

# 2021-2022 Community Application

---

**Program Name**

**Funding Cycle**

**Provide a brief description of your organization's mission and how it was affected by COVID-19.**

United Way of the Dutchess-Orange Region is committed to fostering a community steeped in equal access and inclusion. Our community investment process is enabled by a diversity of voices from all sectors. While the majority of our investment is targeted at increasing outcomes in low-income communities of color and specifically engaging with low income and ALICE participants, we intend to utilize racial equity as a metric in our funding process going forward. In alignment with United Ways across the globe, racial equity, specifically in regard to decreasing barriers to access will be a determining factor in our funding process.

United Way is “committed to equity, inclusion and anti-racist principles. Social justice and racial equity are woven into our ethos and reflected into our work in the community. It is our responsibility to amplify voices of color and ensure the families we serve are included in program policy and implementation. We envision a future with greater social and economic equality and are dedicated to creating a better society that provides power and access to historically marginalized communities” and will provide funding to organizations that provide an anti-racist culture for staff and participants alike.

Describe your agency's commitment on equity, inclusion and anti-racist principles.

**Provide a brief yet thorough description of the program.**

**Is this a new program administered by your organization?**

- Yes
- No

**Has this program received prior UW funding?**

- Yes
- No

**Amount of previous grant:**

**Impact Area:**

- Education
- Financial Stability
- Health
- Veterans

**Priority Area:**

- Education - Increase opportunities for positive youth development and literacy services

- Education - Develop opportunities for lifelong learning to increase skill-based development
- Financial Stability - Crisis Intervention
- Health - Food Insecurity
- Veterans - Housing Assistance
- Veterans - Legal Assistance

**Total Requested Funding:**

For previously funded programs, maximum request of \$50,000. For programs not previously funded, maximum of \$10,000.

**Narrative Responses**

Instructions: Each narrative response should be brief and clearly written so as to be understood by the volunteer review panels. Because the persons reviewing the proposals change from year to year, please respond as if the reviewer has no knowledge of your program.

**Provide a brief statement of the issue being addressed by this program.**

**Describe the recent data used to identify and document this issue. Please provide citation where appropriate.**

**Description of Program Services: Define this program. (Include service site and other relevant program and service delivery information.)**

**Please indicate the level of evidence of effectiveness of this program.**

- Evidence-Based Program
- Evidence-Based Practice
- Evidence-Informed Practice
- N/A

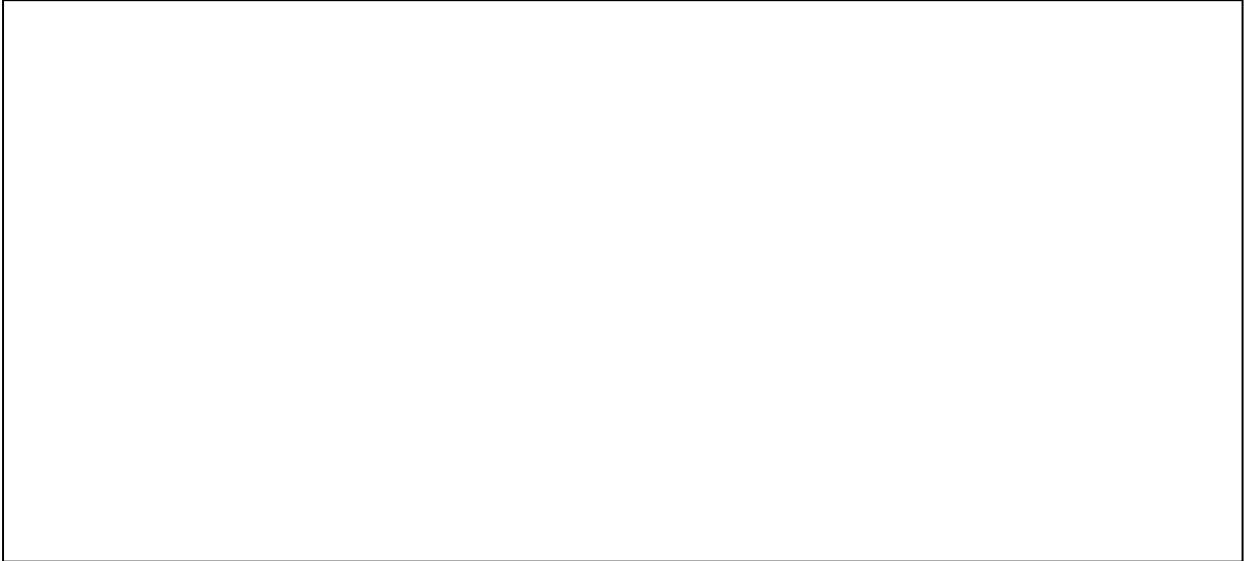
**Activities: Provide a detailed overview of the program service(s) and the specific activities to be provided to your clients.**

Bullet points would be appreciated.

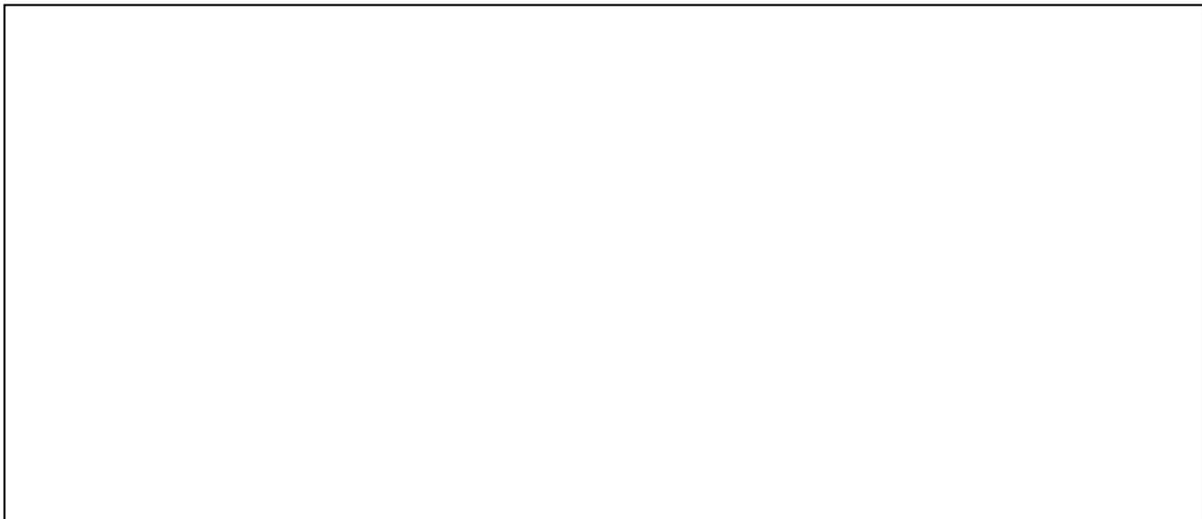
**Inputs: List the resources dedicated to the program. Be specific. Number of staff and volunteers, staff and volunteer time, other funding sources, facilities, equipment, supplies, and any collaboration with other agencies.**

Bullet points would be appreciated.

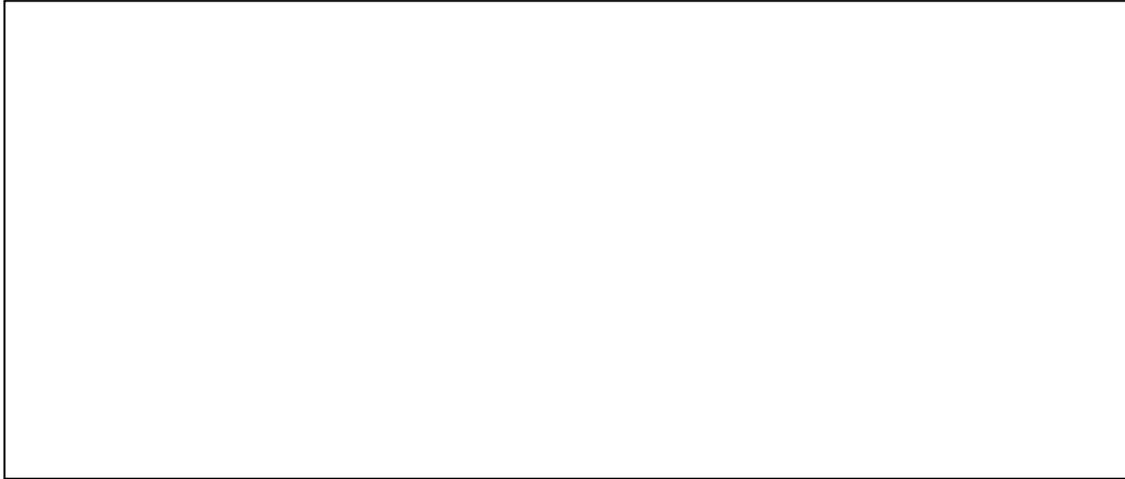
**Identify and describe the best practices and/or evidence based strategies used in providing the program services.**



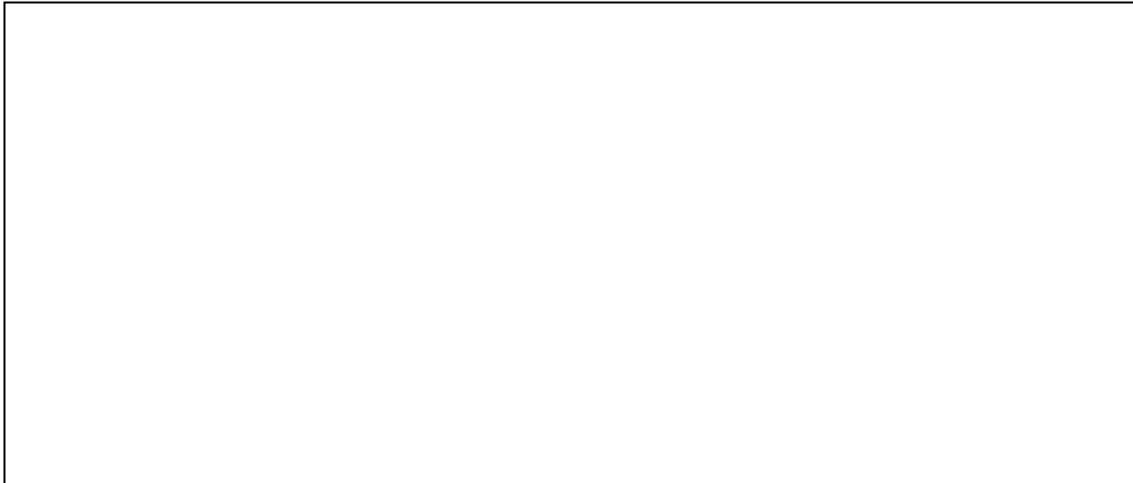
**Please describe any community collaboratives with other agencies or organizations that you are involved in that will directly enhance the quality of the service delivered.**



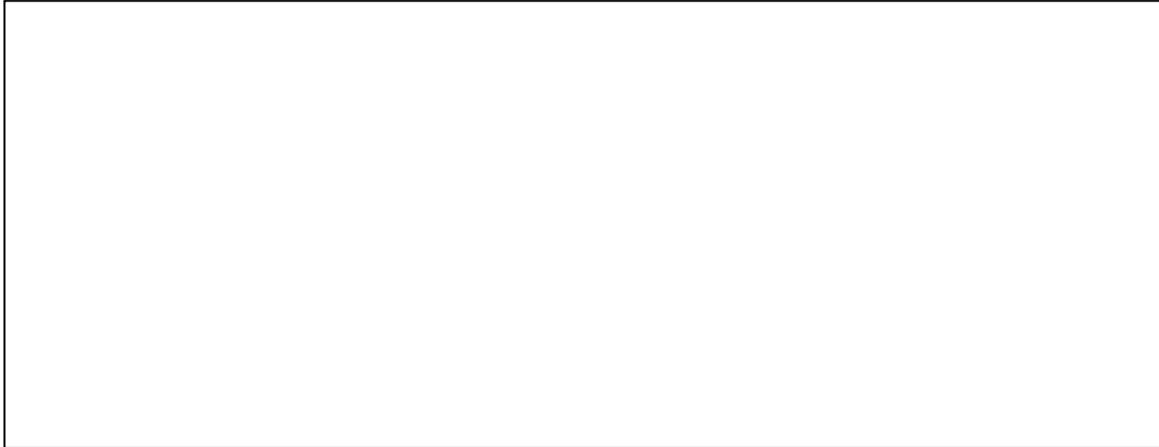
**Please provide a detailed outline of the timeline for program planning, implementation, and achieving outcomes.**



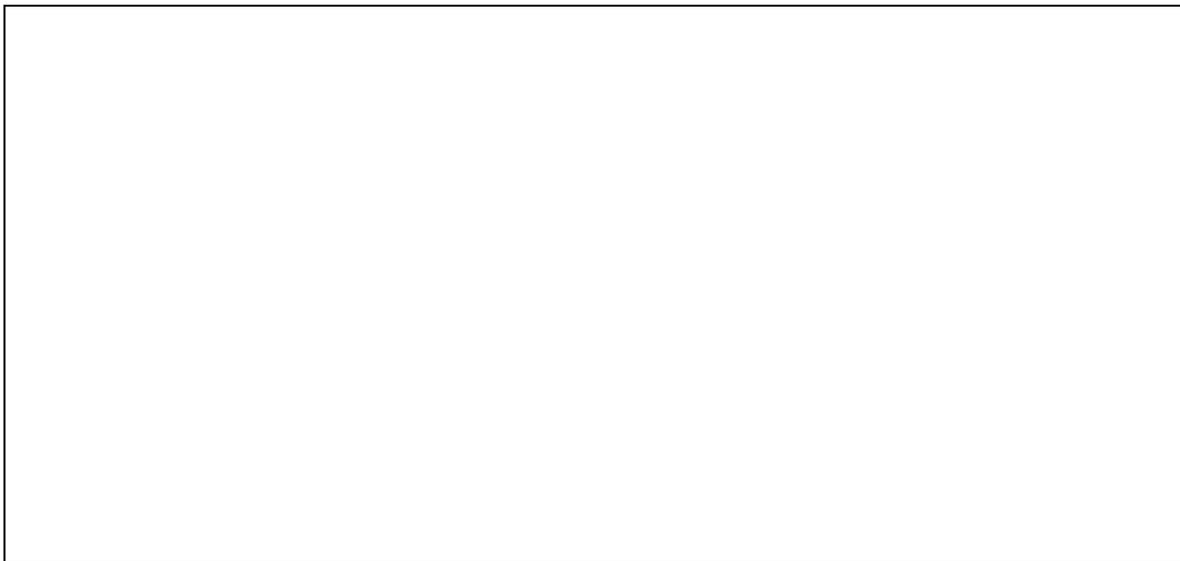
**How will you inform prospective clients on the availability of services?**



**Target Population:Who will be served by this program? Include a description of the characteristics/demographics of your client population.**

A large, empty rectangular box with a thin black border, intended for the user to provide a detailed description of the target population's characteristics and demographics.

**Are there any unintended recipients who will be served? (i.e.: children of parents enrolled)**

A large, empty rectangular box with a thin black border, intended for the user to identify any unintended recipients of the program, such as children of enrolled parents.

**Fee Schedule:What evidence demonstrates why this population should be served?**

**Does your program utilize a fee schedule (e.g. sliding fee scale, fee for service, etc.)?**

- Yes
- No
- N/A

**Describe any significant trends, specific issues or changes affecting your program's client population during the current year or anticipated next year.**

**Program Service Need:State the reason why your particular program is needed in the community.**

**Is this program service provided by other agencies/organizations in the community?**

- Yes
- No

**Please list the program(s) and state the reason(s) why your program service is not duplicative in nature.**

**Funding Justification:What other sources of funding are currently addressing this need?**

**How will the program revise its objectives/program if United Way approves funding that is less than requested?**

**Program Requirements:** Describe any specific program requirements (e.g. accreditation, licensing, minimum standards, etc.) required in order to provide program services.

**Program Use of Volunteers:** Describe volunteer participation: Please include number and hours of volunteers, and their job responsibilities. (Please Note: this does not include board meetings or activities). If no or limited volunteers, please explain.

**Volunteer Hours:** Please list the approximate number of hours provided by volunteers in support of the program.

## **Collaborative Proposals**

Instructions: If you are applying as a collaborative proposals with partner organizations please complete the following section.

**Please provide an outline of how each partner will contribute to the program's success.**

**Please outline the structure in which your collaboration will operate. Will there be a fiscal conduit? Will one organization serve as the collaborative lead? Please be as specific as possible.**

## Client Demographics

Instructions: Demographics should indicate the number of unduplicated clients served by the applying program not the organization as a whole.

### Unduplicated Individuals Served by Residence

- Program Service Area     Dutchess County  
    Orange County  
    Dutchess-Orange Region

### Unduplicated Individuals Served by Gender

Male	<input type="text"/>
Female	<input type="text"/>
Non-Binary	<input type="text"/>
Total	<input type="text"/>

### Unduplicated Individuals Served by Age

0-8 years	<input type="text"/>
9-18 years	<input type="text"/>
19-60 years	<input type="text"/>
61 years and over	<input type="text"/>
Unknown age	<input type="text"/>
Total	<input type="text"/>

### Unduplicated Individuals Served by Income

Use the 2020 Federal Poverty Level as a resource.

At or below 100% of FPL (Federal Poverty Level)	<input type="text"/>
100% - 200% of FPL	<input type="text"/>
Over 200% of FPL	<input type="text"/>
Income Unknown	<input type="text"/>
Total	<input type="text"/>

**Unduplicated Individuals Served by Veteran Status**

Male	<input type="text"/>
Female	<input type="text"/>
Non-Binary	<input type="text"/>
Unknown	<input type="text"/>

**Please provide a *current* client success story of how your program has positively impacted the community. These stories will be used in the community.**

**Success Story #1**

**Success Story #2**

A large, empty rectangular box with a thin black border, intended for writing a success story. The box is positioned below the section header and occupies a significant portion of the page's width and height.