

# United Way for Southeastern Michigan 2024 Washtenaw Responsive Basic Needs Grant

## Application Questions

**Standard Organizational & Financial Information Profile:** Includes organizational details and finance/audit information. Mandatory for every submitted grant application and automatically piped to the application.

**Contact Information:** Includes fiduciary information, grant contact, etc. and is automatically piped from the organizational profile.

### Eligibility Criteria:

1. Is your organization considered a nonprofit with 501(c)(3) status and to be in good standing with the State of Michigan and the Internal Revenue Service? If not, will your organization be utilizing a fiduciary with a 501 (c)(3) status?
  - a. Yes
  - b. No
2. Is your organization based in Washtenaw County **and** providing services to Washtenaw County residents?
  - a. Yes
  - b. No
3. Is your organization currently providing programs/services in one or more of the following areas: emergency food, homeless services and/or benefit navigation services including Medicaid enrollment support?
  - a. Yes
  - b. No
4. Has the program(s) and/or service(s) for which you are seeking funding been operating for at least three years? The organization may have been operating for three years, but the program/services must also be in operation for at least three years.
  - a. Yes
  - b. No
5. I understand that the funding amount requested through this grant opportunity may not exceed 15% of my organization's prior year's revenue or operating budget.
  - a. Yes
  - b. No
6. My organization is currently funded through a United Way for Washtenaw County (UWWC) grant? Current UWWC funded partners are eligible to apply for this opportunity, as well as prospective organizations. [Informational only]
  - a. Yes
  - b. No

**Program Narrative:**

1. Please select the domain(s) and service(s) that will be supported with this funding (checkboxes, choose all that apply).
  - a. Emergency Food
    - i. Food aggregator (e.g. food bank)
    - ii. Food pantry
    - iii. Community/soup kitchen
    - iv. Other, please specify...
  - b. Homeless Services
    - i. Emergency shelter (individual adults, families, youth, veterans, domestic violence)
    - ii. Transitional housing services
    - iii. Homeless prevention services (e.g. diversion, eviction/foreclosure prevention, legal aid, rent/mortgage assistance, etc.)
    - iv. Other, please specify...
  - c. Benefit Navigation Support
    - i. Medicaid enrollment/redetermination services
2. What acute or urgent issue does your organization intend on addressing with these funds?
3. Please provide a brief overview of the [insert service domain] program(s), service(s) or activities supported by this grant.
4. Please describe why your organization is positioned in community to address the challenges described above and meet the needs of your client population. How will your client population benefit from your organization receiving this funding?
5. How does your organization ensure that the program(s)/service(s) that you are seeking funding for promote access within the context of your community and service population and are available on multiple days and times that are convenient to working families?

**Service Area & Population(s) Served:**

1. Please describe in detail the target population(s) or group(s) that the programs/services for which you are seeking funding are designed to impact.
2. Please identify the PRIMARY population(s) you expect to serve through this program/service (select no more than two)
  - a. Youngest Children (age 0-5)
  - b. School Age Children (age 6-18)
  - c. Adults (age 19-64)
  - d. Older Adults (age 65+)
  - e. Individuals with Physical Disability

- f. Individuals with Mental/Learning Disabilities
  - g. Immigrants/Refugees and/or Asylum Seekers
  - h. LGBTQIA+
  - i. Veterans
  - j. Returning Citizens
  - k. Survivors of Domestic Violence
  - l. Teachers/Educators
  - m. Early Child Care Providers
  - n. Individuals Identifying as BIPOC
  - o. Other, please specify
3. Please identify any additional populations you expect to serve through this program/service (check all that apply)
4. Gender Identity: Please estimate the percent of individuals by gender identity that your organization will serve (specific to the program and/or services for which you are seeking funds).
- a. Man
  - b. Woman
  - c. Cisgender
  - d. Agender
  - e. Non-Binary
  - f. Transgender
  - g. Genderqueer
  - h. Two-Spirit
  - i. Self-Identified/Other
  - j. Organization does not capture this data
5. Racial and Ethnic Group Identity: Please estimate the percent of individuals that identify with the following racial and ethnic group(s) that your organization will serve (specific to the program and/or services for which you are seeking funds).
- a. American Indian or Alaskan Native
  - b. Asian or Asian American
  - c. Black or African American
  - d. Hispanic, Latino/a/x or Spanish Origin
  - e. Middle Eastern or North African
  - f. White or Caucasian
  - g. Unknown
  - h. Self-Identified/Other
  - i. Organization does not capture this data

6. Age: Please estimate the percent of individuals by age brackets that your organization will serve (specific to the program and/or services for which you are seeking funds).
  - a. 0-5 years
  - b. 6-12 years
  - c. 13-17 years
  - d. 18-24 years
  - e. 25-34 years
  - f. 35-44 years
  - g. 45-54 years
  - h. 55-64 years
  - i. 65+ years
  - j. Organization does not capture this data
  
7. Household Income: Please estimate the percent of individuals by household income that your organization will serve (specific to the program and/or services which you are seeking funds).
  - a. Less than \$25,000
  - b. \$25,000-\$34,999
  - c. \$35,000-\$44,999
  - d. \$45,000-\$74,999
  - e. More than \$75,000
  - f. Organization does not capture this data
  
8. In your best estimate, what percent of the individuals served through this program(s) or service(s) are from households that are Asset-Limited, Income-Constrained, Employed (ALICE)?
  
9. Please describe, in your own words, how the program(s) or service(s) support individuals from ALICE households.
  
10. There are five municipalities within Washtenaw County where the percent of households that fall below the ALICE threshold is 40% or greater. We are interested in funding organizations whose services are targeting these communities.

<b>Municipality</b>	<b>Percent of households below the ALICE threshold</b>
Ypsilanti City	68%
Ypsilanti Charter Township	49%
Chelsea	45%
Ann Arbor	43%
Superior Charter Township	40%

Using the list above, please select the estimated percentage of clients/recipients that will be served with this grant who reside in one of these five municipalities.

- a. 75% or more

- b. 50%
- c. 25%
- d. Less than 25%

11. Please estimate the percent of individuals served through this program who reside in each of the following municipalities.

**Metrics, Milestones and Outcomes:**

Overall Served: This section is designed to capture the overall number of unique individuals or households supported by this grant.

1. Recognizing that services and programs collect data in numerous ways, the projections below require you to enter the number of unique individuals/households. For consistency in projections and future reporting, please select the appropriate method that you use to measure impact.
  - o Individual Level
  - o Household Level
2. Consistent with the measurement selected above (Individuals or Households), enter the number of unique/unduplicated individuals/households your organization plans to serve through this funding opportunity.

Individuals/Households Impacted by Service Category: This section is organized by service category. Please report on only those outputs this grant will support directly. If your organization does not provide a particular service or this grant does not support that body of work, please leave the space blank.

3. Enter the number of unique/unduplicated individuals/households your organization plans to serve in each service category through this funding opportunity. We understand that an individual/household may receive services in more than one category. Please count them in each of the services they receive.
  - o Emergency Food
  - o Homeless Services
  - o Benefit Navigation (Medicaid enrollment/redetermination)
4. Based on the types of programs and services proposed through this funding opportunity, please provide at least one additional metric you will use to measure success.

Example:

Metric Description	Metric Projection
Number of individual households provided shelter	30 households
Supplemental items delivered to agencies	50,000 pounds

## Budget

1. Standard United Way Budget Template
2. **Spenddown Plan:** The grant period for this opportunity is 6-months from January 1, 2024-June 30, 2024. Since funding determinations will not be announced until early March, organizations will be able to retroactively charge eligible expenditures back to the start of the grant period.

Funding from this opportunity is intended to address short-term acute needs. Please describe how your organization plans to ensure all funds will be spent by the end of the grant period.