**Program Application Narrative**

1. General Program Information
	1. **Program Name**

*Click or tap here to enter text.*

* 1. **Funding Request Amount** (Must equal total requested UWNA Funding amount listed on the Budget form).

*Click or tap here to enter text.*

* 1. **Total Program Budget** (must equal Total Program Expenses on the Budget form).
1. *UWNA funding request* ***must not exceed 30%*** *of the total program budgeted revenue.*

*Click or tap here to enter text.*

* 1. **Unit of Service**
		1. Define your unit of service. (250 characters)

*Click or tap here to enter text.*

* + 1. What dollar amount is equal to a unit of service?\* (*Example: A gift of $20 will provide 1 food box for a family of 4)*

*Click or tap here to enter text.*

* 1. **What Geographic Area does the program serve?\* (must select at least one region)**
		+ 1. [ ] City of Flagstaff
			2. [ ] Coconino County
			3. [ ] Apache County (off-reservation)
			4. [ ] Navajo County (off-reservation)

***Reminder:*** *Agencies serving more than one (1) region will be required to submit a separate application if requesting funding for each region (Flagstaff, Page, Northeast). A maximum of two (2) applications may be submitted per agency, per region. Only active programs that are currently operating are eligible for funding.*

* 1. **UWNA Impact/Focus Area**
		+ - 1. With what UWNA Impact/Focus Area does this program most align? Check all that apply for each program.\*
			1. Choose an item.Early Childhood Development
			2. Choose an item.Positive Youth Development
			3. Choose an item.Safety and Security (Basic Needs)
	2. **Program Design**
		+ - 1. **Program Objectives**

Briefly define the community need and focus area your program is designed

to address. Include pertinent statistical and demographic information. (*2,500 characters*)

*Click or tap here to enter text.*

**b. Target Population**

Describe who will participate in, and/or benefit from, the program. Include descriptions of the client/participant’s conditions and/or behaviors, and other pertinent information, as applicable. Also include the scope of the issues this program will address. *(1,500 characters)*

*Click or tap here to enter text.*

* + 1. **Program Activities and Timelines** Indicate the program activities that will occur to successfully carry out the project, and meet the needs described in Question 1. Please provide a timeline of activities for the program. *(1,500 characters)*

*Click or tap here to enter text.*

1. Program Collaboration

Is the program being done in collaboration with other nonprofits, private businesses, governments, schools, or service organizations? (Yes/No)

Choose an item.

*Provide the following information for each of your collaborators in table provided in Appendix C. UPLOAD into ECIMPACT in the Upload section.*

1. Client Story

Provide a client story that best describes the impact of your work. (1,500 characters) *If available, upload photos and/or link to videos (2-page maximum).* *(UWNA will need a photo release. Please upload a signed copy, form can be found in the resource center.)*

*Click or tap here to enter text.*

1. Demographics - Required Audience Tracking Report

Using the attached Appendix B as a guide please select the age of the audiences who will benefit from the program that you are able to track and report – must be able to track at least one.

* 1. Demographics Narrative please define any reason for selecting unknown.

*Click or tap here to enter text.*

1. Program Budget

*Use Appendix D Budget Justification Form for this section. Required to upload in EXCEL Version in the upload section of ECIMPACT.*

Provide a one-year program budget for FY21-22 (Use template in Appendix D), along with projections for the second year FY22-23.

***UWNA funding request must not exceed 30% of the total program budget.***

***\*\* REQUIRED\*\* Upload the completed budget justification found in the resource center.***

1. Budget Narrative
	1. If this program is unable to be funded at your full request amount, what is the minimum funding level you could accept and still be able to deliver the program successfully? (1,500 characters)

Click or tap here to enter text.

* 1. Please explain the impact of how a funding amount less than what is requested would have on program delivery? (1,500 characters)

Click or tap here to enter text

* 1. If the program shows a surplus or deficit, please explain? (1,500 characters)

Click or tap here to enter text.

* 1. How has COVID impacted your organizational budget and how has it affected this program. (1,500 characters)

Click or tap here to enter text.

\* Projected Revenues in the Project Budget shall equal projected Expenses.

***Note:*** *Program budgets will be evaluated by United Way of Northern Arizona trained volunteers. Please double check your budget numbers prior to submission of the grant application.*

1. Outcomes and Key Performance Measures Narrative

List all performance measures that your program aligns to (See Appendix A)

* 1. How will you measure and evaluate the overall success of your program? (1000 characters)

Click or tap here to enter text.

* 1. What data tools will be used to evaluate the results/outcomes experienced by participants? ***Upload a copy of a current evaluation form or survey.***

*Click or tap here to enter text.*

**Appendix A**

**Outcomes and Key Performance Measures**

**STEP Up for Youth - Early Childhood Development**

| IMPACT AREA | STRENGTHEN COMMUNITIESDIRECT SUPPORTS AND SERVICES | CHANGE LIVESCLIENT OUTCOMES |
| --- | --- | --- |
| ***Kindergarten Readiness******Early Literacy Supports*** | * Number of children (0-5) served.
 | * % of children 0-5 served who meets/exceeds developmental milestones
 |
| * Number of volunteer hours supporting Early Childhood Development program.
 | * % of children who demonstrate increased literacy skills
 |
| * Number of children (0-5) enrolled in high-quality programs supported by UWNA.
 | * % of parents/caregivers that demonstrate an increase in knowledge or skill
 |
| * Number of books given to children (0-9).
 | *Long-term outcome intentionally left blank.* |
| * Number of children served receiving literacy supports (0-9).
 | *Long-term outcome intentionally left blank.* |
| * Number of early childhood staff trained to provide quality programs/services.
 | *Long-term outcome intentionally left blank.* |
| * Number of families, caregivers served that are provided with information, resources, tools, trainings, and/or teaching skills.
 | *Long-term outcome intentionally left blank.* |
| * Number of childcare centers that have been assisted to meet state required certifications and qualifications.
 | *Long-term outcome intentionally left blank.* |

**Appendix A Cont.**

**Outcomes and Key Performance Measures**

**STEP Up for Youth - Positive Youth Development**

| IMPACT AREA | STRENGTHEN COMMUNITIESDIRECT SUPPORTS AND SERVICES | CHANGE LIVESCLIENT OUTCOMES |
| --- | --- | --- |
| ***Social-Emotional Well-Being******Positive, Supportive Relationships******Youth Leadership Development*** | * Number of youth enrolled in positive youth development programs.
 | * % of youth who demonstrate behavior change related to positive progression through services provided (improved attendance, grades, behavior etc.).
 |
| * Number of volunteers/mentoring hours supporting positive youth development programs.
 | * % of caregivers with increased ability to support their youth’s social-emotional well-being.
 |
| * Number of youth accessing mental health services, one-on-one or group counseling (i.e., substance abuse prevention programs, trauma counseling, suicide prevention).
 | * % of youth with demonstrated progress in social and emotional development in the areas of self-control, empathy, teamwork, problem-solving, and mindfulness.
 |
| * Number of youth with demonstrated progress in social and emotional development in the areas of self-control, empathy, teamwork, problem-solving, and mindfulness.
 | * % of youth developing ethical values, reasoning skills, interpersonal skills, including communication, decision-making, assertiveness, and peer refusal skills, and the ability to create healthy relationships.
 |
| * Number of youth participating in STEAM, creative arts, physical education, and health education programs.
 | *Long-term outcome intentionally left blank.* |
| * Number of youth participating in programs addressing ethical values, reasoning skills, interpersonal skills, communication, decision-making, assertiveness, peer refusal skills, and the ability to create healthy relationships.
 | *Long-term outcome intentionally left blank.* |
| * Number of youth participating in educational success, and/or work-based learning opportunities leading to increased school attendance, enrolling in career exploration training, and/or participation in financial education training.
 | *Long-term outcome intentionally left blank.* |
| * Number of youth with increased healthy relationship support with adult mentorship, community, school-based and/or youth advocates (youth as mentors).
 | *Long-term outcome intentionally left blank.* |
| * Number of youth participating in a variety of teamwork and networking experiences.
 | *Long-term outcome intentionally left blank.* |

**Appendix A Cont.**

**Safety and Security – Meeting Basic Needs**

|  |  |
| --- | --- |
| IMPACT AREA | STRENGTHEN COMMUNITIESDIRECT SUPPORTS AND SERVICES |
| ***Safe Shelter*** | * Number of shelter nights provided
	+ Total families served
	+ Total individuals served
 |
| * Number obtaining rent/mortgage assistance
	+ Total unduplicated families served
	+ Total unduplicated individuals served
	+ Total funds dispersed
 |
| * Number obtaining supportive/transitional/permanent housing
	+ Total unduplicated families served
	+ Total unduplicated individuals served
 |
| * Number receiving eviction assistance
	+ Total unduplicated families served
	+ Total unduplicated individuals served
	+ Total funds dispersed
 |
| * Number receiving utility assistance
	+ Total unduplicated families served
	+ Total unduplicated individuals served
	+ Total funds dispersed
 |
| ***Food Security*** | * Number of hot meals served
	+ Total families served
	+ Total individuals served
 |
| * Number of food boxes distributed
	+ Total families served
	+ Total individuals served
* Number of pounds of food distributed
 |
| ***Childcare*** | * Number of licensed childcare centers assisted
 |
| * Number of unlicensed childcare centers assisted
 |
| * Number of childcare tuition grants/assistance provided
* Average amount of grants/assistance
 |
| * Number of families, caregivers provided with information, resources, tools, trainings, and/or teaching skills focused on Quality First guidelines
 |
| ***Transportation*** | * Number of single rides provided (for work-related or essential services, including Lyft, UBER, or agency transportation fleet.)
 |
| * Number of transportation vouchers/bus passes provided for work related trips
 |
| * Number of transportation vouchers/bus passes provided for essentials services (medical/DES/SNAP/counseling)
 |
| ***Medication Assistance*** | * Number of unduplicated individuals provided with medication costs deferment
* Total cost of medication deferred
 |
| ***General Support for Basic Needs*** | * Personal care and hygiene
 |
| * + Number of items provided
 |
| * + Number of individuals served
 |
| * Clothing
 |
| * + Number of items provided
 |
| * + Number of individuals served
 |
| * Infant essentials
 |
| * + Number of items provided
 |
| * + Number of individuals served
 |

**Appendix B**

**Required Audience Tracking Report**

**Total Clients Served by the Program**

Number of Unduplicated Clients

**Gender and Sexual Identity**

Male

Female

Transgender

LGBTQ

Not Reported

**Age**

0 - 6 Years

7 - 13 Years

14 - 17 Years

18 - 30 Years

31 - 49 Years

50 - 64 Years

65 - 74 Years

75 - 84 Years

85+ Years

Unknown (explanation)

**Income Level**

$0 - $9,999

$10,000 - $14,999

$15,000 - $24,999

$25,000 - $34,999

$35,000 - $49,999

$50,000 - $74,999

$75,000 and above

Unknown (explanation)

**Area of Service**

* Flagstaff and Surrounding Areas
* Williams
* Grand Canyon
* Valle
* Fredonia
* Page
* Holbrook
* Winslow
* St. Johns
* Snowflake
* Springerville
* Show Low
* Other (click to itemize)

**Demographic Options**

**Ethnic and Racial Groups**

* + Asian
	+ Black / African American
	+ Hispanic / Latino
	+ Multi-Racial
	+ Native Americans
* Pacific Islander
* White / Caucasian
* Others
* Unknown

**Demographic Options cont.**

**Family Relationships**

* + Caregivers
	+ Families
	+ Parents/Grandparents
	+ Widows/Widowers
	+ Single Parent

**Health**

* + People with disabilities
	+ People with diseases/illnesses
	+ Pregnant people
	+ People with substance use disorder
	+ People with mental health conditions

**Social and economic status**

* + At-risk youth
		- Dropouts
		- Foster youth
		- Out-of-home youth

**Economically vulnerable populations**

* + Individuals experiencing poverty
	+ Individuals experiencing homelessness
	+ Individuals living in low-income households
	+ Working poor

**Other** (Please describe)

**Appendix C**

**Program Collaboration Worksheet**

|  |
| --- |
| **Lead Agency:** |
| **Program Name:** |
| **Collaboration Partner Name** | **Sector\*** | **How does this partner contribute to more effective outcomes for participants?** | **Provide an example of their work that furthers community impact for this program.** | **Nature of Relationship****Formal or Informal\*\*** |
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~~\*~~ nonprofit, private businesses, government, school, service organization, other (if other, please identify)

\*\* Formal - Signed agreement where different entities have clear roles, responsibilities, and accountability.

 Informal – Organizations with common interests/clients served. A contractual relationship is not in place.