

# PROGRAM APPLICATION 2024-2026

UNITED, WE DO MORE.

### MEET THE IMPACT TEAM



LUIS ESCOBOZA
Chief Impact Officer



SADEQUA FORE
Community Impact Coordinator

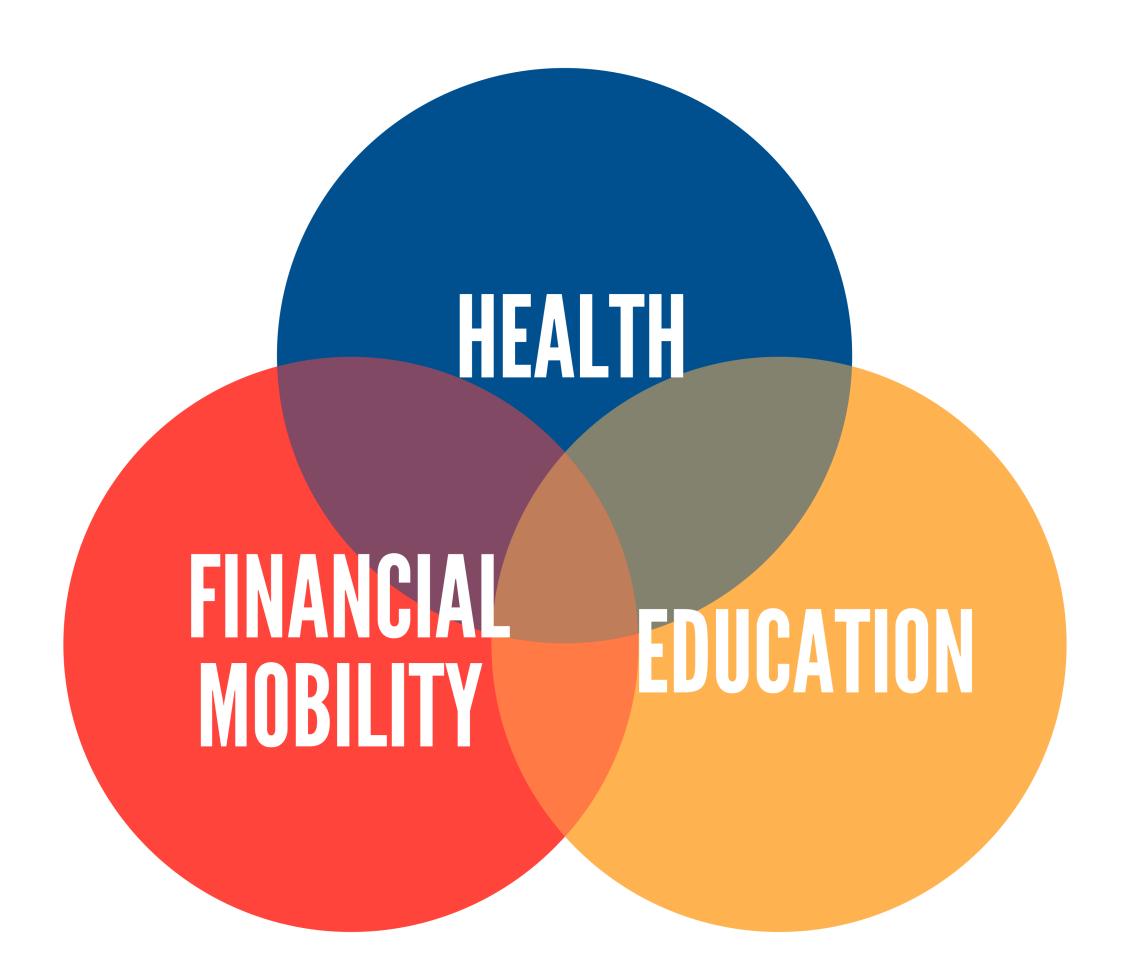


JESSICA MARTIN
Community Impact Specialist



## AGENDA

- 1 Timeline
- Navigating eC-Impact
- **3** The Application
- 4 Q&A



#### HEALTH

- Food
- Housing
- Seniors
- Mental Health
- Substance Misuse

#### **EDUCATION**

- Youth Development
- Third Grade Reading
- Thriving Families

#### FINANCIAL MOBILITY

- Self-Sufficiency
- Workforce Development

## PROGRAM APPLICATION TIMELINE

**Application Opens** 

June 27, 2023

**Application Closes** 

Joses

**August 11, 2023** 

**Review Period** 

August 21, 2023 -September 15, 2023 Community

**Impact** 

Committee

**Reviews** 

Recommendations

October 10, 2023

**Board** 

**Reviews and** 

**Approves** 

CI

Recommendation

October 27, 2023

**Decisions Communicated** 

November 1, 2023

#### **Review Period**

If reviewers have questions, staff will submit them via eC-Impact. Please reply within 3 business days.

#### Check your review date here.

https://docs.google.com/spreadsheets/d/1D9SPeaXf9Wlabac foAmtfFyB31bKQZCYCld86GcPAuw/edit?usp=sharing

## NAVIGATING EC-IMPACT







<u>Agency Profile</u>

<u>Contacts</u>

Mission and Vision Statements

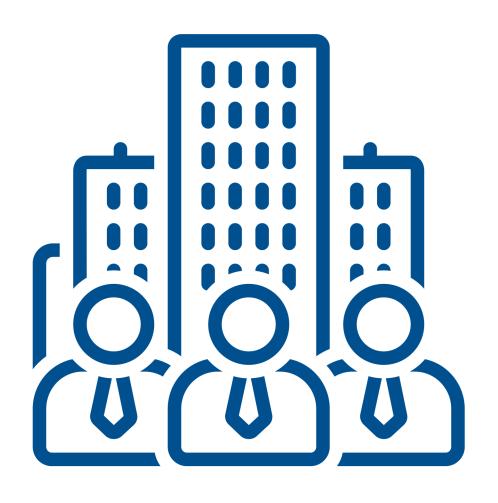
<u>Program Profiles</u>

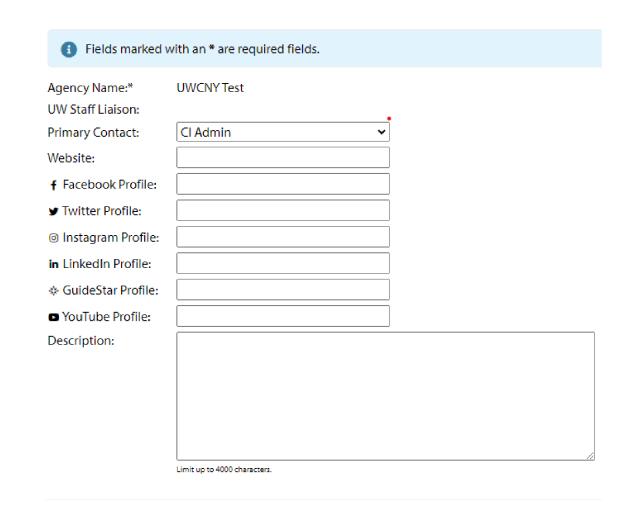
<u>Agency Email History</u>

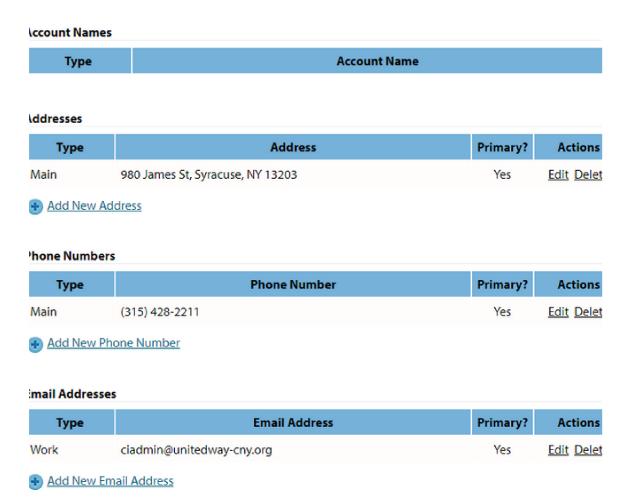
Letters & Agreements

NOTE: PLEASE ENSURE THAT YOUR ORGANIZATION PROFILE IS UPDATED AND COMPLETE.

## AGENCY PROFILE







NOTE: PLEASE ENSURE THAT YOUR ORGANIZATION PROFILE IS UPDATED AND COMPLETE.

## CONTACTS



#### © Contacts

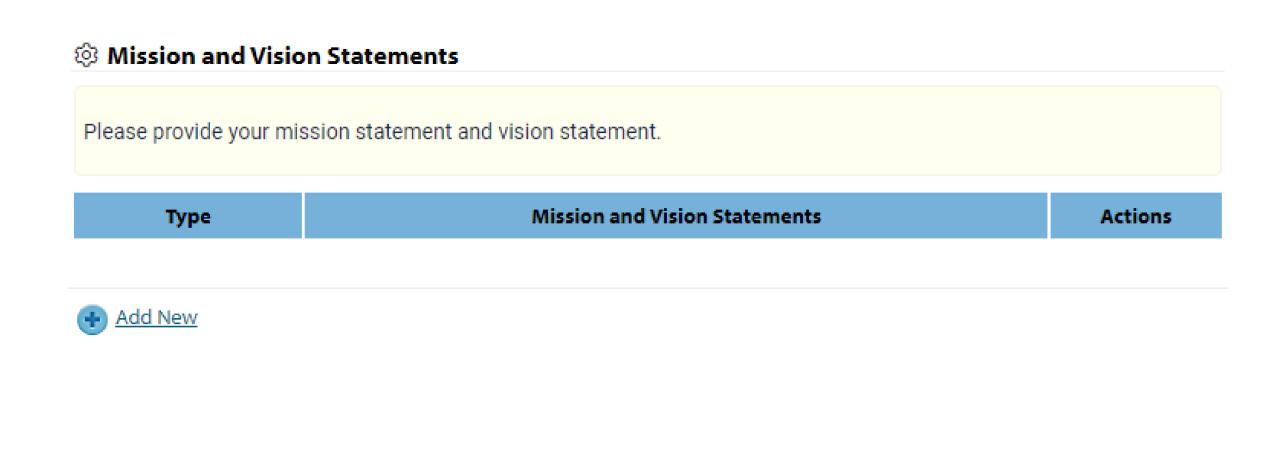
If you would like to request a user account to give any individual to access e-CImpact, please click on the link to Request Login next to their name. Contacts will be auto-approved.

<u>First</u> <u>Name</u>	<u>Last</u> <u>Name</u>	<u>Type</u>	Phone	Email	Login	<u>Primary?</u>	Active?	Actions
CI	Admin	Program Staff		RFP@unitedway- cny.org	RFP@unitedway- cny.org	Yes	Yes	<u>Edit</u>
Nancy	Eaton	Executive Director			Request a Login	No	Yes	<u>Edit</u> <u>Delete</u>

NOTE: PLEASE NOTIFY US IF YOU'VE HAD STAFF TURNOVER AND NEED TO DEACTIVATE OR ADD ACCOUNTS!

## MISSION AND VISION STATEMENT





NOTE: MAKE SURE THAT YOU'VE ADDED YOUR ORGANIZAITON'S LATEST MISSION AND VISION STATEMENTS OR UPDATE EXISTING ONES.

## PROGRAM PROFILES



#### Program Profiles

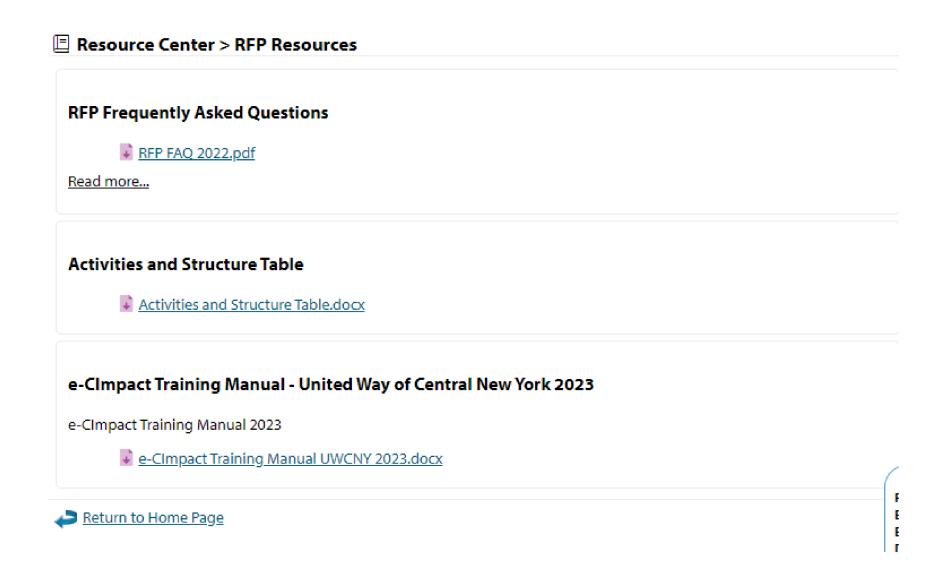
This is a listing of all your programs in the system. Update the programs listing as needed with current contact information. If you decide to change a program name, please contact lescoboza@unitedway-cny.org.

Program Name	Program Primary Contact	Community Outcome Area	Status	Actions
UWCNY Test	CI Admin	Thriving Children	Active	<u>Edit</u>
UWCNY Test2			Active	<u>Edit</u>

NOTE: PLEASE ENSURE THAT YOU SELECT EDIT AND ASSIGN A PRIMARY CONTACT FOR EACH PROGRAM!

## THE RESOURCE CENTER

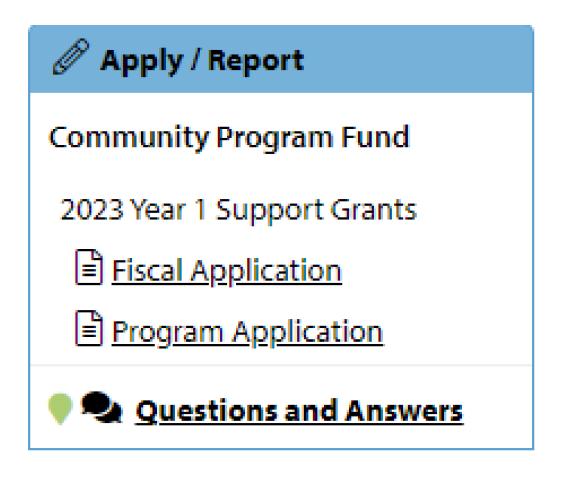




NOTE: AS WE ANSWER QUESTIONS, WE WILL UPDATE THE RFP FAQ FOR 2024-2026!

## RESPONDING TO QUESTIONS





NOTE: YOU WILL BE ABLE TO UPLOAD ADDITIONAL DOCUMENTS IF NEEDED! PLEASE MAKE SURE TO SAFELIST ADMIN@E-CIMPACT.COM!

## RESPONDING TO QUESTIONS



#### Questions and Answers

ID	Question	Action
67397	<b>Source:</b> Community Program Fund - 2023 Year 1 Support Grants - Fiscal Application	<u>Respond</u>
	Subject: Request for additional documents and information Question: Good morning! We are requesting a 2023 budget for the organization (even if the budget is paired down Response: Sent budget and statement of activity to Ms. Fore.	

View Printable Version of Questions and Answers



NOTE: YOU WILL BE ABLE TO UPLOAD ADDITIONAL DOCUMENTS IF NEEDED! PLEASE MAKE SURE TO SAFELIST ADMIN@E-CIMPACT.COM!

## APPLYING FOR PROGRAMS





#### Apply / Report

2024 -2026 Community Program Grants

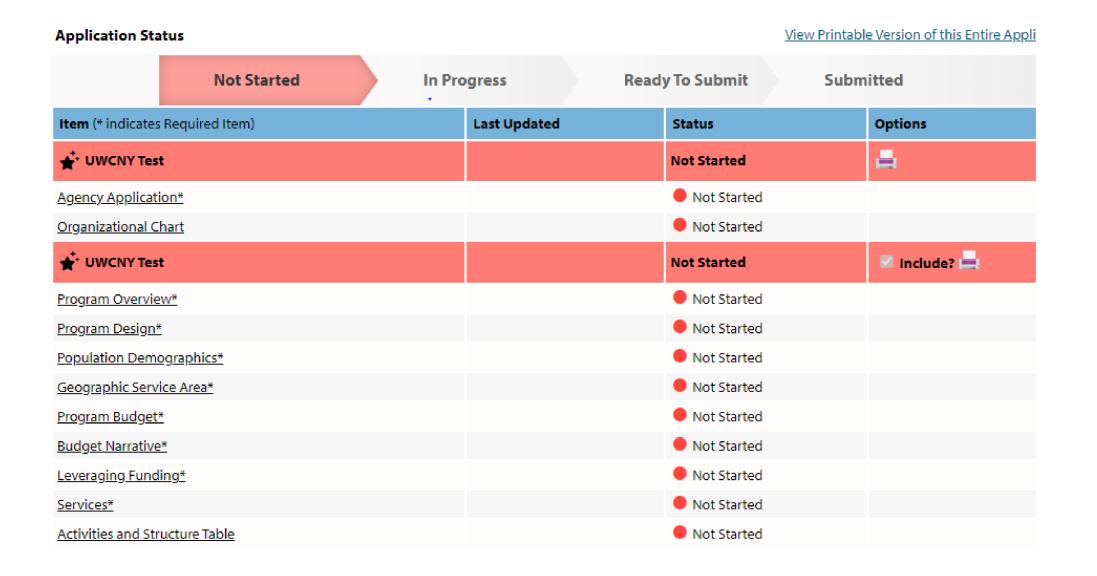
- Standards Review Application
- Program Application

NOTE: NOTIFY US IF YOU CANNOT SEE 2024-2026 COMMUNITY PROGRAM APPLICATION!

# AGENCY WIDE APPLICATION

## APPLICATION: AGENCY LEVEL





NOTE: GRANT PROPOSAL WILL NOT BE SUBMITTED UNTIL ALL SECTIONS OF THE APPLICATION ARE COMPLETE

## AGENCY WIDE APPLICATION

**Community Initiative Integration** 





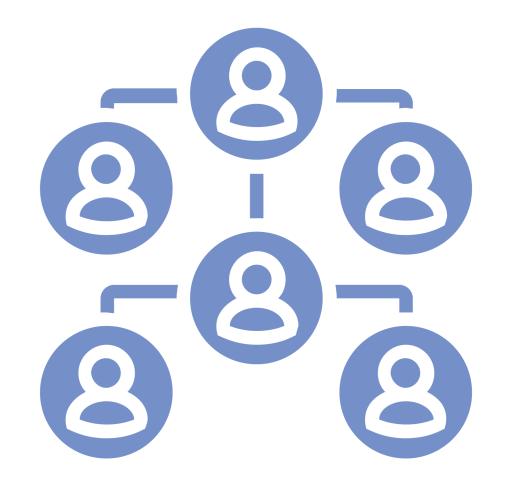
**Centering Community and People** 



NOTE: WHAT KINDS OF PARTNERSHIPS DO YOU HAVE WITH OUR STRATEGIC COMMUNITY INITIATIVES AND HOW DO YOU CONTINUOUSLY CENTER THE NEEDS OF THE PEOPLE YOU SERVE AS AN AGENCY.

## AGENCY WIDE APPLICATION

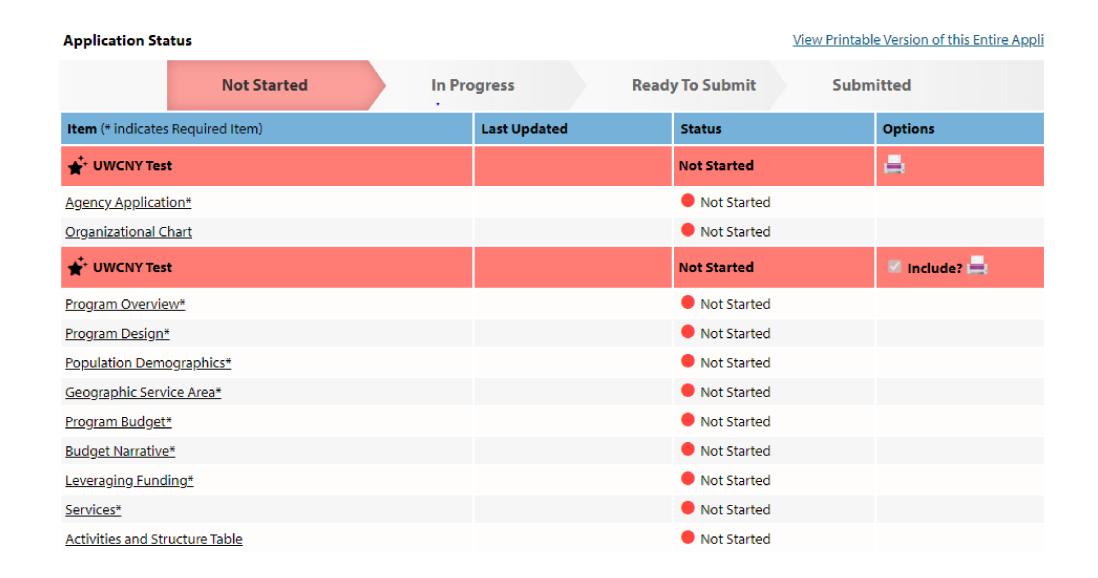
**Organizational Chart** 



NOTE: HELP US UNDERSTAND HOW THE ORGANIZATION IS STRUCTURED AND IF RESOURCES/STAFF ARE SHARED.

## APPLICATION: PROGRAM LEVEL





NOTE: GRANT PROPOSAL WILL NOT BE SUBMITTED UNTIL ALL SECTIONS OF THE APPLICATION ARE COMPLETE

#### **Program Overview**

- 1. Summary
- 2. Number of Programs
- 3. Names of Programs
- 4. Services Provided

Proposal or Program Name*	UWCNY Test
Program Summary*	
Limit up to 1000 characters (0 used).	
Number of programs reflected in Application	on*
Please list the programs reflected in this app	plication.
Limit up to 1000 characters (0 used).	<i>"</i>
Program Services Provided	
Check all that apply	
Advocacy/Victims Services - Adult	
Advocacy/Victims Services - Child/Youth	
Advocacy/Victims Services - Senior	

#### **Program Design**

- 1. Program Goals
- 2. Evidence Based Models
- 3. Program Capability
- 4. Collaboration
- 5. Cultural Responsivness

#### **Program Goals** 🎨 Please be as succinct as possible in narrative responses. Usage of bullet points is encouraged. State the goal of this program.\* Limit up to 750 characters (0 used). Select the outcome measure that most closely aligns with your goals.\* How do you define success or measure the impact the program creates?\* Limit up to 1000 characters (0 used). **Evidence Based Models** Does your program use an evidence-based model?\* O Yes $\bigcirc$ No

## PROGRAM DESIGN: ACTIVITIES AND STRUCTURE



#### B. Activities and Structure

Please complete the table below to help us better understand your program's key activities that help to achieve the program's goal(s). Please share up to 5 core activities.

Activity Name	Description	Place	Frequency (Times per week/month/year)	Activity Implementation	Capacity	Utilization

#### **Program Design**

- 1. Program Goals
- 2. Evidence Based Models
- 3. Program Capability
- 4. Collaboration
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#### **Program Goals** 🌕 Please be as succinct as possible in narrative responses. Usage of bullet points is encouraged. State the goal of this program.\* Limit up to 750 characters (0 used). Select the outcome measure that most closely aligns with your goals.\* How do you define success or measure the impact the program creates?\* Limit up to 1000 characters (0 used). **Evidence Based Models** Does your program use an evidence-based model?\* O Yes O No

NOTE: FOR EVIDENCE BASED MODELS, WE ARE NOT INCLUDING BEST PRACTICES.

#### **Program Design**

- 1. Program Goals
- 2. Evidence Based Models
- 3. Program Capability
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- 5. Cultural Responsivness

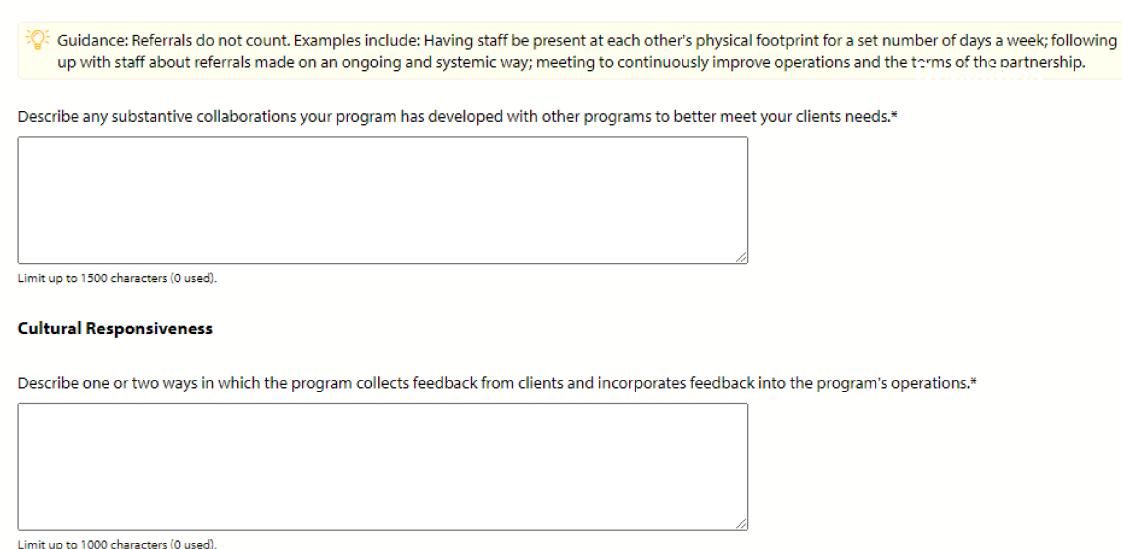
Program Capability	
Does this program share staff with another program within the same agency?*	○ Yes ○ No
How many staff are required to successfully implement (	
② How many individuals were assisted in 2022?*	
Describe the program's and staff's skill and expertise wo their knowledge and skills.*	rking with the population being focused on, including one-time and o
Limit up to 1000 characters (0 used).	
List other programs in the community that provide the s	ame service and state how your program differs (if at all).*
Limit up to 1000 characters (0 used).	

NOTE: IT'S PERFECTLY OK TO BRAG ABOUT HOW AWESOME YOUR PROGRAM IS!

#### **Program Design**

- 1. Program Goals
- 2. Evidence Based Models
- 3. Program Capability
- 4. Collaboration
- 5. Cultural Responsivness

#### Collaboration



NOTE: YOU DON'T HAVE TO INCLUDE ALL OF YOUR COLLABORATIONS, INCLUDE THE MOST IMPORTANT ONES.

BE SURE TO HIGHLIGHT EXAMPLES OF RESPONSIVENESS TO THE NEEDS OF COMMUNITY.

## GEOGRAPHIC AREAS



#### **Geographic Restriction - City of Syracuse**

	Jan 2021- Dec 2021	Jan 2022-Dec 2022	Service Projection for Jan 24 - Dec 24
13202 Downtown			
13203 Near Northeast			
13204 Westside			
13205 Southside			
13206 Eastwood			
13207 Southwest			
13208 Northside			
13210 University			
13224 Meadowbrook			
Unknown/We Do Not Capture Zip Code information			
Total			
Geographic Restriction - Speci	fic Non-City Zip Co	odes/Areas	
	Jan 2021- Dec 2021	Jan 2022-Dec 2022	Service Projection for Jan 24 - Dec 24
13027 Baldwinsville			
13029 Brewerton			

## DEMOGRAPHIC INFO: AGE

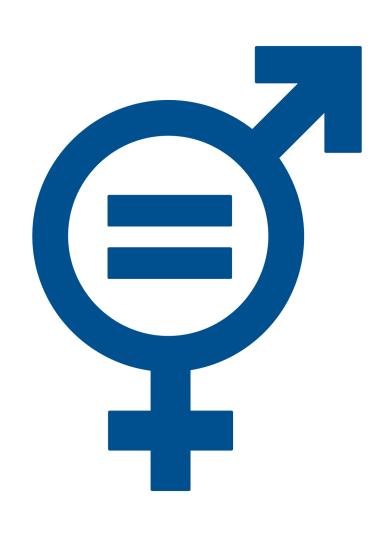


## DEMOGRAPHIC INFO: RACE/ETHNICITY



Race			
	Jan 2021- Dec 2021	Jan 2022-Dec 2022	Service Projection for Jan 24 - Dec 24
American Indian/Alaskan Native			
Asian			
Black/African-American			
White			
Pacific Islander			
Hispanic / Latino			
Unknown/we do not capture race information			
Total			
Ethnicity			
	Jan 2021- Dec 2021	Jan 2022-Dec 2022	Service Projection for Jan 24 - Dec 24
Hispanic or Latino			
Non-Hispanic or Latino			
Unknown/we do not capture ethnicity information			
Total			

## DEMOGRAPHIC INFO: GENDER

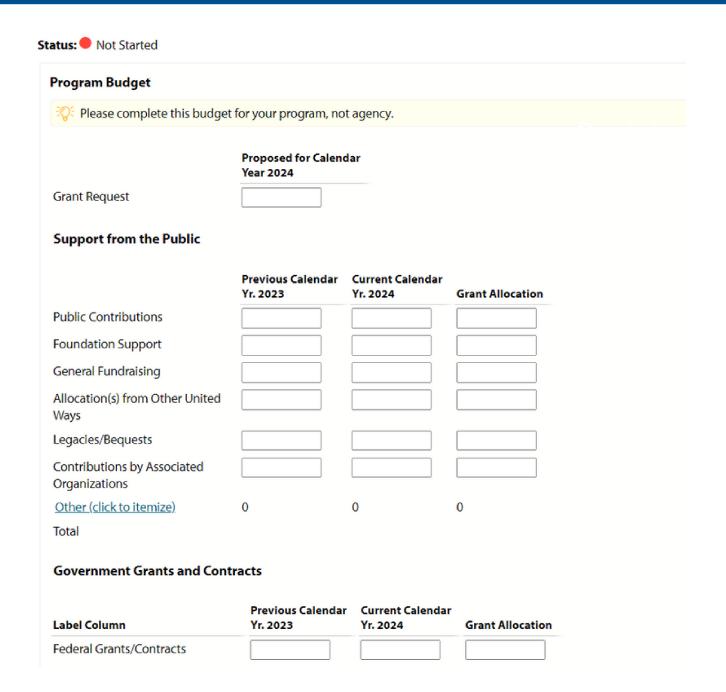


Gender			
	Jan 2021- Dec 2021	Jan 2022-Dec 2022	Service Projection for Jan 24 - Dec 24
Female/Woman			
Male/Man			
Non-Binary			
Trans Female (MTF)			
Trans Male (FTM)			
Other			
Unknown/ we do not capture gender information			
Total			

## PROGRAM BUDGET AND NARRATIVE

#### **Program Budget**

- 1. Revenues
- 2. Expenditures
- 3. 'Other' Categories
- 4. Grant Request and Associations



NOTE: PLEASE ENSURE YOU DISTRIBUTE YOUR GRANT REQUEST TO SPECIFIC COST CENTERS IN THE BUDGET SECTION!

## PROGRAM BUDGET AND NARRATIVE



it up to 2000 characters (0 us	ed).			
it up to 2000 characters (0 use	ed). rogrammatic impact of not r	eceiving this grant in full	or receiving 50% of	f the requested amount.
-		eceiving this grant in full	or receiving 50% of	f the requested amount.
-		eceiving this grant in full	l or receiving 50% of	f the requested amount.
-		eceiving this grant in full	l or receiving 50% of	f the requested amount.
-		eceiving this grant in full	l or receiving 50% of	f the requested amount.

NOTE: RESOURCES ARE LIMITED; HELP US UNDERSTAND AND DESCRIBE HOW ESSENTIAL THESE FUNDS ARE.

## PLUG INTO OUR CBO SERVICES

**Ride United: Last Mile Delivery** 



If you have **free goods**, we can deliver them for **free**.

Address transportation and accessibility barriers with the snap of a Door Dash direct to your organization's front door.

**Ride United: Transportation Access** 



If your clients would benefit from having more transportation options, consider partnering with us and Lyft to offer roundtrip transportation to increase access to all of your programs.

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## Q&A