# United Way of Oxford-Lafayette County Fiscal Year 2024-2025 Program Grant Application

This application must be received via email at [kurt@unitedwayoxfordms.org](mailto:kurt@unitedwayoxfordms.org) by 5:00 p.m. on April 1, 2024. The application should be emailed as a Word document (\*.docx or \*.doc) and any accompanying documentation (letters of support, etc.) should be sent as a separate combined PDF file.

Agencies (or groups of agencies) should complete this application to request funding for ongoing programs and one-time projects. The grant award process for the United Way of Oxford-Lafayette County (UWOLC) is competitive. Applications will be reviewed by members of the UWOLC’s Community Impact Advisory Committees and funding decisions will be based on the severity of the community need being addressed, the anticipated strength of the program in addressing that need, and the anticipated strength of the program in improving community conditions to reduce that need in the future. Awards will be announced by June 15, 2024. The grant implementation period will run from July 1, 2024, to June 30, 2025.

*Note on Fiscal Agents:* The primary fiscal agent must be a 501(c)(3) organization and submit a Primary Fiscal Agent Pre-Application. Exemptions from the 501(c)(3) requirement may be granted for public entities such as school districts, libraries, and universities. Please contact the UWOLC for details. Program Grant Applications will not be considered if a Primary Fiscal Agent Pre-Application is not received by March 1, 2024. Agencies requesting funding for multiple programs must submit only one Primary Fiscal Agent Pre-Application.

*Note on Program Grant Applications:* Specific word limits are included throughout this grant application and the maximum length of Sections B. through E. is ten pages combined (not including letters of support). A separate Program Grant Application must be completed for each program for which funding is being sought. For further details, please see the **Policies & Procedures Manual** and attend the **FY 2024-2025 Application Workshop**, which will be held via Zoom at 10:00 a.m. on February 14, 2024.

*Note on Community Investment Process:* Each Program Grant Application will be assigned to the applicable Advisory Committee(s), which will review the full submission. Section A. of each proposal will be provided to the UWOLC Board of Directors, which is why there is redundancy between it and Section B. As noted below, please complete Section A. last.

## A. Program Summary (Complete Last)

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| **Agency Name (Primary Fiscal Agent): Copy Exactly from Section B.** | |
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| **Brief Description of Agency’s Mission and Work: Copy Exactly from Section B. (50-Word Maximum)** | |
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| **Name of Program for Which You Are Seeking Funding: Copy Exactly from Section B.** | |
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| **Program Description: Summarize Based on Section B. (500-Word Maximum)** | |
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| **FY 2023-2024 Grant Award Amount for This Program** | **FY 2024-2025 Funding Request for This Program** |
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**B. Agency and Program Information**

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| **Agency Name (Primary Fiscal Agent)** | **Agency Address** | |
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| **Primary Contact Name** | **Primary Contact Role/Title** | |
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| **Primary Contact Phone** | **Primary Contact Email Address** | |
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| **Brief Description of Agency Mission and Work (50-Word Maximum)** | | |
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| **Name of Program for Which You Are Seeking Funding** | | |
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| **FY 2024-2025 Application Workshop** | | |
| **( ) Participated on February 14th ( ) Viewed the Recording at a Later Date ( ) Did Not Participate or View** | | |
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| **Community Need** | | |
| **What community needs does your program address? How do you know the identified needs are an issue? If available, please include local data to substantiate the need within the Lafayette-Oxford-University (LOU) community. (250-Word Maximum)** | | |
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| **Description of Program** | | |
| **What are the goals of your program? (150-Word Maximum)** | | |
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| **Describe your program. Explain in detail how the program promotes its goals and addresses community needs in Lafayette County. It is important to provide a thorough description and assume advisory committee members have no background on your program. You should include information on how the program works, including but not limited to details on who staffs it, where it takes place, when it happens, and who your partners are. (500-Word Maximum)** | | |
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| **Who does your program serve? Describe the target population(s) and estimate the number of beneficiaries to be served in Lafayette County during the grant implementation period. You should include information on how eligibility for the program is determined if such details are relevant. (100-Word Maximum)** | | |
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| **What is your program’s primary focus area? Please choose the one focus area you believe to be most aligned to your program. Please note the UWOLC may switch your focus area if it is determined that your program is better aligned with a different focus area and its funding preferences. See the Policies & Procedures Manual for guidance on which focus area to select.** | | |
| **( ) Health ( ) Education ( ) Financial Stability ( ) Basic Needs** | | |
| **Describe how your program aligns with the UWOLC’s focus areas and funding preferences. See the Policies & Procedures Manual for information on each focus area and funding preference. (150-Word Maximum)** | | |
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| **Describe how your program promotes equity. (150-Word Maximum)** | | |
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## C. Resources and Funding Request

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| **Itemized Budget Request: Organize your budget into the categories of Personnel, Services, Travel, Equipment, Supplies, and Indirect Costs (i.e., building/space costs, insurance, utilities, etc.). Certain budget categories may not be relevant for your proposal. Please note all UWOLC grant funds are to be used in and applied to Lafayette County. Add lines as needed.** | | |
| **Category** | **Item** | **Dollars Requested** |
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|  | **Total** |  |

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| **Program Sustainability and Other Available Resources** |
| **What is the total budget for the program? What other sources of funding contribute to the program’s budget? (150-Word Maximum)** |
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| **If this proposal is only partially funded, would you be able to use the awarded funding in Lafayette County as outlined above? Please explain as necessary. (250-Word Maximum)** |
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| **If the program will continue past this funding period, how do you anticipate that it will be funded? (100-Word Maximum)** |
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| **Agency Resources: For each agency involved with the implementation of the program, provide a brief description of the primary role/functions planned as well as the resources/expertise that the agency brings to the program. If more than four agencies are participating, please extend the table.** | | |
| **Agency Name** | **Planned Role/Function** | **Resources/Expertise** |
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**As previously noted, please submit signed letters of support, memorandums of understanding, and/or similar documentation from participating agencies detailing their involvement in the proposed programming as a separate combined PDF file.**

## D. Outcome Measurement Plan

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| **2024-2025 Outcome Measurement Plan**  Each funded program must be prepared to report on at least one outcome (with at least two aligned indicators) in mid-year and year-end reporting to the UWOLC. As indicated in the red examples, use this table to summarize your outcome measurement plan. | | | | |
| **Outcome: What benefit do you want participants to receive from the program?** | **Indicators: What information will you use to know if participants are benefiting?** | **Data Collection Method: How will you collect the information you need?** | **Analysis Plan: How will you use the data to assess and improve upon your work?** | |
| Pregnant women know about prenatal nutrition and health guidelines. | Number and percent of participants who can identify food items that are good sources of prenatal nutrition | Participant surveys | We will collect information from the first cohort to identify strengths, gaps, etc. We will use the data to improve on the program for the second cohort as well as remediate with the first cohort. | |
| Seniors can pay for their necessary prescriptions. | Number and percent of participants who enroll in prescription assistance programs after receiving a one-time grant from us | Follow-up phone calls using a brief interview script | We will review interviews and identify specific assistance programs that are not being accessed. We will then improve the screening process to better promote the noted programs. | |
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| **Explain in further depth how you will know your program is meeting its objectives. Provide additional details on how data will be collected and analyzed. (200-Word Maximum)** | | | |
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| **Explain in further depth how you will use your outcome measurement results to enhance your program’s impact. (200-Word Maximum)** | | | |
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## E. Recent Successes and Challenges

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| **FY 2023-2024 Successes and Challenges** |
| **All Applicants: What successes has your program achieved since July 1, 2023? (200-Word Maximum)** |
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| **All Applicants: What challenges has your program faced since July 1, 2023? How are you working to improve your program? (200-Word Maximum)** |
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## Applicants seeking a grant award for a program that received FY 2023-2024 UWOLC funding are required to complete the remaining items in Section E. Other applicants are strongly encouraged to provide as much relevant data as is available and/or feasible for the proposed program or similar programming administered by the agency.

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| **FY 2023-2024 UWOLC Funding** |
| **( ) Yes, the program received a UWOLC grant award. ( ) No, the program did not receive a UWOLC grant award.** |

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| **Number of People Served Since July 1, 2023**  Note: If your program provides several different services, please complete a row for each service. | **Total *People* Served**  **(Unduplicated)** | **Total *Services* Provided**  **(e.g., # of Meals Served, Utility Bills Paid)**  **(If Relevant)** |
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| **Total People Served (Unduplicated) by Race/Ethnicity: Must Match Total Listed Above (Please Estimate if Necessary)** | | | |
| White Alone, Not Hispanic or Latino | Black/African American Alone or in Combination, Not Hispanic or Latino | Any Other Race Alone or in Combination, Not Hispanic or Latino | Any Race, Hispanic or Latino |
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| **Itemized FY 2023-2024 Budget**  If applicable, copy this column from your application, but you can add new line items for which you have unexpectedly spent UWOLC funds. If you did not apply, you can enter relevant program information by budget category. | **Dollars Requested**  Copy this column from your application. If you did not apply, leave this column blank. | **Dollars Awarded** Enter the total amount in the last row. If you did not receive a grant award, leave blank. | **Dollars Spent**  Enter expenditures as of 2/29/24. |
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| **Total** |  |  |  |

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| **If there are any differences between your original budget request and how you are spending the funding, please explain here.**  (If the only difference is your coalition did not receive the total dollars requested from the UWOLC and you are therefore spending less money on specific line items than originally anticipated, there is no need to explain that discrepancy.) |
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| **Please report on your FY 2023-2024 Outcome Measurement Plan.** Note that only the first two columns (Outcome and Indicators) should be copied from your FY 2023-2024 application. The second two columns (Results and Follow-Up) should reflect the work of your program since July 1, 2023. If you do not yet have results for one or more indicators, state that in the Results column. However, if at all possible, include interim results demonstrating progress to date and explain when full results will be available. | | | |
| **Outcome: What benefit do you want participants to receive from the program?** | **Indicator: What information will you use to know if participants are benefiting?** | **Results: What have you found out about your impact?** | **Follow-Up: Given your results, what will you do differently, improve on, etc.?** |
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**F. Agency Assurances**

If this proposal receives grant funding from the UWOLC, the agency assures it will:

* Submit a mid-year report to the UWOLC that includes a financial update as well as beneficiary and outcome measurement results based on local data.
* Provide a complete and final accounting of all UWOLC funds received and spent at the end of the grant period.
* Apply all UWOLC funds received and spent to Lafayette County, Mississippi.
* Agree to promptly return any unexpended or improperly expended UWOLC funds at the end of the grant period or as requested by the UWOLC.
* Submit a year-end report to the UWOLC that includes beneficiary and outcome measurement results based on local data as well as a description of how those results are being used.
* Notify the UWOLC immediately of any material change in the program plan described in the application.
* Promote an inclusive environment that denounces racial and ethnic discrimination in all forms.
* Include the phrase “funded in part by the United Way of Oxford-Lafayette County” and/or the UWOLC logo in all publications, press releases, flyers, signs, presentations, etc. associated with a funded program as well as in other appropriate cases.
* Assist with the UWOLC’s annual campaign, including providing support, volunteers, etc. for its public relations and marketing efforts as well as participating in its campaign kick-off luncheon and other special events.
* Not directly solicit local employee groups for payroll deductions at any time or encourage designated contributions to the UWOLC.
* Operate in compliance with all applicable statutes, licensing, and government code requirements.

**G. Agency Signature**

A handwritten, typed, or electronic signature provided by an authorized representative (e.g., officer) of the agency attests that the information submitted in conjunction with this application is accurate and certifies the agency’s agreement to all the aforementioned assurances. The submission of a typed or electronic signature below verifies the agency’s agreement that a typed or electronic signature is the same as a handwritten signature for the purposes of validity, enforceability, and admissibility.

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Authorized Representative Name & Title

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Authorized Representative Signature

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Date