SECTION I:
United Way of Eastern Maine
Overview and Grant Application Guide

Information and description only. Actual editable Word Community Investment Grant Application attached separately
or found at www.unitedwayem.org

FY2011-2012 *(currently funded programs eligible)*
FY2011 *(new and pilot programs eligible)*

SECTION I: pp. 2 – 11 – non-editable PDF
OVERVIEW & GRANT APPLICATION GUIDE:

United Way of Eastern Maine
United Way Outcomes

United Way of Eastern Maine is committed to improving the health, education and income of families and individuals throughout Eastern Maine. One strategy we employ to accomplish this goal is to partner with quality programs in the community that provide measurable improvements for the clients they serve. United Way focuses our work through awarding community fund dollars to programs which provide activities that work toward the following seven United Way outcomes:

- **Outcome #1:** Children enter school ready to learn and succeed. **Target Population:** Children under age six and their families.

- **Outcome #2:** Children and youth increase assets and skills in order to increase their ability to accept and take personal responsibility, plan and make good choices, resist negative peer pressure and decrease vulnerability to dangerous situations. **Target Population:** Children & youth ages 5 to 24 and their families.

- **Outcome #3:** Seniors age in place through access to home-based care and caregiver supports. **Target population:** Seniors living alone or with an unpaid adult as their primary caregiver.

- **Outcome #4:** Seniors live productive, active, healthy lifestyles by contributing to and benefiting from community resources. **Target population:** Seniors living in Eastern Maine

- **Outcome #5:** People access transitional services to achieve stability in their lives. **Target Population:** Adults transitioning from crisis to self-sufficiency.

- **Outcome #6:** People access services to maintain self-sufficiency. **Target Population:** Adults who have overcome crisis and are working to maintain their self-sufficiency.

- **Outcome #7: Safety Net/Basic Needs and Crisis Intervention Programs:** People access services to meet basic needs (food and short-term shelter) and crisis intervention (hot-line). **Target Population:** People needing basic need services, including Individuals, youth and families. **Programs applying and receiving funding under this outcome will be required to report <u>outputs and quality review narrative only.</u>**

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Funding Criteria

In addition to working toward at least one of the United Way outcomes identified on page 2, community fund dollars will be awarded to programs that best meet United Way's funding criteria (listed below):

- **Program Outcome Measurement and Output Reporting**: Funded programs applying under outcomes #1 – 6* must achieve measurable results and demonstrate a minimum of two meaningful outcomes for participants. This year, a program may choose to apply under more than one United Way outcome listed above, *however,* an outcome track for each chosen United Way outcome must be reported in the Logic Model and Data Report Form. In addition, programs must demonstrate how they use their data to make program improvements. *Programs applying under **United Way Outcome #7** are required to report the results of their program through outputs and quality review narrative only (only certain programs eligible – see p. 2 for more details).

- **Target Population**: Funded programs must serve the target populations identified in United Way's Seven Outcomes (pg. 2). In addition, United Way works to support those individuals and families who are unable to pay the full cost of services, those for whom no other funds are available or those with special needs due to particular situations. United Way is committed to supporting our targeted populations throughout our five county service area: Hancock, Penobscot, Piscataquis, Waldo and Washington Counties.

- **Uniqueness of Service:** United Way strives to avoid funding duplicative programs that serve same populations

- **Program and Organizational Capacity:** Funded programs must be run in a fiscally responsible manner, with direction from an active board and in alignment with its agency's mission. Funded programs are strongly encouraged to involve volunteers at all levels of planning and implementation.

- **Collaborations**: We believe that collaborative approaches are crucial to success and sustainability of community change efforts because they reduce duplication of services, provide integrated services to program participants, help to achieve program outcomes and decrease costs. Funded programs are strongly encouraged to pool resources, share information, and utilize partnerships to meet desired outcomes.

Program types not eligible for funding: The United Way of Eastern Maine Board of Directors has previously decided that emergency disaster relief programs and adult group homes are not eligible to receive United Way community funds at this time.

United Way of Eastern Maine
Community Investment Request Guidelines

ELIGIBILITY

To be eligible to receive United Way of Eastern Maine **community funds**, your program must clearly fit under at least one of United Way's seven identified outcomes (see p 2). In addition, your sponsoring agency must meet all of the following criteria:

A. Be a not-for-profit 501(c)(3) organization that is conducting a health and human service program which is meeting the needs of the people residing in the Penobscot, Piscataquis, Hancock, Waldo or Washington counties.

C. Have an active board of directors that meets with a quorum at least quarterly

D. Have stated mission and bylaws.

E. File a Form 990 with the Internal Revenue Service annually and submit a **signed copy** to UW with application. Submitted 990 to United Way must match the FY year of the submitted audit or Reviewed Financials.

F. Submit appropriate Financial materials:
   - an annual Audit if the agency has gross receipts of **$500,000** or more. **CFC eligible agencies must have an audit if revenues exceeds $100,000. – see separately attached CFC application.*
   - a Review of Financial Statements from an external accountant OR Audit if the agency has gross receipts of **$25,000-$500,000.** Reviews of Financial Statements are not accepted for agencies with gross receipts above $500, 000.
   - a compilation OR review OR audit if the agency has gross receipts of **less than $25,000**. Compilations are not accepted for agencies with gross receipts above $25,000.

G. Submit an on-time and complete program application using UWEM's forms in the requested format.

REVIEW PROCESS

Proposals will be reviewed by trained volunteers serving on review teams, stewardship committee and financial review teams. Reviews will focus on the information provided in four key areas:

- Alignment with chosen United Way Outcome(s)
- Demonstrated improvement in people's lives through Outcome Measurement (if applying under Outcome #7, by outputs and quality review narrative)
- Uniqueness of Service
- Program and Organizational Capacity
- Collaborations

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Tips for Submitting Proposals

- ***Write the proposal for*** a reader who is not necessarily familiar with the specifics of your program but one who is knowledgeable about the community, health and human services within this community and the target population you are serving.

- ***Respond to questions succinctly yet completely.*** There is a difficult balance between too much and too little information. We recognize that each program is different and thus may have different needs for explanation and clarification.

- ***Coordinate preparation.*** If more than one person is preparing the report, make sure they work closely together. (i.e., The Finance Dept. should prepare a budget that corresponds directly to the program plans and investment request described in the narrative by the Program Director.)

- ***Recruit an independent reader.*** Ask someone who has not been working on the proposal to read it for you. Does the information provided give a complete picture of the program? Are all items answered completely? Does the reader come away with unanswered questions? Do the responses in the various sections complement and correspond to one another? Is there consistency of information throughout the proposal?

- ***Put your best foot forward.*** It is our staff practice to give proposals to the review teams exactly as they are submitted to us; a reminder that a computer spell-check and grammar review is always helpful. Make sure that the writing flows smoothly and makes sense. Ensure that you use the format provided and all pages and related documents are included in the appropriate order.

- ***Treat each proposal as unique.*** If more than one proposal is being submitted by the same organization, please ensure that each proposal is distinct and clearly reflective of that individual program. Be judicious with information that is "cut and pasted" from one proposal to another – it may detract from the readability and make it more difficult to distinguish the merits of one program from another. It is likely that different volunteers will read each proposal, so do not assume they will have the knowledge of the other proposals you have put forward

- ***Include a <u>complete</u> logic model & data report*.*** The logic model should provide a complete one-page snapshot of the program and what it is attempting to achieve. Elements of the logic model should flow logically from left to right across the page. Outcomes should connect directly to the activities listed. <u>You are required to submit data</u> that demonstrates how your program is meeting the identified outcomes. *** If applying under United Way Outcome #7**, you are required to complete the outputs report found on pages #9-10 and not the logic model/data report.

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SAMPLE Logic Model & Data Report

INSTRUCTIONS: United Way of Eastern Maine will consider funding for programs that are working toward at least one of the identified United Way outcome(s) found on page 2. You must submit at least two outcome tracks. If focusing on more than one outcome, you must submit at least one outcome track for each outcome chosen.

Please complete the logic model and data report below. Make sure to include full outcome tracks for both outcomes* (Initial, Intermediate and Longer-term).

**Only programs with very brief client contact (1 hour or less) should consider measuring less than the full outcome track.*

Program and Parent Organization: To Your Health, Program: Smoking Cessation
Program Mission: To provide smokers who wish to quit smoking with the information, skills and support to successfully reach their goal. This ties with our organizational mission of "Improving the physical health of our community through education and quality healthcare."
Total Number of People Served by the Program in a 12 month period: 90 (1 program w/ 15 participants held 6 times per year)
Inputs (*Resources dedicated to or consumed by the program):* 2 RNs, Educational materials (pamphlets, video, "Ready to Quit kits"), Meeting space, Funding, Trained facilitators (former smoker who went through the course)
Constraints on Inputs: Participants willing to take the risk to quit

ACTIVITIES ***The Types of Services the program provides***	**OUTPUTS** ***The direct product of the program activities and/or the # of people served***	**OUTCOME #1** *Benefits to participants during or after participation in the program*	**INDICATOR** *Specific and measurable piece(s) of information that will show the outcome is occurring*	**TARGET # and %** *Goal # and % for your indicator*	**ACTUAL # and %** *Results of data collection # and % for indicator* *This column to be completed at mid-year and annual report*	**Data Collection Method & Data Source** *Examples: survey, observation (method); client, caregiver (source)*	**Person(s) Responsible** *include contact information*
Provide 8 weekly smoking cessation sessions may include: ▪ Videos ▪ Guest Speaker	# of classes # of participants (Initial) # participants (at course end) #guest	INITIAL: Time-frame: **(1-3 classes)** Participants gain knowledge about the health hazards of smoking. Participants learn effective smoking quitting techniques.	#/% of participants who can identify 3 ways smoking negatively impacts physical health #/% of participants who can identify 2 effective techniques that might work for	70 and 78% 65 and 72%	DO NOT COMPLETE AT THIS TIME – ONLY DUE FOR MID-YEAR AND ANNUAL REPORTS	Method: Survey Source: participants Method: Interview with participants Source: class facilitator	Class Facilitator 555-1212 Facilitator@toyourhealth.org

▪ Role Playing	speakers		them				
		INTERMEDIATE: Participants change their attitude about smoking	#/% of participants who report they are more likely to quit smoking now than when they started the class	70 and 78%	DO NOT COMPLETE AT THIS TIME – ONLY DUE FOR MID-YEAR AND ANNUAL REPORTS	Method: Interview with participants Source: class facilitator	Class Facilitator 555-1212 Facilitator@toyourhealth.org
		LONGER-TERM: Participants make plans to quit smoking. Participants quit smoking.	#/% of participants who make plans to quit smoking within the next 3 weeks #/% of participants who quit smoking by the end of the 8th session	70% and 78 65 and 72%	DO NOT COMPLETE AT THIS TIME – ONLY DUE FOR MID-YEAR AND ANNUAL REPORTS	Method: Survey Source: participants Method: Survey Source: participants	Class Facilitator 555-1212 Facilitator@toyourhealth.org

ACTIVITIES	OUTPUTS	OUTCOME #2	INDICATOR	TARGET # and %	ACTUAL # and %	Data Collection Method & Data Source	Person(s) Responsible
		INITIAL: Participants learn about the importance of support and coping skills to remain 'smoke free'	#/% of participants that can list several coping mechanisms / supports for remaining smoke free after they have quit	70 and 78%	DO NOT COMPLETE AT THIS TIME – ONLY DUE FOR MID-YEAR AND ANNUAL REPORTS	Method: Survey Source: Participants	Class Facilitator 555-1212 Facilitator@toyourhealth.org
		INTERMEDIATE: Participants create a Plan for accessing supports to remain smoke free	#/% of participants that create a plan with at least three coping mechanisms / supports for after	65 and 72%	DO NOT COMPLETE AT THIS TIME – ONLY DUE FOR MID-YEAR AND ANNUAL	Method: Review of the written plan Source: Class Facilitator	Class Facilitator 555-1212 Facilitator@toyourhealth.org

			they quit smoking		REPORTS		
		LONGER-TERM: Participants remain smoke free 6 months after the class is complete.	#/% of participants who report being smoke free 6 months after the class is complete	(this is out of 67 - # that quit) 50 and 75%	DO NOT COMPLETE AT THIS TIME – ONLY DUE FOR MID-YEAR AND ANNUAL REPORTS	Method: Telephone Survey Source: Staff member	Class Facilitator 555-1212 Facilitator@toyourhealth.org

Answer the following questions (required):

1. **How often is the logic model, measurement plan or data reviewed?** Staff collect data weekly, review and enter data into logic model quarterly and then review for necessary changes to program every 6-8 months

2. **Who, in addition to the program director, reviews the measurement data? (choose all that apply)**

_x_ Program staff or volunteers __ Agency executive director _x_ Program or agency advisory committee ___ only program director __X_ Other: Program clients

3. **Please Share an example of a time you used your outcome measurement data to make improvements to your program:**
Last year, we found that, although our classes were full and we were meeting our initial and intermediate targets, clients did not quit smoking. After further evaluation with clients, we found that an unintended consequence of the class was that clients enjoyed each others company and all shared a similar passion for smoking while socializing. Our change to program/attempted solution: on advice from our advisory council (made up of previous clients), we organized a social gathering every other week at venues where smoking was not allowed. In addition, we found a sponsor willing to provide free meal coupons at a local restaurant, which we offered to all clients at these social events **IF** they went the entire evening without smoking. We found that offering these social gatherings and increasing the benefits of not smoking while socializing positively impact our outcomes, with 30% more clients quitting by programs end.

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FOR OUTCOME #7 APPLICATIONS ONLY

UNITED WAY OF EASTERN MAINE

SAMPLE - OUTPUT REPORT FORM - *SAMPLE*

INSTRUCTIONS: Applicants whose programs focus on meeting United Way Outcome #7 can report their outputs and quality review plan on this form.

Program and Parent Organization: Support for You
Program Mission: To provide crisis mental health intervention for those at risk of self-harm and to those family or friends involved with the person.
Total Number of People Estimated to be Served by this Program between 7/1/10 and 6/30/11: *14230*
Inputs (*Resources dedicated to or consumed by the program):* Staff, building, volunteers, telephone lines, interactive and confidential website, clients, donors, money.
Constraints on Inputs:

ACTIVITIES ***The Types of Services the program provides***	**ESTIMATED OUTPUTS** **between July 01 2010 through June 30, 2011** ***The direct product of the program activities and/or the # of people served***	**Outputs** ***The direct product of the program activities and/or the # of people served*** *This column to be completed at mid-year and annual report*	**Description of Benefit to Client** **Please briefly describe the benefit of this output for the client**
Hotline support for those at risk of self harm	4230 (# based on last year plus trend toward an increased volume of 10% each year)	DO NOT COMPLETE AT THIS TIME – ONLY DUE FOR MID-YEAR AND ANNUAL REPORTS	Individuals are given immediate support, resource referral or call made to 9-1-1 when necessary (and when client releases their information). Family or friends also use hotline and are given the same types of support or information. The benefit is that Individuals contemplating suicide and/or their family/friends are given alternatives and support to get them in touch with the help they need in order to avoid self -harm
On-line support for those reaching out for help	10,000 on-line contacts	DO NOT COMPLETE AT THIS TIME – ONLY DUE FOR MID-YEAR AND ANNUAL REPORTS	Through email and on-line messaging, individuals are given immediate support, resource referral or call made to 9-1-1 when necessary (and when client releases their information). Family or friends also use hotline and are given the same types of support or information. The benefit is that Individuals contemplating suicide and/or their family/friends are given alternatives and support to get them in touch with the help they need in order to avoid self-harm,

OUTPUT REPORT FORM- FOLLOW-UP QUESTIONS
Answer the following questions (required)

1. **How often is the output data reviewed?**
   Data is looked at monthly in order to determine the # of volunteers scheduled for particular times of the day and week.
2. **Who, in addition to the program director, reviews output data? (choose all that apply)**

_x_ Program staff or volunteers __ Agency executive director _x_ Program or agency advisory committee ___ only program director
___Other: ___________________

3. **Please describe your quality improvement plan (i.e. how do you ensure that the basic needs service you offer is positively benefiting the client):**
   When staff or volunteers are communicating with clients on the telephone or on internet, they end each call with questions regarding the safety of the client in the immediate time following, plans for the client to follow up with their longer term safety plan and confirming that the client has understood the information shared during the conversation. In addition, volunteer surveys are completed twice a year to identify training needs and other supports necessary for volunteers to deliver this important service.

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Definition of Terms for Measuring Program Outcomes

- **Program Mission** – The overall purpose or desired effects of the program.

- **Inputs** – The resources such as staff, facilities, volunteers and equipment that are dedicated to or are consumed by the program. Outside resources such as collaborations, service referral providers and community factors may be potential inputs. Also important are constraints on inputs such as laws, contract regulations, zoning requirements, etc., that may impact the use of inputs.

- **Activities** – The types of services the program provides – what the program does with the inputs to fulfill its mission. Examples of activities include: providing counseling to clients, providing training for clients, mentoring clients, providing meals, on-site support for clients, advocacy on client's behalf, etc.

- **Outputs** – The direct products of program activities usually are measured in terms of the volume of work accomplished. For example, number of counseling sessions conducted the number of classes taught, number of participants served, etc. The time period these outputs represent should also be included (*i.e. a calendar year, a school year, a session, etc.).*

- **Outcomes** – The benefits to program participants or changes in **KNOWLEDGE, SKILL** or **BEHAVIOR** that participants experience during or as a result of participation in the program. Participant outcomes should logically link back to the activities of the program and flow from initial to intermediate to longer-term in nature.

- **Timeframe** – The anticipated or required length of time for progress on or achievement of each identified outcome. This will vary from program to program and may occur over days, weeks, months and/or years.

- **Indicators** – The specific information that is collected to track a program's success towards an outcome. Indicators should be observable and measurable – what can be seen, touched, quantified – and demonstrate an outcome taking place. An indicator is **WHAT** is being measured.

- **Data Source** – The location of the indicator information. Examples of a data source include the program's records or other agencies' records, specific individuals including participants, the general public, trained observers and/or mechanical measurements. A data source is **WHERE** the indicator information will be found.

- **Data Collection Method** – The specific method(s) that is utilized to gather data on progress towards achieving outcomes. Data collection is **HOW** the specific information identified as indicators will be gathered – the method(s), tool(s) and processes. Data Collection may include review of participant or program records, self-administered questionnaire, personal interview and/or rating by a trained observer. For best results, data collection instruments and procedures should be pre-tested with a sample prior to full implementation of the data collection process.

- **Target** - Numerical objectives for a program's level of achievement on its outcomes. Programs usually set targets once some initial data has been collected and a baseline has been established.

*Adapted from *Measuring Program Outcomes: A Practical Approach* (1995), United Way of America.