

2024 Mental Health & Substance Abuse Grant Application » 2024 MH & SA Application

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PA

Program A Agency A
ejweaver@gmail.com

Title

Instance
2024 MH & SA Application

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Questions 58

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 select 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 Select one Quality metric, demonstrating how well the program has served clients.

* Required field

Select...



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 Select one Impact metric, demonstrating whether clients are better off.

* Required field

Select...



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) Select one Quantity metric, demonstrating how well the program has served clients.

Select...



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

