

AGENCY APPLICATION

Introduction to Agency

Introduction to Agency

Agency Name

Primary contact and address

Agency Mission Statement. *Limit up to 500 characters.*

Tell us about your agency. Please consider including your agency's history, accomplishments, core services, leadership, values, culture, and strategic direction within the last two years. *Limit up to 2000 characters.*

List any internal or external efforts your organization is currently undertaking to incorporate diversity, equity, inclusion, and/or belonging (DEIB) into its policies, practices, and direct client service delivery? What are the DEIB initiatives your organization hopes to undertake? *Limit up to 1200 characters.*

How will you ensure staff has the training, knowledge, skills, and competency to appropriately serve diverse populations? *Limit up to 1200 characters.*

Demographics of Agency Leadership

Demographics of Agency Leadership

Complete chart to capture board and senior staff diversity.

- Board members should include your executive committee as well as all current voting board members or trustees. Do not include advisory, or non-voting board members.
- Senior staff should reflect leadership team - include officers and directors.

Scenario and Continuous Quality Improvement (CQI) Questions

Integrated Client Journey (scenario based)

Please describe your organizational philosophy and approach in working with clients. *Limit up to 1500 characters.*

A new community partner has been identified that can potentially benefit your clients, what is your approach to building or creating a collaboration with this potential partner? *Limit up to 1500 characters.*

Direct staff provides feedback to your agency's leadership indicating current services are no longer meeting the critical needs of your clients. How would you proceed? *Limit up to 1500 characters.*

A client indicates they want to achieve a goal you think they are not ready for. How would you respond in this situation? How do you maintain the coaching mindset as described in the Coaching Upskill Module? *Limit up to 1500 characters.*

When you look at the common metrics United Way has proposed, what do you see as some of the strengths and challenges for your program in terms of implementation?

Limit up to 4000 characters.

Describe the process and frequency for monitoring and evaluating the program and its services. *Limit up to 4000 characters.*

Provide specific examples of how you would use the data to improve the program and services. *Limit up to 4000 characters.*

How do you set your service targets and propose to meet them? Cite an example from one of the regions you intend to serve to illustrate your methodology. *Limit up to 4000 characters.*

Review the common metrics for one of your selected service categories. How would you propose to measure these? *Limit up to 1500 characters.*

Describe the process and frequency by which client feedback is solicited. Please share how the feedback is utilized, shared, and presented to clients, agency staff, board and/or volunteers. *Limit up to 4000 characters.*

After viewing the CQI Upskill Module, describe which elements of the cyclical process are strengths for your agency and which you can still improve. If needed, please reference the CQI Upskill Module. *Limit up to 4000 characters.*

Organizational Review

Is the agency in compliance with all applicable federal, state and local laws?
If not, please explain.

Is the agency currently in compliance with applicable licensing, accreditation and government code requirements?
If not, please explain.

Does the agency maintain a reasonable level of director and officer liability insurance and general liability insurance?

Does the agency operate on a non-discriminatory basis with regard to race, ethnicity, age, gender, gender identity, sexual orientation, national origin, religion or presence of a disability, and ensure that services addressing the needs of a specific group shall not be excluded from funding?

Is the agency governed by a voluntary board of directors (board), comprised of local representatives and in compliance with the Texas Nonprofit Act?

Does the agency maintain a current board minutes book (may be an electronic file), with minutes documenting attendance, deliberations, and decisions of the board?

Board Meetings	Per your agency's bylaws, how many times a year is the board of directors required to meet?
	<p>Per agency bylaws, how many attendees are required for a quorum at a board meeting? (Indicate number and / or percent as stated in bylaws) <i>Limit up to 150 characters.</i></p> <p>During the past 12 months, how many board meetings did the agency hold?</p> <p>How many of those meetings made quorum?</p> <p>What was the average attendance at board meetings over the past 12 months?</p>
Board Chair or President	<p>Enter the name of the current board chair or board president <i>Limit up to 150 characters.</i></p> <p>Enter board chair's company affiliation (if applicable) <i>Limit up to 150 characters.</i></p> <p>Enter board chair's mailing address <i>Limit up to 150 characters.</i></p> <p>Enter the current board chair's email address</p> <p>Enter the end date of the current board chair's term in office</p>
Board and Staff Leadership	<p>Has executive leadership changed in the past 12 months?</p> <ul style="list-style-type: none"> • If yes, please indicate which position(s) changed. <i>Limit up to 250 characters.</i> • How long has the new leader been in place? <i>Limit up to 150 characters.</i> • How long did the former leader serve in the role? <i>Limit up to 150 characters.</i> <p>Does the agency anticipate a change in leadership in the next 12 months?</p> <p>Do you have a succession plan in the event of leadership changes at your agency?</p>
Comments	If anything on this page requires additional explanation, please enter it here: <i>Limit up to 1200 characters.</i>

Agency Budget

Agency
Budget Form

Revenue

	FYE 2020 Budget	FYE 2020 Actual	FYE 2021 Budget
Contributions			
Foundation/Corporate Grants/United Ways			
Special Events – Net			
Associated Organizations			
In-Kind Resources			
Government Fees and Grants			
Membership Dues Received			
Program Service Fees			
Sales to Public			
Investment Income			
Rental Income			
All Other Income			
Total	0.00	0.00	0.00

Expenses

	FYE 2020 Budget	FYE 2020 Actual	FYE 2021 Budget
Salaries			
Employee Health and Retirement			
Payroll Taxes			
Professional Fees / Contract Services			
Office Expenses (supplies, telephone, postage, printing & publications)			
Occupancy			
Rental/Maintenance Equipment			
Purchase of Equipment			
Assistance to Individuals			

	FYE 2020 Budget	FYE 2020 Actual	FYE 2021 Budget
National Dues / Support			
In-Kind (Expense for In-Kind Donations listed above)			
All Other Expenses			
Total	0.00	0.00	0.00

Surplus (Deficit)

	FYE 2020 Budget	FYE 2020 Actual	FYE 2021 Budget
Surplus or (Deficit)	0.00	0.00	0.00

Agency Budget Narrative

Budget Narrative

If amounts reported in Actual Revenue and Expenses for 2020 on the Agency Budget form are not in agreement with the amounts reported in the agency's year-end financials, please explain the differences. *Limit up to 1500 characters.*

If the current year's budget projections vary significantly from your prior year's actual results, please explain the reasoning behind the projections for 2021's budget. *Limit up to 1500 characters.*

How is your agency performing versus its budget projections for 2021? If revenues or expenses do not appear to be on track to meet budget projections, is the agency making adjustments in response to the surplus or deficit? *Limit up to 1500 characters.*

Is there anything you'd like to add which would help reviewers understand the financial statements provided? *Limit up to 1500 characters.*

Financials

Supplemental Liquidity

Does your agency have a line of credit (LOC)?

- If yes, complete additional LOC questions.
 - What is the LOC limit?
 - What is the LOC amount drawn to date?
 - When does the LOC expire?

Does your agency have any other sources of funding such as an endowment or parent company loans or contributions? *Limit up to 1200 characters.*

Leverage (Liabilities to Assets Ratio)

Enter total Liabilities (from most recent interim financial statement)

Enter total Assets (from most recent interim financial statement)

Liabilities to Assets Ratio

- system will calculate using above fields = $\text{Total Liabilities} * 100 / \text{Total Assets}$

2021 Budget

Please enter Total Expenses for Fiscal Year Ending in 2021 based on the current, approved budget.

Estimate of expenses/day

- system will calculate = $\text{Total Expenses} / 365 \text{ days}$

Amount of Cash on hand? (from most recent interim financial statement)

Number of days of operating cash on hand

- system will calculate = $\text{cash on hand} / \text{estimate of daily expenses}$

Agency Upload Section – Org Review Attachments

Attachments

IRS Determination Letter (proof of nonprofit status)

IRS 990 Tax Return (most recent available)

Agency's Year End Financial Statement for Fiscal Years Ending 2019 and 2020

- Required documentation to be submitted is contingent on the size of an agency's budget. (For additional instructions see Organizational Review Summary.)
- Agencies who submit Audited Financials are to submit one of the following:
 - An Internal Control Letter confirming the audit did not reveal any findings of significant deficiencies or material weaknesses, or
 - A Management Letter describing the findings and recommendations made by the audit firm. **This should be accompanied by the management's response including action plan.**

Board of Directors Roster

Board Approval of Budget: Please provide board minutes documenting the board's vote to approve the 2021 annual budget.

Board Minutes (most recent board-approved minutes)

Interim Statement of Activities: Most recent unaudited Statement of Activities (Revenues & Expenses)

Statement of Financial Position: Most recent unaudited Statement of Financial Position (Balance Sheet)

Regional Program Information

Region(s)
intended to
serve

Use dropdown menu to select a region.

Region(s) 1 – 13

Click "Assign Selected Region to the Form Packet" link.

System will add Regional Forms to be completed by agency.

Note: Option to select region will appear within one business day of beginning the application.

Amount Requested

Amount Requested

Please enter the amount of funding your agency is requesting for each program category in this region.

Financial Stability
Early Childhood / Youth Development
Health care
Freedom from Violence
Basic Needs Services

system will calculate total amount requested for this region

Regional Services

Navigator

Does your agency plan to apply for navigator funding for this region?

*If yes, agency will complete additional Navigator sections.

Navigator Team and Services

Describe how the Navigation Team will fit into your overall organization and programs. Please be sure to include how the Navigation Team will be composed, what division/ department the navigator team will be part of, whether these are new or existing roles, their job functions and titles, experience serving clients, and how they will be supervised.

Limit up to 2000 characters.

Describe the characteristics of your ideal Navigator for the region(s) you propose to serve. (experience, knowledge, connection to neighborhood, ability to connect with population including languages spoken). *Limit up to 2000 characters.*

How will you manage Navigation Team turnover to ensure client needs are met during staff transition? How will you onboard new team members? *Limit up to 2000 characters.*

Your client is a 33-year-old female with 3 young children currently living with her older adult mother. She has come to you with a variety of needs including primary health care, childcare, mental health counseling, and employment. Please describe the approach(es) your Navigator will take and outline the concrete steps they will use to serve this family.

Limit up to 4000 characters.

Regional Application

Will you ONLY be applying for Navigator funding for this region and not selecting Program Service Categories?

*If yes, complete "Navigator Presence in Region" section.

Navigator Presence in Region Please describe your experience and/or desire in serving this region including but not limited to collaborations, partnerships, advocacy, coalitions, # of ALICE currently served, etc. *Limit up to 2000 characters.*

Do you plan to service clients in person, virtually, or a combination?

- a. If offering virtual services, what technologies, platforms and/or tools will be used? *Limit up to 150 characters.*
- b. If offering virtual services, do you have staff present in the region?
- c. If in person services, have you identified a physical location?
- d. Please provide details about the physical location. *Limit up to 300 characters.*

Describe your service hours (when you are available for clients). Please provide a rationale for your hours. *Limit up to 300 characters.*

Please select a program category:

-
- Program Categories
-
- Financial Stability
 - Early Childhood and Youth Development
 - Health Care
 - Freedom from Violence
 - Basic Needs

Service Categories Please select all service categories you intend to offer. *Select from drop down services associated with program category.*

Services Intended to Offer in Region Describe the client's experience as they move through your services from orientation/intake/assessment/retention efforts/to exit and follow up. Include the specific types of services included in this program. If available, please attach a client flow chart. *Limit up to 4000 characters.*

Presence in Region Please describe your experience and/or desire in serving this region including but not limited to collaborations, partnerships, advocacy, coalitions, # of ALICE currently served, etc. *Limit up to 2000 characters.*

Do you plan to service clients in person, virtually, or a combination?

- a. If offering virtual services, what technologies, platforms and/or tools will be used? *Limit up to 150 characters.*
- b. If offering virtual services, do you have staff present in the region?
- c. If in person services, have you identified a physical location?
- d. Please provide details about the physical location. *Limit up to 300 characters.*

Describe your service hours (when you are available for clients). Please provide a rationale for your hours. *Limit up to 300 characters.*

Look at the demographic data via ALICE Report and review it for the region(s) you intend on serving. How will your client load closely replicate those percentages? What is your proposed plan to market, outreach and reduce barriers to ensure equitable access? *Limit up to 2000 characters.*

How will the agency ensure it has appropriate staff and/or volunteer coverage within this region to achieve program goals? *Limit up to 2000 characters.*

Regional Budget

Revenue

Enter the amount requested for each Program Category your agency is proposing to serve:

Program	Amount
Financial Stability	
Early Childhood / Youth Development	
Health care	
Freedom from Violence	
Basic Needs	

Total United Way Request

	Proposed Budget
United Way request	

Expense

	Proposed Budget
Salaries	
Employee Benefits and related expenses	
Professional Fees / Contract Services	
Program related expenses	
Direct Assistance to Individuals	
Distribution of M&G Indirect Costs	
All Other Expenses	

Total Expenses

	Proposed Budget
Total Expenses	

Surplus or Deficit (must equal \$0)

	Proposed Budget
Surplus or (Deficit)	

Regional Budget Narrative

Budget
Narrative
Question

How will United Way of Greater Houston funds be used to support the expense line items of the regional budget? *Limit up to 4000 characters.*

Regional Navigator Budget

Navigator
Budget

Complete Navigator Budget if applicable.

Revenue

Amount requested (Enter \$100,000):	
Total	

Expense

Salary	
Benefits	
Cell phone	
Supplies	
Laptop	
Mileage	
Pro-rata share of supervisor's time	
Pro-rata share of backup for Navigator's function	
Total	

Surplus/Deficit Calculation (Must equal \$0)

Surplus or (Deficit)	
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Client Age Demographics

Proposed
Target
Demographics

Review the Program Categories below. For those you plan to offer, enter the target number of clients you propose to serve in each of the age ranges listed in that column.

Regional Upload Section – Client Flow Charts (Optional)

Attachments

Client Flow Chart(s)