

United Way of the Mark Twain Area
“To increase the capacity for people to care for one another”
2018 Funding Request Application

Section 2: Grant Narrative

Please type your answers into the box provided.

1. Please share your agency’s mission and give a brief overview of your agency (5 sentences or less).

2. Please provide a 25-word summary of your agency that can be used for promotional purposes.

3. How many dollars are you applying for from the United Way of the Mark Twain Area?

\$

4. Give an in-depth overview of the program(s) that your agency provides to the community. What community need(s) does the program address? How do the program(s) address those need(s)? What are the goals of the program(s)? How are services provided?

5. Do you plan to provide any new or different program(s) next year? What community need(s) will the program(s) assist with? Please briefly describe the program(s), the estimated costs, as well as how the program(s) will be funded.

6. Describe the specific need for your agency and the agency’s program(s) in our community.

7. Which of the United Way’s focus areas best fit the mission and program(s) of your agency (please select – can be more than one)? Our focus is on **education, income** and **health**—the building blocks for a good quality life.

- Education: A quality education that leads to a stable job
- Income: Enough income to support a family through retirement
- Health: Good Health

Please explain how your agency’s services directly relate to the focus area(s).

8. Describe how United Way dollars will be used within your agency if selected to be a participating agency. What program(s) will dollars be used to fund?

9. How do you measure the effectiveness of the program(s) the United Way's dollars would be used to fund? Please share any current measurement data you have available of the effectiveness of these programs.

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10. Funds from the United Way of the Mark Twain Area must be used to fund programs in Lewis, Marion, Monroe, Ralls, and Shelby Counties. Explain how you ensure dollars from the United Way of the Mark Twain Area are used within those counties if you serve additional counties.

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11. Break down the requested dollars into the United Way's focus areas:

Area:	# of individuals served:	Dollars Requested for Area:	Percentage of Request:
Education		\$	%
Income		\$	%
Health		\$	%

12. Take the entire budget of the program you are applying for dollars for and divide it by the anticipated client number to find the cost per person. If needed, use the box below for an explanation.

Total Program Cost:	Total # of Clients:	Cost Per Client:
\$	÷	= \$
Per Day Cost for One Client (per diem cost):		
Explanation of Cost:		

13. Does your agency currently collaborate with any other agencies?

YES

NO

If yes, please describe the nature of collaboration.

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14. Describe the demographic make-up of the clients served by your program that would utilize dollars from the United Way of the Mark Twain Area. Share demographic characteristics of the clients served (age, sex, income, education, veteran, ethnicity)

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15. What are the strengths of your agency? What are the weaknesses and challenges of your agency?

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16. Number of unduplicated individuals (you might have helped the same client in multiple programs or assisted them multiple times – only list that individual once) served by your agency with United Way funds or program that will benefit from United Way funds if

selected to be a partner agency. Please break this number down by community served using the following chart.

Community	Individuals Served by Agency:
<i>Lewis County:</i>	
-Canton	
-Ewing	
-LaBelle	
-LaGrange	
-Lewistown	
-Monticello	
<i>Marion County:</i>	
-Hannibal	
-Maywood	
-Palmyra	
-Philadelphia	
-Taylor	
<i>Monroe County:</i>	
-Holliday	
-Madison	
-Monroe City	
-Paris	
-Santa Fe	
-Stoutsville	
<i>Ralls County:</i>	
-Center	
-New London	
-Perry	
<i>Shelby County:</i>	
-Clarence	
-Emden	
-Hunnewell	
-Leonard	
-Shelbina	
-Shelbyville	
TOTAL:	

17. List your agency's top 4 sources of funding from the most recent fiscal year and the dollar amounts of those funding sources as well as the percentage of your total budget those dollars account for.

Funding Source:	Dollar Amount:	Percent of Total Budget:
1.		
2.		
3.		
4.		

18. Briefly describe supplementary fundraising activities planned by the agency or on behalf of the agency. This includes events, mailings, grants, etc.

Fundraising Activity:	Location:	Funding Goal:	Date:
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

19. Please share a success story from the program you are:

- a) requesting dollars from the United Way to fund or
- b) the program that was funded this year with United Way dollars.

United Way is granted permission to use the information provided in this story publicly. Please do not disclose any information that would breach confidentiality. If using client names, please have the client complete the photo and press release authorization form.

20. Does your agency receive any Gifts in Kind (donated services)? If so, please explain those gifts received.

21. If you are not awarded the full requested amount, will you be able to continue the program?

22. Will the United Way funds be used to secure other sources of funding for your program?