



Victoria County  
United Way

# 2012/2013 Grant Request INSTRUCTIONS

## Background Information

Enclosed is the 2012/2013 Grant Request Packet. This proposal is the major vehicle through which our Allocation Volunteers gain a greater understanding of the impact that programs funded by the Victoria County United Way (VCUW) have on the lives of the people in our community. It also educates and informs volunteers about the needs of program clients, the program response to those needs, as well as the actual client outcome achieved and what outcomes are expected within the next year. Program details will help volunteers understand how the program aligns with VCUW goal areas and how effectively resources are utilized. Further, proposal information allows volunteers to assess the financial health of the agency, its ability to provide the program in question and judge the effectiveness/impact of clients receiving services.

## 2012 Grant Calendar & Timeline

- **February 1, 2012** — Community Investment Grant Funding Application, “Agency Certification Form” and timeline mailed to current Partner Agencies and prospective applicant agencies that have expressed an interest in applying. Press Release sent to media. Application posted on VCUW website.
- **April 13, 2012 by 4:00 p.m. on Friday** — Deadline for “Grant Applications” and “Agency Certification Forms” and “Required Attachments” to be returned to Victoria County United Way.
- **May 14 — 25, 2012** — Agency Site Visits will take place.
- **May 28 — June 8, 2012** — Grant Hearings will take place.
- **June 14, 2012** — Community Investment Committee meets to finalize 2012 grant recommendations
- **June 19, 2012** — Victoria County Board of Directors meets to review and approve 2012 grant awards.
- **June 20, 2012** — Grant Award Notification Letters mailed.
- **June 22, 2012** — Press Release sent to local media informing public of 2012 Grant Awards.
- **Quarterly Grant Checks Paid** — July 1, 2012; October 1, 2012; February 1, 2013 and June 1, 2013

## General Information

- Complete one proposal for each program to be funded.
- Use the agency’s fiscal year in reporting information. All financials should reconcile with the agency’s 2011 audit. If they do not, include an explanation.
- Submit the following required documents
  - **Attachment #1:** Original signed “Victoria County United Way Agency Certification” Document
  - **Attachment #2:** 2011 Audit (audited financial statement) and Management Letter.
  - **Attachment #3:** A copy of your IRS Determination Letter 501(c) (3).
  - **Attachment #4:** Immediate prior year IRS Form 990, include all sections of the document.
  - **Attachment #5:** Overhead Percentage – **Please review Attachment #B** to calculate your organizations overhead percentage using the following provided.
  - **Attachment #6:** A copy of your Agency Reserves Policy, provide a narrative on the use of the “Reserves” and identify the amount of “Reserves” set aside.
  - **Attachment #7:** Supporting document on deficit (only if applicable). If the agency is running a deficit, please provide a narrative on how the debt will be retired.
  - **Attachment #8:** Names and terms of individuals on your Board of Directors; identify officers and provide, meeting dates for the immediate prior year.
  - **Attachment #9:** A copy of your organizations conflict of interest policy.
  - **Attachment #10:** A copy of your organizations privacy policy, if you have a website.
  - **Attachment #11:** A copy of your organizations By-Laws and Articles of Incorporation.
  - **Attachment #12:** A copy of the organizations “Mission Statement”
  - **Attachment #13:** A description of agency services and programs not to exceed 25 words to be included in the Combined Federal Campaign and State Employee Charitable Campaign brochures.

- Round all figures to the nearest dollar.
- Number pages throughout the proposal.
- Materials should be arranged in the order provided on the checklist.
- Submit ONE SIGNED ORIGINAL and twelve (12) 3-HOLE PUNCHED collated copies.
- Use front and back copies.
- DO NOT BIND OR STAPLE COPIES.
- DO NOT INCLUDE MATERIALS OTHER THAN THOSE REQUESTED.
- Please do not return budget line item definitions or outcomes terms with RFP they are to assist you in completing the Proposal.
- **Grant Applications and all required Attachments must be submitted to the Victoria County United Way, by the close of business on Tuesday, April 13, 2012.**
- If any portion of the proposal is incomplete, the proposal will be returned to the agency. You will be given five (5) working days to complete and/or make corrections to proposal.

**This request will be for the funding period of July 1, 2012 and June 30, 2013.** All funding is contingent upon the success of the annual campaign and agency/program performance. Submission of a Grant Application does not guarantee funding.

### **2012 Agency Grant Presentation & Review**

A one hour time limit has been set for each agency presentation. The following agenda will be followed:

- **Opening Comments (2 minutes)** Council Chair
- **Introductions (3 minutes)**
- **Agency Presentation (40 minutes)**
  - The agency should be prepared to review all of the programs for which it is requesting financial support from United Way within this time limit.
- **Questions (15 minutes)**
- **Adjourn**
- The agency may invite appropriate volunteer leadership to make the presentation. The Executive Director and Board Chair are asked to be present. Other staff may attend at the discretion of the Executive Director. Please have on hand individuals who are knowledgeable of agency operations who can answer questions posed by United Community Investment volunteers and staff.
- The time limit will be strictly enforced. Agency presentations are being scheduled back to back to maximize volunteer time away from their offices and their personal/professional obligations.
- Please arrive at least 15 minutes before your scheduled presentation. A waiting area will be provided for agency volunteers and staff.
- PowerPoint presentations are discouraged. Letters of Support and testimonials are not necessary. Handouts may be provided to further clarify your request. However this should be done sparingly. Community Investment volunteers would prefer to focus our time together on:
  - Reviewing information contained on forms submitted by the agency
  - Gaining a thorough understanding of the use of the United Way grant
  - Understanding the impact or change the program will have on clients and in our community
  - What is to be accomplished, resources needed to ensure success

### **Access to the Grant Application**

The Grant Application can be downloaded at our organizational website via [www.unitedwayvictoria.org](http://www.unitedwayvictoria.org).

### **Grant Application**

The Grant Application is formatted as tables and text space. For tables simply click within a cell and type your information. These instructions will walk you through the application, page by page. It may be helpful to follow along, step by step, as you complete the application. Some of the instructions may seem simple and repetitive to you, but remember there may be others who are completing this process for the first time.

### Section One - Signature/Cover Page

This “cover” page should be completed with the information indicated. The page is self-explanatory.

**Alignment with UWCC’s Community Impact Area:** Choose **one** of the three impact areas listed. Some programs may fall into more than one impact area. Choose the impact area that is nearest to the mission of the program.

- **Education: Helping Individuals Achieve Their Potential**
- **Income: Helping Families Become Stable and Independent**
- **Health: Improving Peoples Health**

The Grant Application requires the signatures of the agency Executive Director and the Board Chair.

### Section Two – General Program Information

- **Requested Amount:** Indicate the amount of program funding you are requesting for this program for the 2012/2013 funding year.
- **Total Organizational Operating Budget:** Indicate the **TOTAL** operating budget amount for your entire agency.
- **Fiscal Year:** Please indicate your agency’s fiscal budget year.
- **Program Mission:** Provide statement of the funded program’s mission including services and activities.
- **Use of United Way Grant:** Discuss how United Way’s funding will be used within the program.
- **Research:** Discuss the need for the program in the community. List statistics, etc. to substantiate the data you are submitting. Discuss the impact of the program to date on the community. Explain how the program’s mission, goals and/or activities align with UWCC impact areas.
- **Target Population:** Discuss the population the program will serve.
- **Community Building/Collaborations:** Describe how the program is working with other organizations to provide additional services to it’s’ clients.
- **Future Funding:** Discuss how the program will be funded in future years. Indicate sources of funding, fundraisers, grants, foundations, etc.

### Section Three - Program Performance

- **Complete “Inputs Section”:** Describe the resources dedicated to or consumed by the program. **Examples---** money, staff, staff-time, volunteers, facilities, equipment, etc.
- **Complete “Activities & Services Section”:** Strategies, techniques, and types of treatment that comprise the program’s service methodology. Please avoid jargon that may be misunderstood or hard to interpret. **Examples---**sheltering & feeding, training, counseling, etc.
- **Complete “Outputs Section”:** Volume of work accomplished. Please use an unduplicated count. **Examples---** number of classes taught, counseling sessions conducted, educational materials distributed, and participants served.
- **Complete “Program Outcomes Section”:** What are the intended results/outcome(s) the program will achieve? Benefits or changes for individuals or populations during or after participating in program activities. Please identify at least two (2) outcomes. **Examples---**initially should reflect new knowledge, attitudes or skills and ultimately, long-term meaningful changes in their lives.
- **Complete “Indicators”:** List the “Indicators” that have been established to measure progress towards meeting Program Outcomes. **Example---**% of public school students who graduate on time
- **Complete “Program Outcome Illustration”:** Choose one of the program’s outcomes that you want to illustrate in a success story. State this outcome below as you would want it communicated to the public. Please include actual data. **Example --- Goal:** Readiness to succeed in school. **Outcome (Intended Result):** Children enter school developmentally on track in the areas of literacy and social, emotional and intellectual skills. **Indicator:** % of 3 to 5 year olds with 3 of 4 school readiness skills(recognize letters, count to 20 or higher, write their names, read or pretend to read.
- **Complete “Client Success Story”:** Provide a success story based on the above outcome. The story should illustrate your program’s effect on a **single client**. Do not use the client’s real name or provide information that could identify the client. Limit your response to this page.

#### Section Four – Program Financial Information

**Please review Attachment #A – Program Budget Line Item Definitions:** Definitions are provided for your use in completing your budget. An Excel worksheet has been provided for your use, simply input your number into the cell. Formulas have been embedded into the document to show “Total Revenue”, Total Expenses” and “Excess Revenues over Expenses”. Please use whole dollars, round up when necessary. Please explain significant budget increases between the Current Budget Year and the Proposed Budget Year.

#### Section Five – Program Service Statistics & Client Demographics

- **Participants Served:** Indicate the number of unduplicated clients served for the three year period indicated.
- **Participant/Client Demographics:** Indicate the number of unduplicated individuals projected to be served by this program in each category for the 2012/2013 funding year.
  - **Age:** Please indicate number of unduplicated individuals served by “age”.
  - **Gender:** Please indicate number of unduplicated individuals served by “gender”.
  - **Household Income:** Please indicate number of unduplicated individuals served by “income range”.
  - **Ethnic/Racial Background:** Please indicate number of unduplicated individuals served by “ethnicity/race”.
  - **Geographic Service Area:** Please indicate number of unduplicated individuals served by “county”.
- **Unit of Service:** Please define the “unit of service” for this program. Please remember that whatever method of measurement you choose, to be consistent from year to year.
- **United Cost:** Compute the “Unit Cost” for the three year period indicated.

#### Attachments

**Please submit only one copy of each document.**

- **Attachment #1:** Original signed “Victoria County United Way Agency Certification” Document
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#### Questions

If you have questions, comments or concerns, please direct them to Clifford Grimes, Executive Director at (361) 578-3561 or via email to [cgrimes\\_unitedway@tisd.net](mailto:cgrimes_unitedway@tisd.net).



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## Program Budget Line Item Definitions

The following program budget line item definitions are provided for your use in completing your budget. **Please do not return to United Way with your proposal.**

LINE	SUPPORT/REVENUE	DESCRIPTION
001	Victoria County United Way	Previous year's allocation or proposed request or allocation from United Way.
002	Other United Ways	Allocations received from other United Ways.
003	Fees and Grants from City / County	Include revenues from City and/or County sources.
004	Fees and Grants from State / Federal	Include revenues from Federal and/or State sources.
005	Foundations	Include all revenues received from foundations.
006	Contributions	Money received from the general public for which the donor received no direct benefit in return.
007	Contributions from Affiliates	Funds received from the organization's affiliate.
008	Fund Raising and Special Events	All revenues from special fundraising events. Include all revenues from events such as dinners, dances, bazaars, golf tournaments, etc. Include only those events sponsored by the agency itself. Proceeds from special events by an independent organization other than the agency should be included under contributions.
009	Program Service Fees	Include fees charged and collected for specific services provided, such as fees for special lessons, counseling sessions or day care fees. Do not include governmental fees (Medicaid/Medicare). Governmental fees such as Medicaid and Medicare should be included under Fees & Grants from State or Federal sources.
010	Sales of Materials	Include revenues obtained from the sale of supplies and services to other organizations and the general public. This could include sales of directories, uniform insignias, and pamphlets, training materials and copying services.
011	Investment Income	Include interest, dividends, rents or royalties. The principal asset on which the earnings are reported should be under the direct control of the agency (although the use of the principal may be excluded).
012	In-Kind Support	Include Revenues from in-kind donations.
013	Miscellaneous	Provided to show income that does not apply to other categories. Specify the source of income
014	<b>Total Support/ Revenue</b>	Add all sources of income.

<b>LINE</b>	<b>EXPENSES</b>	<b>DESCRIPTION</b>
<b>015</b>	Salaries	Salaries of staff.
<b>016</b>	Employee Benefits	Amounts paid/accrued for employee health and retirement benefit plans and any other employee benefit plans.
<b>017</b>	Payroll Taxes	Social Security, unemployment compensation premiums paid/payable under federal, state or local laws.
<b>018</b>	Audit	Cost of Audit or CPA Review.
<b>019</b>	Contract and/or Professional Fees	Fees and expenses of professional practitioners and consultants who are not employees and are engaged as independent contractors for specified services on a fee or other individual contract basis.
<b>020</b>	Supplies	Necessary office supplies such as computer paper, pens, recreational, vocational and craft supplies.
<b>021</b>	Telephone	All telephone, telex, fax, and similar expenses.
<b>022</b>	Postage and Shipping	Cost of postage, parcel post, express mail, trucking and other delivery expenses, including shipping materials.
<b>023</b>	Occupancy	All costs arising from the agency's occupancy and use of owned or leased land or buildings, including rent of premises, parking lot rent, etc.
<b>024</b>	Utilities	Costs of electricity usage, water and sewer usage
<b>025</b>	Maintenance	Cost of building maintenance, garbage collection, alarm monitoring, etc.
<b>026</b>	Rental and Maintenance of Equipment	Cost of renting and maintaining equipment, such as electronic data processing units, typewriters, calculators, Dictaphones, and similar equipment.
<b>027</b>	Printing and Publications	Cost of printing stationary, envelopes, commercial art, plates, artwork, proofs, photographs and other costs of publications and films. Also included in this classification are costs of purchasing publications, technical journals, books and pamphlets.
<b>028</b>	Travel	Expenses of travel, lodging and meals for agency representatives, local and out-of-town.
<b>029</b>	Conferences, Meetings	Registration fees and expenses of conducting meetings relating to the organization's activities.
<b>030</b>	Special Assistance to Individuals	The cost of assistance or services for a particular client or patient, including assistance rendered by others at the expense of the agency. This category would include any specific materials and appliances for a particular client.
<b>031</b>	Membership Dues	Amounts paid or payable for bona fide memberships in other organizations that provide benefits in return, such as regular services, publications, supplies, etc. For example, Chamber of Commerce or professional associations. This would not include payments to a national affiliate or "parent" organization.
<b>032</b>	Insurance	Include all insurance costs associated including directors and officer's bonding and fiduciary.
<b>033</b>	In-Kind Support	Provided to offset In-kind revenue shown above.
<b>034</b>	Miscellaneous	Provided for any expense that does not apply to other categories. Specify the expense
<b>035</b>	Total Expenses	Add all expenses.

## Agency Overhead Percentage Calculation

Use the following formula to calculate your organizations overhead percentage.

**Overhead Ratio**

**Part IX, Line 25, Column C (M&G Expense) + Column D (Fundraising Expense)**

**Divided by:**

**Part VIII, Line 12, Column A (Total Revenue)**