United Way of the Franklin & Hampshire Region

United Way of the Franklin & Hampshire Region Flexible Funding Application Questions ***(Please note that the final version of this application will be formatted in e-Cimpact our online grants portal and will have limits on characters). This is only a draft. The applications may be different in the final form.***

APPLICATIONS MUST BE SUBMITTED VIA UNITED WAY'S ONLINE GRANTS PORTAL. YOU MUST ATTEND AN INFO SESSION TO GAIN ACCESS TO THE FINAL APPLICATION AND PORTAL!

Program Name:

United Way Program Area: (This will be a dropdown menu)

Main contact for program:

Address where majority of services will be provided:

Proposal Requested Amount:

Total Current Program Budget:

Total Current Agency Budget:

Did this program or your agency have a significant budget surplus or deficit (plus/minus 5% of budgeted revenue) in the most recently completed fiscal year? Y/N If so, please explain why:

Is this program currently receiving United Way funding? Y/N If so how much:

Total estimated number of Hampshire County residents who were served by this program in the most recently completed fiscal year:

Total estimated number of Franklin County residents who were served by this program in the most recently completed fiscal year:

Please break down the number of people served by your program in the most recently completed fiscal year by town (July 1, 2021 to June 30, 2022 . If you do not track this data, please fill in the *unknown field* (*There will be boxes with town names on e-CImpact)*

Demographic Information:

Please break down the number of people served by your program in the most recently completed fiscal year by Race/Ethnicity. If you do not track this data, please fill in the *unknown field* (There will be check boxes with race/ethnicity selections)

- **American Indian or Alaskan Native**
- **Asian**
- **Black or African American**

- **Hispanic, Latino/a/x or Spanish origin**

- **Middle Eastern or North African**
- **Native Hawaiian or Other Pacific Islander**
- **White**
- **Other/Two or More Races**
- **Unknown**

Please break down the number of people served by your program in the most recently completed fiscal year by Gender. If you do not track this data, please fill in the *unknown field* (There will be boxes with Gender selections)

- **Male**
- **Tansgender Male/Trans Man/Female-to-Male (FTM)**
- **Female**
- **Tansgender Female/Trans Woman/Male-to-Female (MTF)**
- **Genderqueer or Non-Binary, Neither exclusively male nor female**
- **Unknown**

Please break down the number of people served by your program in the most recently completed fiscal year by Age. If you do not track this data, please fill in the *unknown field* (There will be boxes with Age selections)

- **Under 18**
- **18-64**
- **65 and older**
- **Unknown**

Please break down the number of people served by your program in the most recently completed fiscal year by Income Level. If you do not track this data, please fill in the *unknown field* (There will be boxes with Income selections)

- **Low-income (between 101% and 200% federal poverty level)**
- **At or below federal poverty level**
- **Other**
- **Unknown**

Please break down the number of people served by your program in the most recently completed fiscal year by Disability status. If you do not track this data, please fill in the *unknown field* (There will be boxes with disability status selections)

- **Individuals with disabilities**
- **Individuals without disabilities**
- **Unknown**

Please break down the number of people served by your program in the most recently completed fiscal year by English Language Proficiency. If you do not track this data, please fill in the *unknown field* (There will be boxes with status selections)

- **Proficient at English**
- **Limited English proficiency**
- **Unknown**

Narrative Questions:

1) **What documented need or challenge will you address in Hampshire and/or Franklin County and/or the North Quabbin Region? *(2,000 characters)***

2) **Please describe your target population, geography, and applicable demographics. *(2,000 characters)***

3) **Please describe your model including your approach, structure, and activities in relation to the need or challenge described in the previous question. In other words, how will you help your target population? *(4,000 characters)***

4) **Please explain how your program aligns with your chosen United Way program area and United Way's mission and values. *(1,500 characters)***

5) **What are the quantitative and qualitative metrics you will use to determine the success of your activities and how will you know that people, your target population, have benefited? *(1,500 characters)***

Please attach a proposed budget for the activities described above. Be specific.

The following questions <u>will not affect</u> United Way funding decisions. We are trying to get a better understanding of diversity within our industry.

Please break down the number of people on your Board of Directors by Race/Ethnicity. (There will be check boxes with race/ethnicity selections)

- **American Indian or Alaskan Native**
- **Asian**
- **Black or African American**
- **Hispanic, Latino/a/x or Spanish origin**
- **Middle Eastern or North African**
- **Native Hawaiian or Other Pacific Islander**
- **White**
- **Other/Two or More Races**
- **Unknown**

Please break down the number of people on your staff (whole agency) by Race/Ethnicity. (There will be check boxes with race/ethnicity selections)

- **American Indian or Alaskan Native**
- **Asian**

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- **Black or African American**
- **Hispanic, Latino/a/x or Spanish origin**
- **Middle Eastern or North African**
- **Native Hawaiian or Other Pacific Islander**
- **White**
- **Other/Two or More Races**
- **Unknown**