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**United Way of Abilene**

**Request for Continuation of Funding**

**(RCF)**

Funding Cycle: January 2023 – December 2023

***Deadline:*** *Tuesday, August 2, 2022 – 3:00 p.m.*

**Request for Continuation of Funding Process and Application Guidance**

The Request for Continuation of Funding (RCF) application is required for programs in their second and third year of the multi-year investment cycle (unless otherwise specified by the United Way of Abilene Board of Directors). Applications are due August 2, 2022, by 3:00 p.m. Funding will begin in January 2023 and extend through December 2023. The Request for Continuation of Funding process excludes site visits and program presentations, but applicants must still complete a Stewardship Application for their agency. Programs will be notified of their 2023 investment in late-December 2022. All programs receiving funding in 2023 must participate in monthly impact reporting to United Way through the Community Operating System.

**Programs seeking more funding than their current investment must exit the RCF process and complete the Application for Community Impact Funds to undergo a full review.**

**Completed program applications are to be submitted in 10 collated, hole-punched, unstapled hard copies. Your submission should begin with the Agency & Program Overview Form – please do not submit copies of cover pages, guidance pages, etc.** Applications may be bound with binder clips or rubber bands. Please do not staple. Please type your answers in 11 pt. Arial or similar font. Add additional space as needed if completing the application using the Word document. Please provide any survey materials you have that relate to your outcome measures. Additional accepted attachments include agency collateral, program curriculum, and other supporting program documents.

Applications are due in the United Way of Abilene office at 240 Cypress no later than 3:00 p.m. on August 2, 2022. Fax or email submissions are not accepted. **Any application not received by the deadline will not be eligible for funding.**

**Application Deadline:**

3:00 p.m. on August 2, 2022

**Note:** You are responsible for submitting complete application packets by the application deadline. Any application not received by the application deadline will not be eligible for funding.

**Key Dates**

|  |  |
| --- | --- |
| Application for Community Impact Funds Released | Tuesday, June 14, 2022 |
| Application for Community Impact Funds Due | Tuesday, August 2, 2022; 3:00 p.m. |
| Stewardship Application Due | September 6, 2022; 3:00 p.m. |
| Notification of 2023 Investment Decision | Mid to late December 2022 |

**Applications should be submitted in person or mailed to:**

United Way of Abilene

ATTN: Jenn Waldmann

240 Cypress

Abilene, TX 79601

**Questions:** Contact Jenn Waldmann, Community Impact & Marketing Director, at 325-677-1841 or Jenn@unitedwayabilene.org.

**Request for Continuation of Funding**

Signatures certify that all information in this application is true and complete to the best of my knowledge.

|  |  |  |  |
| --- | --- | --- | --- |
| **Organization Information** | | | |
| Agency Name: | | | |
| Address: | | | |
| City, State Zip: | | | |
| Phone: | | | |
| Website: | | | |
| Exec. Director | Name | Phone | Email |
|  |  |  |
| Program Director | Name | Phone | Email |
|  |  |  |
| Board Chair | Name | Phone | Email |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| **Program Information** | | |
| Program Name: | | Impact Area:  Education  Financial Stability  Health |
| 2022 United Way of Abilene Allocation: | |
| Exec. Director | Signature: | |
| Board Chair | Signature: | |
| The above signed hereby certify:   * The program and budget information in this application is true and correct to the best of our knowledge. * If approved for continued funding, we agree to abide by the United Way of Abilene Community Partner Agreement. * This application has been duly authorized and approved by the agency’s Board of Directors. | | |

**Geographic Service Area**

United Way of Abilene serves the 19 counties of West Central Texas. Please indicate the number of clients served by this program, broken down by the clients’ home county, during the last calendar year.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **#** | **County** | **#** | **County** | **#** | **County** | **#** | **County** |
|  | Brown |  | Fisher |  | Mitchell |  | Stephens |
|  | Callahan |  | Haskell |  | Nolan |  | Stonewall |
|  | Coleman |  | Jones |  | Runnels |  | Taylor |
|  | Comanche |  | Kent |  | Scurry |  | Throckmorton |
|  | Eastland |  | Knox |  | Shackelford |  |

**Demographic Information**

Please provide age, ethnicity, and income level information in estimated percentages of the total client population during the last calendar year.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Age** | | | | | | | | | |
|  | 0-13 yrs. |  | 14-18 yrs. |  | 19-30 yrs. |  | 31-65 yrs. |  | 66+ yrs. |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Ethnicity/Race** | | | | | | | | | | | |
|  | African-American |  | Asian/Pacific Islander |  | Hispanic/ Latino |  | Multi |  | Native American |  | White, Non-Hispanic |

|  |  |
| --- | --- |
| **Low Income**  *For United Way’s grant review process, low income is defined as living in a household with an annual income at or below 200% of the Federal Poverty Level. United Way recognizes that many organizations currently use other measures to assess needs. Alternative measures, including Free & Reduced School Lunch, are accepted.* | |
|  | At or below 200% of the Federal Poverty Level |
|  | Unknown |

|  |  |
| --- | --- |
| **Racial Disparity**  *Is your program intended to address, or does your program address, a specific racial disparity?* (Examples: third-grade reading proficiency gap between students | income inequities between residents**)?** | |
|  | Yes |
|  | No |

*If yes, please describe how your program addresses one or more identified racial disparities.*

**Program Summary & Outcomes**

Please address each of the following:

1. **Provide a brief description of the program.**
2. **Select up to three target outcomes below that most closely fit your program.** How will you achieve your goal?

|  |  |
| --- | --- |
| Education | |
|  | Children are safe and secure and have responsible, caring adults in their lives. |
|  | Students succeed in school. |
|  | Students graduate and are ready for the next grade level or work. |
|  | Children and families have the tools they need to make good decisions and effectively deal with social challenges. |
|  | Families have access to childcare that presents opportunities for growth and development. |
|  | Children are enrolled in or have access to safe, quality childcare and early education/learning. |
| Financial Stability | |
|  | Families have access to affordable childcare, allowing them to work or attend school. |
|  | Families learn to budget and save money for housing, utilities, transportation, and other expenses. |
|  | Families have access to emergency/transitional housing and basic needs services. |
|  | Individuals have access to information, services, and support to overcome challenges and be more self-sufficient. |
|  | Community members, including the elderly, feel secure in their homes and maintain their quality of life. |
| Health | |
|  | Families have access to adequate medical services. |
|  | Families have access to nutritious meals or food supplies. |
|  | Families develop positive habits and have resources to help them cope with challenges. |

1. **­Report the total unduplicated participants served by this program:**

|  |  |
| --- | --- |
| 2021 Actual |  |
| Year to Date 2022 |  |
| 2022 Projected |  |
| 2023 Proposed |  |

1. **Please explain your current (YTD 2022) performance in relation to your selected outcomes.**
2. **Note any anticipated changes in:**
   1. People being served
   2. Required staffing
   3. Relevant demographic trends
   4. Changes in community conditions

1. **Provide a bulleted list of accomplishments, successes, and/or program improvements in the last year for which you are proud:**
2. **What are the agency’s plans for the future? Are there any current/pending capital improvement projects or plans to alter/reduce programming?**
3. **If United Way funding qualifies as a “match” for governmental or other grants, how many additional dollars will be obtained for this program?**
4. **Submit your estimated program budget for 2023. If a 2023 budget is not currently available, please submit your most recent budget.**