

UWMC FY18-19 Funding Application Guide

All applications consist of five (5) separate forms:

1. Cover Page
2. Annual Funding Request
3. Strategy Application(s) – one form per strategy. (If you are applying for multiple strategies, you will complete multiple strategy forms.)
4. Financial Request Form

Some applicants will be required to complete additional forms based on the nature of their application:

- If your application is for programs and services provided in connection with one or more of UWMC's Neighborhood Network communities, your application will include one additional form – *FY18-19 Neighborhood Network Collaboration*.
- If you have been invited to apply for UWMC's Integrated Household Strategy, your application will include one additional form – *FY18-19 Integrated Household Strategy*.

Questions included in each section of the application are detailed below. ***Please pay particular attention to noted modifications to the Annual Funding Request and Strategy Application forms for Neighborhood Network partner organizations which are applying for funding for programs and services provided in one or more of UWMC's Neighborhood Network communities.***

1. Cover Page

Basic Criteria:

Please mark **yes** next to each line below to indicate that your organization is in compliance with UWMC's basic funding criteria in order to proceed.

- Incorporated as a non-profit organization and has been delivering services from an appropriate facility for at least two years at the time of submission.
- Exempt from federal income tax as a 501(c)3 and in compliance with regulations and requirements of the Illinois Charitable Trust Act, Illinois Solicitations Act and Internal Revenue Code.
- Licensed by all appropriate licensing authorities (if applicable).
- Does not discriminate based upon actual or perceived age, race, color, religion, sex, gender, sexual orientation, gender identity/expression, veteran or marital status, national origin, ancestry, citizenship, disability, or health status in any area of board or organizational operations.
- Governed by an all-volunteer board of directors; board members are not compensated for their involvement.
- Operate with a minimum of one full-time staff person who is in charge of day-to-day activities and overall administrative responsibilities.
- Have proof of current directors' and officers' liability insurance.
- Maintains compliance with all applicable legal and licensing requirements and maintains appropriate insurance coverage.
- Has written personnel policies and procedures that are in compliance with federal, state and local laws governing employment and working conditions.

Organizational Capacity for Impact:

Provide a brief overview of the organization's history, mission and vision. Describe the types of services provided, client populations served, industry experience and notable accomplishments and expertise. (Please do not exceed 150 words)

Describe your organization's approach for promoting and supporting diversity in your programs and the communities you serve. Include a description of how you make your program and services accessible to all individuals and responsive to the cultural, ethnic and linguistic needs of your clients. (Please do not exceed 150 words)

2. Annual Funding Request

[Note: You will be required to complete separate monetary request and program budget fields for each strategy for which you are invited to apply. Monetary request and program budget fields will appear only for those strategies and UW offices for which the agency is invited to apply. Example shown is for Early Learning.]

If your organization is a Neighborhood Network partner agency and is applying for funding for programs and services provided in one or more of UWMC's Neighborhood Network communities, your Annual Funding Request form will look slightly different than the version below. You will be required to break down your request between Neighborhood Network and Non-Neighborhood Network communities within each region.

Annual Funding Request:

Please enter a dollar amount next to each new office or strategy from/for which you are requesting funding.

The minimum an organization may request is \$25,000 which may be across issue areas or regional offices. The minimum request per strategy is \$10,000. Your total organization request may not exceed \$500,000 or 30% of your organization's overall budget, whichever amount is less.

The average UWMC grant size is currently \$68,000 and varies widely by organization. We recognize that some program strategies require a greater investment for impact than others, and given that we ask for outcome data on all program participants, there is no specific dollar amount we recommend per client served. In determining the right dollar amount to request, UWMC asks that your request be reasonably proportionate to the programming described. A large grant request that appears disproportionate to the program may jeopardize your application.

- Education: Early Learning
 - Chicago: \$__
 - DuPage/West Cook: \$__
 - North-Northwest: \$__
 - South-Southwest: \$__
 - Total: \$__ (total will be auto-calculated)

Your organization's total annual expense budget: \$__

Total funding request as % of organization's annual expense budget: __ [Auto-calculated; may not exceed 30%]

Program Budget:

Please enter your organization's total annual budget for each program for which you are requesting funds and note the percentage of that budget that is funded by the State of Illinois.

Early Learning annual budget: \$_____

% of Early Learning annual program budget supported by state funding: _____%

3. Strategy Application

Applicants will complete the following sections for EACH strategy included in their application. Application forms will only appear for strategies for which the applicant is invited to apply. Questions for the Program Description section will be the same for each strategy with the exceptions noted for Safety Net Programs at the end of this document. The Projected Program Data section will differ by strategy and will reference the specific indicators for that strategy, as noted in the [FY18-19 Issue Area Measurement Frameworks](#). The example shown in the Projected Program Data section below is Early Learning.

Program Description**Statement of Need**

Describe the types of clients and communities your program serves and the challenges they face. Describe the prevalence of the problem using data or other supporting information and note your data source(s). Explain why your program is a critical part of the solution. (Please do not exceed 400 words.)

Accomplishments to Date (current grantees only)

Provide a brief summary of the key accomplishments of your program in the past year. (Please do not exceed 300 words.)

Strategic Alignment

Please provide a 2-3 sentence summary of your program. You may think of this as your program "mission statement."

How long has the program been in existence?

State your program goals, objectives and intended outcomes. Describe how your program aligns with UWMC's strategy. (Please do not exceed 300 words.)

Describe how you measure the impact of your program. Describe your data collection and reporting systems and how you will track the metrics included in UWMC's issue area measurement framework. (Please do not exceed 300 words.)

Effective Service Delivery

Please describe how your program meets the needs of your target population. Describe the proposed program activities and reference the evidence-informed and promising practices on which your program is based. Explain why your proposed approach is expected to achieve the desired results. Be sure to highlight how your program incorporates the required program elements and note the specific favorable elements, if any, that your program includes. Refer to UWMC's Issue Area Guidelines for Effective Service Delivery and Issue Area Measurement Frameworks (Appendices B and C of the [Grant Guidelines](#)) for details on expectations regarding program elements and required performance indicators. (Please do not exceed 750 words.)

Nature of Funding Request

Please check at least one.

- Funds will be used to supplement existing programming.
- Funds will be used to expand programming slots, hours, or staff.
- Funds will be used to expand programming to new sites.

If funding will be used in a manner not listed above, please provide a brief explanation of how the additional funds will be used. (Please do not exceed 200 words.)

High Barrier Populations:

While UWMC believes it is important to center its Education, Income and Health resources within designated Partner Communities for maximum impact, we are also committed to the inclusion of high barrier populations. If your program is **specifically designed** to serve any of the high barrier populations listed below, please check the applicable ones.

NOTE: Please check NA if your program is **NOT** specifically designed to serve one of these populations, even if you happen to serve members of these populations as part of your program.

- Homeless individuals and families
- Youth in foster care/wards of the state and unaccompanied youth
- Opportunity Youth (age 16-24 not connected to school or work)
- People with disabilities
- Immigrants/refugees
- LGBTQ individuals
- People with criminal backgrounds/re-entry population
- Military veterans
- The frail elderly (aged 75+)
- N/A

Please provide a brief description of the high barrier population your program serves. Specify the percentage of your program clients that is made up of this population and describe the features of your program which specifically address the needs of this high-barrier population. (Please do not exceed 200 words.) ***If you checked NA above, please enter N/A in this field.***

Service Collaboration

In one paragraph, please describe how your organization collaborates with other organizations to integrate and link service delivery for program clients. This may be through a referral relationship or it may be a more formal collaborative relationship in which the participating agencies intentionally provide coordinated or linked services to clients. (Please do not exceed 200 words.).

Projected Program Data

[Note: Indicators specific to the strategies for which the agency is invited to apply will appear. Example shown is for Early Learning. Please see [FY18-19 Issue Area Measurement Frameworks](#) for information on indicators for other strategies.]

If your organization a Neighborhood Network partner agency and is applying for funding for programs and services provided in one or more of UWMC's Neighborhood Network communities, the Projected Program Data section will look slightly different than the version below. You will be required to break down your projections for each indicator between Neighborhood Network and Non-Neighborhood Network communities within each region.

Please enter projections for FY18 (July 1, 2017- June 30, 2018) for each of the indicators in this strategy. We recognize that different kinds of programs may have different rates of success. We ask that you make realistic, honest projections, which will serve as your baseline for FY18 year-end outcome reporting.

Please refer to the [FY18-19 Issue Area Measurement Frameworks](#) for definitions of all indicators.

Education: Early Learning

- # of infants/toddlers/children receiving regular comprehensive developmental screening across domains
- # of infants/toddlers/children showing growth across developmental domains
- # of infants/toddlers/children identified as needing additional supports and/or services
- # of children connected with additional supports and/or services
- # of parents/caregivers reporting more positive interactions with their infants/toddlers
- # of families participating in family engagement activities
- Average daily program attendance (per session of program)
- Program dosage for children and parents - Hours per week
- Program dosage for children and parents - Weeks per year

Communities Served

In the sections below, please provide FY18 (July 1, 2017 – June 30, 2018) projections for the number of clients you expect to serve and the number of service sites for this strategy..

Projections must be broken down by Partner Community and must pertain only to this strategy. If some of your clients reside in any non-partner communities, enter that consolidated number in the non-partner community cell. For service sites, use the same criteria to reflect the location and number of service sites within each community.

If your organization is a Neighborhood Network partner agency and is applying for funding for programs and services provided in one or more of UWMC’s Neighborhood Network communities, the Communities Served section will look slightly different than the version below. You will be required to break down your projections between Neighborhood Network and Non-Neighborhood Network communities in each region.

Chicago

Community	Number of Residents Served (How many people in this issue area live in this community?)	Percentage of Total Clients Served in Chicago (auto-calculate)	Number of Sites Located in this Community (For this issue area, how many places are you providing services?)
Austin		__%	
Auburn Gresham		__%	
Brighton Park		__%	
Chicago Lawn		__%	
East Garfield Park		__%	
Englewood		__%	
Gage Park		__%	
Grand Boulevard		__%	

(Bronzeville)			
Greater Grand Crossing		__%	
Humboldt Park		__%	
Lower West Side (Pilsen)		__%	
Near West Side		__%	
New City		__%	
North Lawndale		__%	
South Chicago		__%	
South Lawndale (Little Village)		__%	
South Shore		__%	
West Englewood		__%	
West Garfield Park		__%	
Other Chicago communities		__%	
TOTAL:		100%	

West Suburban

Community	Number of Residents Served (How many people in this issue area live in this community?)	Percentage of Total Clients Served in WS (auto-calculate)	Number of Sites Located in this Community (For this issue area, how many places are you providing services?)
Addison		__%	
Bellwood area		__%	
Bensenville area		__%	
Berwyn		__%	
Carol Stream		__%	
Cicero		__%	
Forest Park		__%	
Maywood		__%	
Melrose Park		__%	
Naperville		__%	
Oak Park		__%	
West Chicago		__%	
Westmont		__%	
Willowbrook		__%	
Woodridge		__%	
Other WS communities		__%	
TOTAL:		100%	

North-Northwest Suburban

Community	Number of Residents Served (How many people in this issue area live in this community?)	Percentage of Total Clients Served in NNW (auto-calculate)	Number of Sites Located in this Community (For this issue area, how many places are you providing services?)
Carpentersville		__%	
Des Plaines		__%	
Evanston		__%	
Hanover Park		__%	
Highland Park		__%	
Highwood		__%	
Hoffman Estates		__%	
Mount Prospect		__%	
Palatine		__%	
Prospect Heights		__%	
Rolling Meadows		__%	
Rosemont		__%	
Skokie		__%	
Wheeling		__%	
Other NNW communities		__%	
TOTAL:		100%	

South-Southwest Suburban

Community	Number of Residents Served (How many people in this issue area live in this community?)	Percentage Of Total Clients Served in SSW (auto-calculate)	Number of Sites Located in this Community (For this issue area, how many places are you providing services?)
Blue Island		__%	
Calumet City		__%	
Chicago Heights		__%	
Dixmoor		__%	
Dolton		__%	
Ford Heights		__%	
Harvey		__%	
Posen		__%	
Riverdale		__%	
Robbins		__%	
Sauk Village		__%	
Other SSW communities		__%	
TOTAL:		100%	

4. Financial Request Form

Instructions

UWMC evaluates the financial performance of the agencies it funds. The requested information should be readily available from an agency's internal financial statements or audit. The submission of this financial information is **required** as part of the grant application. A response is required for **all fields**, except the last optional text question. If a field does not apply to you, please enter a 0.

Please provide financial information for your fiscal years 2016 and 2015. Where audited information is not yet available or complete, we will accept internally generated financial information. Please also attach appropriate audits and 990s at the end of this section.

Example: If your fiscal year end is June 30, you should input information from 6/30/16 (Last FY) and 6/30/15 (Prior FY).

Example: If your fiscal year end is December 31, you should input information from 12/31/16 (Last FY) and 12/31/15 (Prior FY).

Requested financial information is from the agency as a whole (not just funded programs) and permanently restricted funds and activity should be **excluded** from reporting:

- **Statement of Activities:** Report only unrestricted activity except for field no. 18 which should be the change in net assets – temporarily restricted.
- **Statement of Financial Position:** Report only unrestricted activity except for field no. 18 which should be temporarily restricted net assets.

Select FY18-19 Application in the Fiscal Year field and

Enter your organization's FEIN number

Person Completing Financial Form:

First Name	Title
Middle Initial	Email
Last Name	Phone #

Financial Reporting

<i>Last Completed Full Fiscal Year</i>	<i>Prior Fiscal Year</i>
Type (Audited/Unaudited)	Type (Audited/Unaudited)
For the 12-month period ended (mm/dd/yyyy)	For the 12-month period ended (mm/dd/yyyy)
Fiscal Year End (month)	Fiscal Year End (month)
Accounting method (cash/accrual)	Accounting method (cash/accrual)
Were any of the material weaknesses or significant deficiencies (Yes/No)	Were any of the material weaknesses or significant deficiencies (Yes/No)
If you have answered Yes, please attach Auditor's report. (Upload document)	If you have answered Yes, please attach Auditor's report. (Upload document)

Board Information

Number and compensation type of governing board members	# Total	# Compensated
Voting		
Non-Voting		
Number of meetings in the last fiscal year		(leave blank)

[Note: Agencies that are currently funded by UWMC and are applying for Early Learning and/or Middle School funding will be considered for the United Way of Metropolitan Chicago Impact Fund, a McCormick Foundation Fund and will be required to provide the following additional information related to their Board:]

1. Describe in numbers and percentage, the composition of your Board in terms of gender and race/ethnicity. Describe any successful strategies to meet Board-level inclusiveness goals. If relevant, describe how the board represents the communities served. (Please do not exceed 200 words.)
2. Upload a PDF copy of a current list of your organization's board members.

Statement of Activities

<i>Last Completed Full Fiscal Year</i>	<i>Prior Fiscal Year</i>
<i>Government grants/contracts/fees</i>	<i>Government grants/contracts/fees</i>
1. State	1. State
2. Federal	2. Federal
3. Other	3. Other
<i>Non-Government Revenue</i>	<i>Non-Government Revenue</i>
4. Non-government grants	4. Non-government grants
5. Program Service Fees	5. Program Service Fees
6. Contributions	6. Contributions
7. Special events, net of direct expenses	7. Special events, net of direct expenses
8. Net investment income	8. Net investment income
9. Net assets released from restrictions	9. Net assets released from restrictions
10. Other (not included above)	10. Other (not included above)
11. Total revenue and support	11. Total revenue and support
12. Program services expense- support services	12. Program services expense- support services
13. General and administrative	13. General and administrative
14. Fundraising	14. Fundraising
15. Other (not included above)	15. Other (not included above)
16. Total expenses	16. Total expenses
17. Change in net assets - unrestricted	17. Change in net assets - unrestricted
18. Change in net assets - temporarily restricted	18. Change in net assets - temporarily restricted
<i>Additional:</i>	<i>Additional:</i>
19. Salaries and wages	19. Salaries and wages
20. Employee benefits and payroll taxes	20. Employee benefits and payroll taxes
21. Interest expense	21. Interest expense
22. Depreciation/Amortization	22. Depreciation/Amortization

Statement of Financial Position

<i>Last Completed Full Fiscal Year</i>	<i>Prior Fiscal Year</i>
1. Cash and cash equivalents	1. Cash and cash equivalents
2. Short term investments	2. Short term investments
3. Receivables	3. Receivables
4. Other current assets	4. Other current assets
5. Total current assets	5. Total current assets
6. PP&E, net	6. PP&E, net
7. Other non-current assets	7. Other non-current assets

8. Total Assets	8. Total Assets
9. Revolving line of credit	9. Revolving line of credit
10. Accounts payable	10. Accounts payable
11. Other current liabilities	11. Other current liabilities
12. Total current liabilities	12. Total current liabilities
13. Loans/debt (including current portion)	13. Loans/debt (including current portion)
14. Capital leases (including current portion)	14. Capital leases (including current portion)
15. Other non-current liabilities	15. Other non-current liabilities
16. Total liabilities	16. Total liabilities
17. Unrestricted net assets	17. Unrestricted net assets
18. Temporarily restricted net assets	18. Temporarily restricted net assets
19. Total net assets	19. Total net assets
20. Total liabilities and net assets	20. Total liabilities and net assets
<i>Additional:</i>	<i>Additional:</i>
21. Loans on fixed assets	21. Loans on fixed assets
22. AR over 90 days	22. AR over 90 days
23. AP over 90 days	23. AP over 90 days

Statement of Cash Flows

Please note: Cash outflows should be entered as negative numbers. Cash inflows should be entered as positive numbers.

<i>Last Completed Full Fiscal Year</i>	<i>Prior Fiscal Year</i>
1. Net cash provided by (used in) operating activities	1. Net cash provided by (used in) operating activities
2. Purchase of property and equipment	2. Purchase of property and equipment
3. Sales of property and equipment	3. Sales of property and equipment
4. Purchase of investments	4. Purchase of investments
5. Sales of investments	5. Sales of investments
6. Net cash provided by (used in) investing activities	6. Net cash provided by (used in) investing activities
7. Net borrowings (line of credit, mortgages, loans)	7. Net borrowings (line of credit, mortgages, loans)
8. Repayments under debt (line of credit, mortgages, loans)	8. Repayments under debt (line of credit, mortgages, loans)
9. Repayments under capital lease	9. Repayments under capital lease
10. Net cash provided by (used in) financing activities	10. Net cash provided by (used in) financing activities
11. Net increase (decrease) in cash and equivalents	11. Net increase (decrease) in cash and equivalents

Financial Documents

Upload documents when available for the last completed full fiscal year.

- Audited financial statements (including any applicable A133 single audit reports) for the most recently audited year
- 990 for the most recently audited year
- Certificate of Good Standing from Illinois Secretary of State - issued not more than 364 days prior to application submission date
(http://www.cyberdriveillinois.com/departments/business_services/corp.html)

[Agencies that are currently funded by UWMC and are applying for Early Learning and/or Middle School funding will be considered for the United Way of Metropolitan Chicago, a McCormick Foundation Fund and will be required to provide the following additional financial documents:]

- IRS Determination Letter for the Organization (PDF format)
- Signed Certification of Tax Exempt Status 501(c)(3)

Optional: If you would like to provide comments about your agency's financial information, please use this space.

Modifications to Strategy Application Forms for Safety Net Strategies

The Program Description section of the Strategy Application for Safety Net strategies will include the following modifications or additions:

Program Description - Housing

Effective Service Delivery

- Check all of the types of housing programming supported by this program
 - Eviction prevention
 - One time financial assistance (such as first month's rent or security deposit)
 - Emergency shelter
 - Rapid Rehousing
 - Transitional Housing
 - Permanent Supportive Housing
 - Other ongoing rental assistance and services
 - Assistance in moving from institutional to community based settings
 - Other: _____

In a few paragraphs, please describe how your program meets the needs of your target population. Describe the proposed program activities and reference the evidence-informed and promising practices on which your program is based. Explain the intake process, how client needs are assessed and how barriers are addressed. Explain why your proposed approach is expected to achieve the desired results. Be sure to highlight how your program incorporates the required program elements and note the specific favorable elements, if any, that your program includes. Refer to UWMC's Issue Area Guidelines for Effective Service Delivery and Issue Area Measurement Frameworks (Appendices B and C of the [Grant Guidelines](#)) for details on expectations regarding program elements and required performance indicators.

Service Collaboration

- Please check the Continuum of Care of your agency is an active member in good standing:
 - Chicago Continuum of Care
 - Alliance to End Homelessness in Suburban Cook County
 - DuPage Continuum of Care
 - Other _____
 - We do not participate on these bodies

In one paragraph, describe how your organization works with members of the above collaborative groups and/or other organizations to integrate and link service delivery. For this question, we are interested in how your organization ensures clients are linked to other needed services that are provided by other organizations.

Program Description – Safety from Abuse

Statement of Need

- Who is the target population of this program?
 - Victims of sexual abuse/assault
 - Victims of domestic abuse/violence
 - Victims of elder abuse
 - Victims of adult abuse
 - Victims of child abuse

- Victims of trafficking

Effective Service Delivery

- Check all of the types of services supported by this program
 - Crisis line
 - Safety planning
 - Abuse investigation
 - Accompaniment to hospital, police reporting, court proceedings or other pertinent systems
 - Emergency shelter
 - Personal protective order assistance
 - Ongoing case management
 - Counseling services
 - Support groups
 - Legal advocacy
 - Transitional housing

In a few paragraphs, please describe how your program meets the needs of your target population. Describe the proposed program activities and reference the evidence-informed and promising practices on which your program is based. Explain the intake process, how client needs are assessed and how barriers are addressed. Explain why your proposed approach is expected to achieve the desired results. Be sure to highlight how your program incorporates the required program elements and note the specific favorable elements, if any, that your program includes. Refer to UWMC's Issue Area Guidelines for Effective Service Delivery and Issue Area Measurement Frameworks (Appendices B and C of the [Grant Guidelines](#)) for details on expectations regarding program elements and required performance indicators.

Program Description – Legal Assistance

Effective Service Delivery

- Check all of the types of legal issues most commonly addressed by your programming
 - Issues of eviction, homelessness or other housing related concerns
 - Immigration issues
 - Services to victims of sexual assault or domestic violence
 - Record expungement
 - Access to public benefits
 - Barriers to accessing education
 - Other
 -

In a few paragraphs, please describe how your program meets the needs of your target population. Describe the proposed program activities and reference the evidence-informed and promising practices on which your program is based. Explain the intake process, how client needs are assessed and how barriers are addressed. Explain why your proposed approach is expected to achieve the desired results. Be sure to highlight how your program incorporates the required program elements and note the specific favorable elements, if any, that your program includes. Refer to UWMC's Issue Area Guidelines for Effective Service Delivery and Issue Area Measurement Frameworks (Appendices B and C of the [Grant Guidelines](#)) for details on expectations regarding program elements and required performance indicators.

Program Description – Food Assistance

Effective Service Delivery

- Check all of the types of food assistance programming supported by this program
 - Pantry
 - Client choice pantry
 - Served meals (congregate meals)
 - Home delivered meals
- Does your programming provide nutrition education?
- Does your program assess clients for unmet needs, including safety and well being?

In a few paragraphs, please describe how your program meets the needs of your target population. Describe the proposed program activities and reference the evidence-informed and promising practices on which your program is based. Explain the intake process, how client needs are assessed and how barriers are addressed. Explain why your proposed approach is expected to achieve the desired results. Be sure to highlight how your program incorporates the required program elements and note the specific favorable elements, if any, that your program includes. Refer to UWMC's Issue Area Guidelines for Effective Service Delivery and Issue Area Measurement Frameworks (Appendices B and C of the [Grant Guidelines](#)) for details on expectations regarding program elements and required performance indicators.

FY18-19 Neighborhood Network Collaboration

Neighborhood Network partner organizations will be required to complete the following additional form.

Please check the Neighborhood Networks for which you are requesting funding:

- Auburn Gresham
- Austin
- Blue Island/Robbins
- Brighton Park
- Bronzeville
- Cicero
- Evanston
- Little Village/Marshall Square
- South Chicago
- West Chicago

Please upload a Letter of Support for EACH Neighborhood Network checked above. Consolidate multiple letters into one file for upload. *[Note: if you have already submitted Letters of Support with your Letter of Inquiry (LOI), that file will be pre-loaded.]*

Neighborhood Network Collaboration:

Specify the Neighborhood Network program(s) for which you are requesting funding. (Please do not exceed 200 words.)

Describe your organization's participation and role in the Neighborhood Network's planning process and any related committees. (Please do not exceed 300 words.)

Explain how your program(s) contribute(s) to the common agenda adopted by the Neighborhood Network. (Please do not exceed 400 words.)

Integrated Household Strategy

Organizations that are invited to apply for the Integrated Household Strategy will be required to complete the following additional form.

Please check the program strategies that are included in your integrated strategy:

- Education – Early Learning
- Education – Middle School
- Income – Career Pathways
- Income – Financial Capability
- Income – Tax Preparation
- Health – Behavioral and Mental Health
- Health – Community Health
- Health – Health Access and Literacy
- Safety Net - Housing
- Safety Net – Safety from Abuse
- Safety Net – Legal Assistance
- Safety Net – Food Access

Integrated Strategy

How long have your programs checked above been in existence? How long have they been offered as part of an integrated approach?

Please provide a brief description of any program components checked above for which you are NOT requesting funding. Please do not exceed 450 words. If you are requesting funding for all component checked above and have described those components in the Strategy Application form, enter N/A in this field.

Describe your approach for integrating these services. Describe how clients are identified and the pathways and feedback loops between the programs. (Please do not exceed 450 words.)

Describe how you track individual touchpoints and link data between programs and households. How is this data used to coordinate and improve service delivery? Indicate any data tracking systems you currently use. (Please do not exceed 450 words.)