

**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)**

Early childhood education. \_\_\_\_\_

Summer learning program. \_\_\_\_\_

Out of school time education/recreation/arts. \_\_\_\_\_

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 Federal poverty limit?**
7. **How does your program help children prepare for kindergarten, obtain proficiency in math or reading, or focus on literacy? (limit to 200 words)**
8. **Does your program engage with any local school districts in reporting progress? If yes, what school districts and how do you engage?**
9. **Does your program reduce absenteeism and discipline referrals? If yes, please explain how (limit 200 words).**
10. **Does this program provide professional development for practitioners? If yes, please explain. (limit to 100 words)**
11. **Does this program engage the entire family with any events? If yes, please explain. (limit to 100 words)**
12. **Does this program strengthen caregiver/parent/child relationship? If yes, please explain. (limit 100 words)**

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**13. Please list the type of services your program provides. (limit 200 words)**

*Example:*

- *Scholarships for after school care*
- *Tutoring sessions for math*
- *Family activity hour*

**14. What additional needs are being met or addressed through this program? (limit 200 words)**

**15. Please describe the outreach efforts currently used to recruit and retain participants. (limit 200 words)**

**16. Please describe this programs greatest challenge. (limit 200 words)**

**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 |
| <i>Scholarships</i> | 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 Q13)*

Number of services: *How many scholarships did you provide?*

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

Number of individuals: *How many individuals did you serve? If one person had 4 scholarships, only count the person once and the scholarship 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?*

Number of children who achieve developmental milestones: *How many?*

Number of staff trained to provide quality programs: *How many?*

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**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**

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> |
|                             |  |                    |                            |                   |              |            |
|                             |  |                    |                            |                   |              |            |
|                             |  |                    |                            |                   |              |            |
|                             |  | <b>Total Cost:</b> | <b>\$4,200.00</b>          | <b>\$9,000.00</b> | <b>47%</b>   | <b>53%</b> |

**Please complete a program budget for each independent program request.**

For Internal Use Only

UWWH Account ID: \_\_\_\_\_

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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.