2024 Healthy Behaviors Grant Application » 2024 Healthy Behaviors Application

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PA

Program A Agency A
ejweaver@gmail.com

Title
2024 Healthy Behaviors Grant Application

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2024 Grant Application ▲

Save your progress as you complete the application using the Save button. When you are fully finished and ready to submit, click Save and Complete. Do not click Save and Complete until you are fully finished with the application.

Applications must be submitted by Thursday, March 21 at 11:59 pm cst. You will not receive an email confirmation of your submission. You will, however, see your application marked "Complete" in your participant profile.

Agency Information ▲

Please provide your agency information. If this is a collaborative application, please identify one Coordinating Agency. The Coordinating Agency receives the grant and is responsible for collaborative reports to United Way. They will coordinate work with each of the collaborators to ensure program success.

1 Legal Name of (Coordinating) Agency (as listed in IRS documentation)

* Required field

Answer

2 Agency's DBA (if applicable)

Answer

3 Agency EIN

* Required field

Answer

4 Agency Mailing Address

* Required field

Answer

5 Contact Person for this Proposal

* Required field

Answer

6 Contact Title

* Required field

Answer

7 Contact Email

* Required field

Answer

An updated Giving Matters and 211 profile are required at the time of submission. For help updating or setting up a Giving Matters profile, click here. For help updating or setting up a 211 profile, click here.

8 Please provide a link to your Giving Matters profile:

* Required field

Answer

9 Please provide a link to your 211 profile:

* Required field

Answer ···

10 Is this a Collaborative Grant Proposal?

* Required field

○ Yes

○ No

11 Collaborator Information (if not collaborative, please skip): Provide the Agency Name and EIN for each collaborator.

Answer

Program Information
▲

12 Program Title (Program or Service Name, NOT the name of your agency)

* Required field

Answer

13 Brief Description of Program (recommended max 100 words)

* Required field

Answer

14 Is this a current program or new program?

* Required field

○ Current program
○ New program

15 Amount Requested

* Required field

Answer

16 How many individuals will this program serve?

* Required field

Answer   ⋯

17 Provide a detailed description of the program. What are the program activities? What is the plan for implementation or continuation of the program activities, including a timeline of the full funding cycle. (recommended max 350 words)

* Required field

Answer

18 If this is a new program, how does the program approach align with established best practices in relevant fields? In the absence of past performance metrics for this specific program, provide rationales for why the proposed approach is likely to achieve your targets. If this is an established program, please provide evidence of its prior success in areas such as program outcomes, performance measures, and participant feedback. (recommended max 200 words)

* Required field

Answer

19 Describe how this program will consider diversity, equity, and inclusion in the service delivery design and implementation. How will the program foster effective principles and practices of valuing diversity, equity, and inclusion? How will those strategies be communicated and measured? (recommended max 250 words)

* Required field

Answer

Statement of Need
▲

20 Provide a statement of need. Who is your target population and what specific needs or challenges does the target population currently face? How were these needs identified, and what evidence supports the identified needs? (recommended max 300 words)

* Required field

Answer

Program Budget
▲

Please upload the completed **Program Budget Template**. The Budget Template includes Program Income, Program Expense, and Use of Requested United Way Funds.

21 Program Budget Template Upload

* Required field

Upload Text, Spreadsheet.

[Select a File to upload ⬆] [*Description*]

22 Provide a Budget Narrative to include: a brief explanation of other sources of revenue for program funding, a brief description of expenses for the program, and an explanation of the reasonableness of budgeted expenses. If this is a collaborative application, describe how much each agency will receive from the UW funding and for what purpose. (recommended max 300 words)

* Required field

Answer

Program Impact & Evaluation
▲

Each applicant should identify 2-3 shared measurements to include in reporting.
- At least one measurement should be a Quality metric, demonstrating how well the program has served clients.
- At least one measurement should be an Impact metric, demonstrating whether anyone is better off.
- You *may* also select a Quantity metric, demonstrating how many the program has served.

23 Identify one Quality metric, demonstrating how well the program has served clients. For example, % of clients with improvement in their assessment scores.

Answer

24 Provide a quantitative target or goal for meeting this outcome.

* Required field

Answer

...

25 Describe in detail how success is defined for individuals related to this outcome. (recommended max 200 words)

* Required field

Answer

26 Identify one Impact metric, demonstrating whether clients are better off. For example, % of clients who report who change in knowledge, attitudes, and behaviors.

* Required field

Answer

27 Provide a quantitative target or goal for meeting this outcome.

* Required field

Answer

...

28 Describe in detail how success is defined for individuals related to this outcome. (recommended max 200 words)

* Required field

Answer

29 (Optional) Identify one Quantity metric, demonstrating how well the program has served clients. For example, # of community members trained on social determinants of health.

Answer

30 (Optional) Provide a quantitative target or goal for meeting this outcome.

Answer

31 (Optional) Describe in detail how success is defined for individuals related to this outcome. (recommended max 200 words)

Answer

32 Describe any assessments you already have in place or the process by which you will implement the measurements of your chosen outcomes. Please include how you will monitor progress, especially if assessments are infrequent. (recommended max 200 words)

* Required field

Answer

Complete the Projected Demographics Template for the population this program will serve and upload below.

33 Upload Projected Demographic Template

* Required field

Upload Text, Spreadsheet.

Select a File to upload ⬆   *Description*

Funding Priority: Collaboration
▲

34 If applying as a Collaborative: Describe how the collaborators will engage with each other to meet the goals of the program. Include the roles and responsibilities of each agency, the resources each agency will commit, and identified communication strategies. (recommended max 250 words)

Answer

35 If applying as a Collaborative: Describe the diversity of expertise, resources, and perspectives among the participating organizations. How does this diversity contribute to the overall strength of the collaborative effort? (recommended max 250 words)

Answer

36 If applying as an Individual Agency: Describe the role collaboration plays in the design and execution of this program. How will your agency engage with the broader community related to this program? What partnerships will be important to the success of the program? (recommended max 250 words)

Answer

Funding Priority: Addressing a Gap in Services
▲

37 Describe in detail your approach for identifying a gap in services or unmet need within the community and how this program addresses this gap. Include data or evidence to demonstrate the extent of the identified gap. Highlight any innovative strategies employed and unique programmatic elements that set your approach apart. How will you ensure inclusivity and responsiveness to the diverse needs of the population you will serve? (recommended max 250 words)

Answer

Final Agreements and Attachments
▲

Please review United Way of Rutherford and Cannon Counties' Diversity, Equity, and Inclusion statement.

38 Does your agency acknowledge and align with the United Way of Rutherford and Cannon Counties' Diversity, Equity, and Inclusion statement?

○ Yes

○ No

Please complete the Patriot Act Form and Partnership Agreement and upload each document. If applying as a Collaborative, only the Coordinating Agency will sign at this time.

39 Upload Patriot Act Form PDF

* Required field

Upload Text.

Select a File to upload ⬆   *Description*

40 Upload Partnership Agreement PDF

* Required field

Upload Text.

| Select a File to upload ⬆ | Description |

Please complete the following:
- Upload Agency Logo for marketing purposes *(if applying as a Collaborative, upload the Coordinating Agency's logo here; email additional collaborator logos to ella.weaver@yourlocaluw.org).*
- Usernames or links to active social media pages that your agency utilizes (Facebook, Instagram, X, and LinkedIn)

41 Agency Logo (jpeg or png)

*Required field

Upload Image.

| Select a File to upload ⬆ | Description |

42 Facebook username or link

| Answer | ••• |

43 Instagram username or link

| Answer | ••• |

44 X username or link

| Answer | ••• |

45 LinkedIn username or link

| Answer | ••• |

46 If this is an existing program, please provide a success story of a client. Please note that this information may be used in public mediums and print materials, so please change any names or identifying information.

| Answer |

Back   Save   Save and Complete