

2020-2021 UNITED WAY OF BEMIDJI AREA PARTNER AGENCY INVESTMENT APPLICATION

*****Before completing the application, please double click on the footnote at the bottom of the page and type in your agency's name on the blank line.**

AGENCY SUMMARY INFORMATION

	DATE	
AGENCY		
CONTACT NAME		
TITLE		
PHYSICAL ADDRESS		
MAILING ADDRESS		
PHONE	FAX	
EMAIL	WEBSITE	

You **MUST** have at least a summary answer in the space for **EACH** question or your application is *not* complete. If completing by hand and you need additional space to answer any of the questions in more detail, please use another sheet and indicate "additional information attached". If completing electronically, feel free to use more space than provided between questions. **Where applicable, the Bemidji area is defined as the Bemidji School District coverage area (ISD #31).**

1. Your total request of United Way of Bemidji Area for the July 2020-June 2021 community investment period:

\$	
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2. What is the mission of your agency?

3. Is the investment request for general operating?

YES	
NO	

If yes, please complete section 3A.

If no, please complete section 3B.

A) If you answered that the investment request is for general operating purposes, please place an “X” next to one of the United Way’s impact areas you feel best represents your agency and its programs:

	Education – Helping children, youth, and adults achieve their full potential
	Income – Promoting financial stability and increasing self-sufficiency
	Health – Improving people's health and social well-being
	Basic Needs – providing basic needs or crisis emergency services

B) If the investment request is not for general operating purposes, please list the specific program(s) you are requesting United Way investments for in the table below.

PROGRAM	IS THIS A NEW PROGRAM? (yes or no)	HOW MUCH ARE YOU REQUESTING FOR THIS PROGRAM?	PLEASE LIST <u>ONE</u> OF UNITED WAY’S IMPACT AREAS YOU FEEL BEST REPRESENTS THIS PROGRAM (education, income, health, or basic need – <i>definition above under A</i>)

4. Please provide an explanation of the program(s)/service(s) your agency is providing this year.

If you are applying for program funding, please be sure to include all the programs you are applying for.

5. What new/different programs are you planning for 2020/2021? How will these be funded?

6. PROGRAM OUTCOME MANAGEMENT CHART/LOGIC MODEL

Please complete the Program Outcome Management Chart* on the following page or include your own program outcome management chart/logic model. *If you are applying for operational funding, please complete the chart for all your primary programs ONLY – using a separate page for each primary program. If you are applying for specific program funding, please complete the chart for only the programs you are applying for.

DO YOU NEED ASSISTANCE? An explanation of the program outcome management chart and examples are provided on page 12 and 13. Please note the example chart includes the first section of a logic model, inputs and outputs. United Way is interested in knowing only the outcomes, measurement tools, indicators, targeted results and actual results (if applicable) for the program(s). The inputs and outputs may be helpful for you to think through to ensure you have the right resources in place and are conducting the right activities with the right people to get to the outcome you want to achieve. In addition, you are welcome to contact the United Way at 444-8929 for assistance.

PROGRAM OUTCOME MANAGEMENT CHART

PROGRAM NAME:				
PROPOSED OUTCOMES	MEASUREMENT TOOLS	INDICATORS	EXPECTED/TARGETED RESULTS	ACTUAL RESULTS <i>(if applicable)</i>

7. List the target population served (age, sex, special interest, etc.):

8. CLIENT INFORMATION

Total # unduplicated individuals who were:	Actually served by your whole program	Actually served in BEMIDJI AREA ONLY	Potential additional clients in Bemidji Area*
2 years ago			
The past/last year			
Projected next year			

**Estimates or actual known additional clients in need of your services that could have been served if you had enough people, money, space, etc.*

What was your cost per client within the past year?

\$

9. If your organization serves other geographical areas outside the Bemidji area, please list below **ALL** areas covered by your organization (i.e. cities and/or counties, etc.) **and ALSO complete two budget forms, one for the whole program and one “local budget” for the Bemidji area** (download the excel doc.– agency budget)

10. VOLUNTEER AND STAFF INFORMATION

TOTAL #	VOLUNTEERS		VOLUNTEER HOURS		STAFF		FULL TIME EQUIVALENT	
	Whole Program	Bemidji Area	Whole Program	Bemidji Area	Whole Program	Bemidji Area	Whole Program	Bemidji Area
3 years ago								
2 years ago								
Last year								

11. What supplementary fund-raisers does your agency conduct?

Activity	Net Results	Geographic Area Covered	Time Frame Conducted
	\$		
	\$		
	\$		
	\$		

**12. How are your services the same/different from agencies that provide similar services?
Do you coordinate/refer with each other?**

13. What are your alternative sources of funding if United Way is unable to fund your request?

14. Will you be using United Way of Bemidji Area as a match for other funding?

YES	
NO	

If yes, please describe.

15. How many board meetings do you have per year?

List your Board of Director members:

Do you have a quorum at your meetings?

YES	
NO	

If not, why?

16. SUCCESS STORY - Describe how this program/service has made a difference in someone's life or in the community. Share a specific example(s) from the past 12 months. This story/these stories should demonstrate how United Way's investment was used in your organization to make a difference. For confidentiality, please do not share specific names of clients or program participants.

Complete the agency budget excel spreadsheet



United Way
of Bemidji Area

2020-2021 AGENCY PARTNERSHIP AGREEMENT

If your agency receives investments from the United Way of Bemidji Area, as a Partner Agency you agree to the following:

Partner Agency Fund-raising Policy

- To make no cash solicitations for capital or current operating/program expense funds and/or hold fundraising events within the territory covered by this United Way's campaign without the consent of the United Way of Bemidji Area, during the United Way of Bemidji Area's campaign, September 1 through October 31. This provision is understood to cover those situations where solicitation is made in the name of the Agency financed by this United Way, although the purpose is to raise money for a program or service not financed by the United Way. Fundraising events proposed by member agencies to be held between September 1 and October 31 will be reviewed by the Board of Directors on a case by case basis (A Fundraising Project form must be submitted to United Way 60 days prior to the event).
- United Way funded organizations will not initiate or participate in any non-United Way organized solicitation of employees at the workplace at any time of the year in this service area. An organized solicitation is a federated campaign in the workplace, organized with the support of the employer, through which monetary contributions are solicited from employees.
- United Way of Bemidji Area agrees that the following types of self-support are always acceptable:
 - In-kind donations of services or materials
 - Grants
 - Participating partner agency memberships
 - User fees and program service fees
 - Property rental
 - Investment income
 - Unsolicited donations
 - Contributions from outside the United Way of Bemidji Area service area.
 - 'Quid pro quo' sales of merchandise, products, events or services.
- Monies invested in your organization from the United Way of Bemidji Area are to be used for the intended purpose as stated in the original Community Investment Application. Any changes in circumstance must be reported to the United Way for approval. If not approved, investment repayment will be requested from the organization to the United Way of Bemidji Area.
- An "Exit Report," at the end of the investment cycle, is requested of the organization if the organization decides to terminate their relationship as a continuing United Way Partner Agency. The organization does NOT need to provide an "Exit Report" if the organization intends to reapply for the community investment process the following year.

By signing this agreement, the below named agency's Board of Directors and staff agrees to follow these rules as set forth by the United Way of Bemidji Area. Any fundraising or actions not in compliance with this agreement may result in the withdrawal of the agency's investment by the United Way of Bemidji Area. A signature also certifies that all information contained in the application has been reviewed and is true and correct.

Date: _____

Agency: _____

Agency Director/President (Print) _____

Signature: _____

EXPLANATION

PROGRAM OUTCOME MANAGEMENT CHART

Sometimes it may be easier to start with the outcome and work backwards

INPUTS	OUTPUTS		PROPOSED OUTCOMES	MEASUREMENT/ EVALUATION TOOLS	INDICATORS	EXPECTED/ TARGETED RESULTS	ACTUAL RESULTS
<p>What do you invest?</p> <p>time, money, supplies, staff, technology, partners, volunteers, equipment...</p>	<p>Activities What do you do? Conduct workshops, conduct meetings, deliver services, provide counseling, partner, work with media, develop curriculum, provide demonstration, conduct training, offer classes...</p>	<p>Participation Who do you reach?</p> <p>Participants, clients, agencies, decision-makers, customers, group, family...</p>	<p>What are the results? anticipated benefits or changes for program participants as a result of program participation- change in knowledge, skills, attitude, motivation, behaviors, practices, procedures...</p> <p>Writing a good outcome – specific, measurable, attainable, results-oriented and timed: Who is it for, what change will occur, in what and by when</p>	<p>What is used to measure for progress toward outcome achievement.</p> <p>What do you want to know? What will you use to know it? – survey, case notes, post test, census data, school data, etc.</p>	<p>Specific, measurable information that will be collected to track success toward the outcome. What do you see, hear, feel or do to know that you are making progress towards your outcome. increase the # or % of people who attend, increase the # or % surveyed that show improvement in, increase in % of clients that appear happier through observation, etc.</p>	<p>What is your overarching goal? What the program anticipates to achieve. Actual/Targeted raw #'s and percentages.</p>	<p>If you measured results previously – what did you achieve?</p> <p>What was the actual outcome?</p>

EXAMPLES EXAMPLES EXAMPLES EXAMPLES

PROGRAM OUTCOME MANAGEMENT CHART

Sometimes it may be easier to start with the outcome and work backwards

INPUTS	OUTPUTS		PROPOSED OUTCOMES	MEASUREMENT/ EVALUATION TOOLS	INDICATORS	EXPECTED/ TARGETED RESULTS	ACTUAL RESULTS
	Activities	Participation					
Staff Money Research Partners	Develop parent ed. curriculum Deliver series of interactive session	Targeted parents attend	Parents increase knowledge of child development	Survey given at the first interactive session to determine parents' knowledge of child development Survey at end of 4th interactive session	# of parents that attend child interactive sessions and complete survey % of parents that show an increase in their knowledge of child development	After attending 4 interactive sessions, 75% of the parents will have increased their knowledge of child development	After attending 4 interactive sessions, 71% of the parents will have increased their knowledge of child development
Materials Staff Financial Resources Planning processes	Outreach/ awareness campaign Partnerships formed with agencies Training to provide assistance on completing enrollment for non-emergency food programs	Individuals and households eligible for food assistance Agencies	Short term: Identify emergency food resources Intermediate: Enroll in non-emergency food programs	Observation from agency staff on how many clients have been given and acknowledge understanding what emergency food resources are available Non-emergency food program enrollment stats	# of clients that have received the information Increase in the % of people enrolled in non-emergency food programs	200 clients will be given information on the emergency food resources and will acknowledge an understanding of what emergency food resources are available By Dec 2014, the % of people enrolled in non-emergency food programs will have increase by 5%	