

Please submit a separate application for each program.

Program: _____

County/Countries of Service: _____

Part I: Program Overview

Which objective(s) will your program meet? (Check all that apply)

Individuals and families will have access to physical health care. _____

Individuals and families will have access to mental health care. _____

Individuals will have access to substance abuse treatment. _____

1. **Does your program serve low income residents in Wayne or Holmes County? Y N**
If you answered NO, you do not qualify for this funding.
2. **Are you able to clearly track your client's progress? Y N**
3. **Are you able to provide annual reporting of clients and services provided? Y N**
4. **Do you provide referrals to UWWH or other organizations in Wayne/Holmes? Y N**
5. **Do you collaborate with other organizations in Wayne/Holmes Counties? Y N**
6. **What percentage of the clients served by this program are at or below 200% of the Federal poverty limit?**
7. **Please describe your program in detail. (limit to 200 words)**
8. **Please list the type of services your program provides. (limit 200 words)**
Example:
 - *Vaccinations*
 - *Eye Exams*
 - *Dental Exams*
9. **What needs are being met or addressed through this program? (limit 200 words)**
10. **Please describe the outreach efforts currently used by the program to recruit and retain participants. (limit 200 words)**
11. **Please describe this programs greatest challenge. (limit 200 words)**

2019 HEALTH & MENTAL HEALTH RFP APPLICATION

Part II: Key Performance Indicators

Use this table:

2018 (actual YTD at time of application) If this is a new program mark N/A

2019 (projected)

Type of Service	Number of Services		Number of Households		Number of Individuals (unduplicated)		Number of Collaborations		Number of Referrals	
	2018	2019	2018	2019	2018	2019	2018	2019	2018	2019
Vaccinations	42	50	20	25	40	49	1	1	15	20

KPI Descriptions:

Type of service: *What service are you providing? (Make sure this list matches your answer in Q7)*

Number of services: *How many vaccinations did you administer?*

Number of households: *How many households did you serve?*

Number of individuals: *How many individuals did you serve? If one person had 4 vaccinations, only count the person once and the vaccination 4 times.*

Number of collaborations: *How many organizations do you partner with for this service?*

Number of referrals: *How many referrals were given to UWWH or other organizations due to this service?*

Part III: Program Reporting and Evaluation

Please explain:

How do you track a client’s progress?

How often and to whom are you reporting number of clients and services rendered?

What tools or processes do you use to evaluate the success of the program?

How often do you perform a program evaluation?

Part IV: United Way Promotional Section

If the program was previously funded, please provide a detailed example of a program success story which we can use for publication. (Max 120 Words)

Part V: Fundraising Events

Please list all fundraising events that you have planned for 2019: date and description.

Part VI: Budget Information

For Internal Use Only

UWWH Account ID: _____

2019 HEALTH & MENTAL HEALTH RFP APPLICATION

Please Use This Program Budget Template:

Item Description	Justification	Item Cost (Total)	Amount Requested from UWWH	Matched Amount	Amount Ratio	
					UWWH	MATCH
<i>Vaccines</i>	<i>In order to administer vaccines we need to purchase them. \$2.00 each, we need 100 units</i>	<i>\$200.00</i>	<i>\$200.00</i>	<i>\$0</i>	<i>100%</i>	<i>0%</i>
<i>PT Nurse-Hourly Rate</i>	<i>We need to hire a PT nurse to properly administer vaccinations. \$25 per hour x 10 hours per week x 52 weeks.</i>	<i>\$13,000.00</i>	<i>\$4,000.00</i>	<i>\$9,000.00</i>	<i>30%</i>	<i>70%</i>
		Total Cost:	\$4,200.00	\$9,000.00	47%	53%

Please complete a program budget for each independent program request.

Additionally, we require a budget narrative which addresses all or some of the following as applicable: (limit 200 words)

1. Item description is "miscellaneous" and the total cost is greater than \$1,000.00
2. Total amount ratio is showing UWWH portion higher than 75%. Specifically, please explain the sustainability of the program if you do not receive funding from UWWH.

Additional questions regarding finances and financial documentation may be requested before final awards are announced. Please be prepared to answer additional questions and provide additional documentation.