Existing _____	Both new and existing programs are eligible for funding
<b>Amount requested: \$</b>  <b>Total Cost of Program \$:</b>	Amount requested, and cost of the program is specifically for the program <b>not</b> the agency.
<b>Problem Statement</b>	Describe the issue or problem to be addressed. Explain the impact on the target population and what may happen if the issue is <b>not</b> addressed.
<b>Program Description</b>	Describe the program in detail. How does the program address the priority funding areas of Education, Financial Stability and Health?
<b>Organizational Capacity</b>	What are the strengths of your program that will achieve successful outcomes? What are the weaknesses that may impact success?
<b>Inputs</b>	Describe the resources required for the program. Ex. Staff, money, time, volunteers, etc.
<b>Activities and Services</b>	What specific tasks and strategies will you use to deliver the proposed services and by whom? Provide details. Ex. Training, tutoring, counseling, etc.
<b>Outputs</b>	What work will you accomplish? Include the number of unduplicated clients to be served and any relevant data. Ex. Number of classes taught, educational materials distributed, students mentored, etc. Use measurable, tangible results.
<b>Outcomes/Impact</b>	What measurable, lasting impact will the program have on the targeted population? Ex. Increased knowledge, improved skills, etc. They should be quantifiable and measurable such as, "Eighty percent of student participants will have improved reading skills as measured by pre and post-tests.
<b>Indicators</b>	What specific data will you use to track and measure progress and success? Ex. Job performance, test scores, behavior (pre and post-tests), etc.
<b>Evidence-Based Practices</b>	Describe efforts being made to integrate evidence-based practices into your program. Ex. Two Generational (2Gen) approach meets the needs of children and adults in a family simultaneously. Trauma Informed Care is based on the understanding that victims of trauma, such as physical violence, influences physical, emotional and economic well-being of the survivor.

<p><b>Who are the existing community partners for this program?</b></p>	<p>What new partnerships have been formed to implement the program? In what ways do you partner? What aspects of your program are shared? How do you create and measure mutual outcomes?</p>
<p><b>List other funding sources</b></p>	<p>Funding for the program only, not the agency.</p>
<p><b>When is the best time for United Way staff and volunteers to visit program activities and ask clarifying questions of program staff and board members?</b></p>	<p>Provide three to five options during the following time frame: Monday through Friday, between the hours of 8:00 a.m. through 4:00 p.m., March 15 through May 10, 2019</p>
<p><b>By typing your name below, you certify that you are authorized to submit this grant proposal on behalf of your organization.</b></p> <p><b>Name</b> <b>Title</b> <b>Date</b></p>	