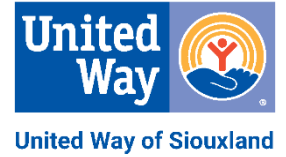


# United Way of Siouxland

## FOCUS **SAMPLE** Application



**Any organization wishing to apply will need to contact our office first for log in information to the online application system by emailing Blake Branch at [bbranch@unitedwaysiouxland.com](mailto:bbranch@unitedwaysiouxland.com) and provide the following information**

- What is the name of the agency or fiscal agency?
- What is the name of the project?
- Contact information for the individual filling out the application in order to send out log in information:
  - Name
  - Title
  - Phone number
  - Email address
- Organization Tax EIN

**Applicants may apply for \$50,000 to \$125,000 to be awarded over a 2-year timeframe.**

**Priority will be given to applications that are innovative and collaborative in addressing child care solutions and should include a sustainable fix to ensure long term success.**

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## **THIS IS NOT THE APPLICATION – ONLY A SAMPLE OF THE QUESTIONS**

### **Agency/Program Information**

1. Agency/Fiscal Agent Name:
2. Project Name:
3. Physical Address:
4. Mailing Address (if different):
5. Phone:
6. Website:
7. Is the organization a 501(c)3 or 170(b)1 in good standing?
8. Tax EIN:
9. Mission Statement:
10. United Way of Siouxland fosters and promotes an inclusive environment that leverages the unique contributions of diverse individuals and organizations so that we can collectively and effectively create opportunities for a better life for all.

United Way takes the broadest possible view of diversity, going beyond visible differences to affirm the essence of all individuals including the realities, background, experiences, skills and perspectives that make each person who they are. Engaging the power of diverse talent and partners results in

innovative solutions and the community ownership necessary to address complex community issues. Diversity and inclusion are at the heart of what it means to LIVE UNITED.

**Check the box saying you agree with the above statement.**

11. Executive Director:
12. Application Contact Person:
  - Title (if not CEO/Director):
  - Phone:
  - Email:
13. Board President/Chair:
  - Organization:
  - Address for correspondence:
  - Email:
14. Does your organization currently run a United Way employee campaign? Y/N
15. Give a concise summary of the project. (Max # of words: 200)
16. Please indicate the area(s) being addressed with this proposal (check all that apply)
  - Increasing safe, quality child care slots
  - Increasing safe, quality infant care slots
  - Maintaining and increasing child care entrepreneurs
  - Addressing child care for 2<sup>nd</sup> and 3<sup>rd</sup> shift workers
  - Creating business and child care partnerships
17. Is this an established program or a new program / community wide initiative? (New/Established)
18. Is the project a collaborative effort of more than one organization? Y/N
  - If yes – please list the organizations involved and their role/contribution within this collaboration.
19. List up to three primary goals of this project (25 words per goal)
  - Goal 1
  - Goal 2
  - Goal 3
20. Give short summaries to the following questions about project, target population, and anticipated number served.
  - a. Briefly describe the activities you will use to achieve the goal(s) and outline the implementation timeline. (Max # of words: 150)
  - b. Who is the specific target demographic for this project? (The age group, gender, socioeconomic group, race, counties served, etc. that will have the greatest benefit from the project). (Max # of words: 150)
  - c. How many unduplicated, DIRECT SERVICE clients do you anticipate helping in the next year? This number should not include family members or anyone not receiving direct services.
  - d. How many unduplicated, DIRECT SERVICE clients did you help last year (if applicable)? Again, this number should not include family members or anyone not receiving direct services.
21. If you are a current child care provider, what is your QRS rating? (If collaboration between multiple providers, list all agencies and their ratings. If not applicable, put N/A)

22. Describe your plan for evaluating short and long-term success, including measurable pre and post-project indicators. (Max # of words: 125)
23. Total amount being requested from United Way of Siouxland.
24. Explain how these funds will be utilized. (Max # of words: 150)
25. Do your clients pay fees?
  - If not, explain why fees are not charged. (Max # of words: 150)
  - If yes, explain how fees are determined. (Max # of words: 150)
26. Do you have other funding streams secured? Y/N
  - If yes, please list: (Max # of words: 150)
27. What are your plans for sustaining the proposed project after the 2 years of funding ends? (Max # of words: 150)
28. If United Way cannot provide all of the support requested, will the proposed project be able to move forward with partial funding? What adjustments will you need to make? (Max # of words: 150)
29. Is there any other information that is pertinent to the project that has not been covered that will show the impact being made to benefit the client? (Max # of words: 150)

***You are also asked to identify indicators that are or will be used to determine project success. To provide this information you will download the "Indicator Sheet" from the main menu, complete it as instructed, and upload under "Identified Indicators & Benchmarks."***

***Within the online application you will also enter figures for a Program Budget.***

**The following information will also be requested of applicants - they will be able to upload directly into the online application system:**

- Identified Indicators and Benchmarks
- Citations concerning framework effectiveness
- Most recent balance sheet.  
*Agency budgets and financial information may be requested upon the discretion of UWS.*
- Most recent Board of Directors list with professional affiliations, addresses and terms listed.
- Most recent audited financial statement (or an unaudited financial statement if the agency is not required to conduct an audit) – unless already on file with UWS.
- Most recent IRS 990, if organization is required to file – unless already on file with UWS.
- Patriot Act Form