



**United Way of Blair County (UWBC)**  
**CRITICAL DATES**

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One-year applications will be accepted for the 2011/12 year.  
**United Way of Blair County funds only 501 ( C ) 3 organizations.\***  
**No grant request shall exceed \$40,000.**

**All applications are submitted to review teams exactly as they are received. The training and work sessions listed below are your opportunities to ask questions and review your application for completeness:**

**Pre-proposal Question and Answer Session:** Tuesday, January 25, 2011 at 1p.m.  
United Way of Blair County office

Open to all applicants. Recommended for all agencies applying. Call or e-mail to indicate attendance.

**General Outcome Measurement Training:** Wednesday, February 2, 2011 at 1p.m.  
United Way of Blair County office

Open to all applicants. Highly recommended for new or previously unfunded agencies. Call or e-mail to indicate attendance.

**Proposal Work Session:** Thursday, February 17, 2011 9:30 a.m. - 3:30 p.m. by Appointment Only  
United Way of Blair County office

Open to all applicants. Recommended for any agency wishing a review of their application. Please call or e-mail to request an appointment time.

**Grant Deadline:** Application (original and 10 copies of proposal, 1 copy of documentation) must be received at the United Way of Blair County office by 4:30 p.m., Friday, March 11, 2011.

All applications are provided to review teams exactly as they are submitted.

**Grant Announcements:** Mid-May 2011; Funding Period July 1, 2011 - June 30, 2012

United Way of Blair County (UWBC)  
5414 Sixth Avenue  
Altoona, PA 16602  
Telephone: (814) 944-0884  
E-mail: [info@unitedwayofblaircounty.org](mailto:info@unitedwayofblaircounty.org)

\*United Way of Blair County funds only organizations that have been determined to be 501 ( C ) 3 entities by the Internal Revenue Service. See appendix 8.



## **IMPACT FUNDING: A COMMUNITY PLAN**

*A blueprint for building a stronger, more caring Blair County.*

**PLEASE NOTE: UNDERSTANDING IMPACT FUNDING: A COMMUNITY PLAN IS VITAL FOR SUCCESSFUL COMPLETION OF THIS APPLICATION. THIS DOCUMENT CAN BE FOUND AT [WWW.UNITEDWAYOFBLAIRCOUNTY.ORG](http://WWW.UNITEDWAYOFBLAIRCOUNTY.ORG).**

### **REQUEST FOR PROPOSALS (RFP) INFORMATION PACKET**

#### **CONTENTS:**

- ◆ APPLICATION COVER SHEET
- ◆ GRANT REQUIREMENTS
- ◆ NARRATIVE FORMAT
- ◆ FORM A: PROGRAM OUTCOMES LOGIC MODEL WORKSHEET
- ◆ FORM B: OUTCOME MEASUREMENT PLAN
- ◆ FORM C: PROPOSED PROGRAM BUDGET
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#### **APPENDICES:**

- APPENDIX 1: SUMMARY OF IMPACT FUNDING: A COMMUNITY PLAN
- APPENDIX 2: DEFINITIONS OF TERMS FOR MEASURING PROGRAM OUTCOMES
- APPENDIX 3: TIPS FOR SUBMITTING PROPOSALS
- APPENDIX 4: SAMPLE LOGIC MODEL
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This Request for Proposals Information Packet is available on our web site at [www.unitedwayofblaircounty.org](http://www.unitedwayofblaircounty.org) or may be requested via e-mail by contacting United Way of Blair County at (814) 944-0884 or [info@unitedwayofblaircounty.org](mailto:info@unitedwayofblaircounty.org).

Thank You!



**United Way of Blair County**  
APPLICATION COVER SHEET

One-Year Grant for 2011/2012 Program Funding Consideration.  
Funding Available Only to 501 ( C ) 3 Organizations.

*Please complete a separate proposal for each program.*

ORGANIZATION: \_\_\_\_\_

Are you a 501 ( C ) 3 organization? \_\_\_\_ yes \_\_\_\_ no. If you answered no, you are not eligible to receive a grant for your program. See Appendix 8.

ORGANIZATION CONTACT NAME AND TITLE \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

PROGRAM: \_\_\_\_\_

PROGRAM CONTACT NAME AND TITLE: \_\_\_\_\_

PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

GRANT CONTACT NAME AND TITLE (IF DIFFERENT): \_\_\_\_\_

**Focus Area under which this program falls : (check only one)**

- Income       Meeting Emergency Needs       Education       Health

Please identify the Issue and desired Objective(s) in the Impact Funding: A Community Plan to which you are responding (see summary of the Impact Funding: A Community Plan, pages 11-13):

**Issue:** \_\_\_\_\_

**Objective(s):** \_\_\_\_\_

**Grant request deadline: Proposals must be received at United Way of Blair County Office by Friday, March 11, 2011 at 4:30 p.m.**

**Community Impact Grant amount requested (not to exceed \$40,000):** \$ \_\_\_\_\_

Submit:

- Original 8 1/2" x 11" Page Size; 10 Point Times New Roman; Double Spaced; Numbered Pages; Narrative not to exceed 20 Pages. Attachments may be in excess of 20 page limit but must be relevant and referenced in narrative.
- 10 Copies of Proposal, each 3 Hole Punched and Bound by Clip.

**Requests must be received by 4:30 p.m. on Friday, March 11, 2011. Mail or hand-deliver to:**

United Way of Blair County  
5414 Sixth Avenue, Ste. C  
Altoona, PA 16602

**Note: This submission was considered and approved by (both signatures are required):**

\_\_\_\_\_  
**Printed Name: Applicant Executive Director**

\_\_\_\_\_  
**Printed Name: Applicant President/Chair, Board of Directors**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**



**United Way of Blair County**  
GRANT REQUIREMENTS

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## **GRANT REQUIREMENTS**

Grant Review Committees will review each proposal based on information provided in five key areas:

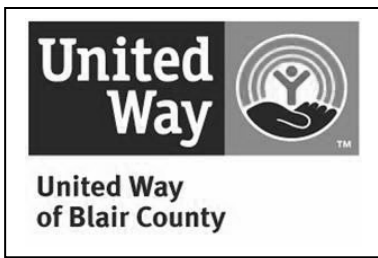
- ◆ **Response to the Impact Funding: A Community Plan**
- ◆ **Program Explanation and Rationale**
- ◆ **Program Outcomes**
- ◆ **Program Service and Evaluation**
- ◆ **Program Financials**

Responses to each of these five (5) areas are scored for content and quality, to a maximum of 100 points.

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**It is expected that grantees will:**

- Submit semi-annual reports – forms will be provided.
- If requested, speak at a business on behalf of UWBC.
- Identify United Way of Blair County as a partner of the funded program.
- Run an internal employee United Way campaign.
- Participate/cooperate with United Way Outreach activities as appropriate.
- Notify UWBC of any significant program or budget changes when they occur.



**United Way of Blair County**  
NARRATIVE FORMAT

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**\*\*Please present the request in the following format, responding to each item completely\*\***

**I. RESPONSE TO THE UNITED WAY IMPACT FUNDING: A COMMUNITY PLAN (1/2 Page) **10 POINTS TOTAL****

- Identify the issues and objectives in the Impact Funding: A Community Plan to which you are responding. (See summary of Impact Funding: A Community Plan, pages 11-13.) Explain why this program is best equipped or unique in addressing this objective.

**II. PROGRAM EXPLANATION AND RATIONALE **25 POINTS TOTAL****

**A. Program Description (1-2 Pages) **10 POINTS****

*This section should provide a description of the program for which you are seeking support.*

- In the first paragraph, provide a succinct summary of the program basics: **Who** (target audience), **What**, **When**, and **Where**.
- In the following 1-2 paragraphs, describe **How** the program actually works and your expected level of service (*i.e. number of participants, people served*) during the proposed grant year.
- Include in this section a description of any partnerships, collaborations or primary referral sources that make this program possible.

**B. Program Goals and Rationale (Why) (1-2 Pages) **10 POINTS****

- Describe your agency mission and history in Blair County.
- Describe the goals of this program and the rationale upon which it operates.
- Describe how this program fits into your organization's overall mission and strategic plan.

**C. Program Status (1/2 Page) **5 POINTS****

- Is this request for an existing program, a new program, or for the expansion of an existing program?
- If new or an expansion, what is the rationale for beginning/expanding this program at this time?

**III. PROGRAM OUTCOMES **30 POINTS TOTAL****

**A. Program Logic Model (1 Page) **20 POINTS****

- Include a completed program logic model illustrating the specific outcomes you plan to achieve.

**Use Form A: Program Outcomes Logic Model Worksheet.**

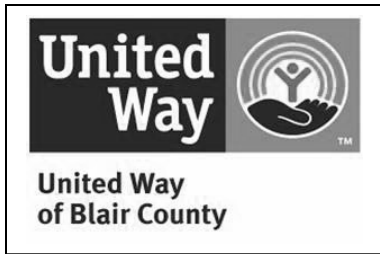
*If you wish to include additional explanation about your logic model or its elements, please include a separate sheet and attach it to your logic model.*

**B. Outcome Explanation (1 Page) **10 POINTS****

- Include a completed outcome measurement plan specifying the outcomes listed on Form A.

**Use Form B: Outcome Measurement Plan**

*Attach a copy of any data collection tools that are or will be utilized to measure progress on program outcomes.*



**United Way of Blair County**  
**NARRATIVE FORMAT**

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**IV. PROGRAM SERVICE AND EVALUATION**

**10 POINTS TOTAL**

**A. Eligibility Criteria (1/2 Page)**

**3 POINTS**

- What are the eligibility criteria that a client must meet in order to participate in the program?
- Describe any circumstances where clients would be refused services.
- If the service exists, on average, how often does refusal of service occur?

**B. Program Evaluation (1/2 Page)**

**7 POINTS**

- Describe how this program currently evaluates or will evaluate:
  - Program Effectiveness (How does this relate to outcome measurement plan?)
  - Program Quality
  - Client Satisfaction

*Please be as specific as possible, including frequency of evaluation.*

- Attach a copy of the evaluation tool(s) being used by the program.  
*Summarize if necessary. (2-3 pages).*

**V. PROGRAM FINANCIALS**

**25 POINTS TOTAL**

*The United Way of Blair County believes that partnerships, both financial and non-financial, are critical to sustaining programs. A program that demonstrates the ability to sustain itself will be ranked higher than one that does not provide any supplementary or sustaining investments.*

**A. Financial Request Rationale (1/2 Page)**

**5 POINTS**

- Explain why you need United Way of Blair County's investment for this program?
- What services does this investment make possible that would not otherwise happen?
- What would happen if you did not receive United Way funds?

*Please be as specific as possible about the actual impact of a UWBC investment and, if applicable, include a description of matching resources that you anticipate acquiring from other sources as a result of this investment.*

**B. Proposed Program Budget And Budget Narrative**

**15 POINTS**

*For budget information only, reviewers team may contact you for clarification. See page 10.*

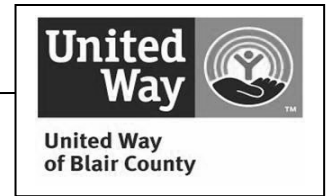
- Complete Form C: Proposed Program Budget (1 Page)
- Complete Form D: Proposed Program Budget Narrative (1 Page)

**C. Supplementary/Sustaining Investments (1/2 Page)**

**5 POINTS**

- What other investments will be needed from your organization and others to make this program a reality, to expand its services, and/or to continue its existence beyond the grant period?
- Are the requested funds going to be used to leverage resources from another funding source? (Match Dollars)
- Please list all funding sources to which you are applying for this program.  
*Please include both financial and non-financial investments and resources.*

## Form A: Program Outcomes Logic Model Worksheet



**Organization:** \_\_\_\_\_

**Program:** \_\_\_\_\_

**Program Mission or Goal(s):**

**Brief Description of Program:**

**Note:** Please refer to “Appendix 2: Definitions of Terms for Measuring Program Outcomes” for additional information and Appendix 4: Sample Logic Model Worksheet.

Inputs	Activities	Outputs	Initial Outcomes & Timeframes	Indicators & Targets for Initial Outcomes	Intermediate Outcomes & Timeframes	Indicators & Targets for Intermediate Outcomes	Long-term Outcomes & Timeframes	Indicators & Targets for Longer-term Outcomes
Constraints on Inputs:								

## Form B: Outcome Measurement Plan



**INSTRUCTIONS:** Copy the identified outcomes and indicators from “**Form A: Program Outcomes Logic Model Worksheet.**” Insure that each outcome is noted as an Initial, Intermediate, or Longer-term Outcome. Add more boxes if necessary. Please refer to “**Appendix 2: Definitions of Terms for Measuring Program Outcomes**” for additional information.

*Attach a copy of any data collection tools that are or will be utilized to measure progress on program outcomes.*

Outcome	Indicator	Data Source	Data Collection Method	Timeframe for Data Collection	Person(s) Responsible (with contact info.)

## Form C: Proposed Program Budget

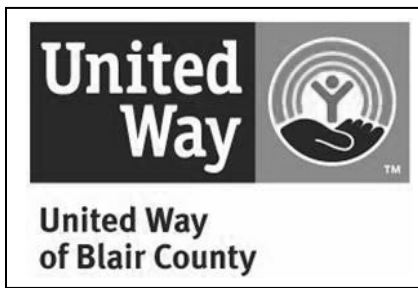
	Current Year BUDGET	PROPOSED GRANT YEAR BUDGET 2011-12	GRANT AMOUNT BUDGET
	Program Budget Only	Program Budget Only	Requested UW \$ Only
<b>PROGRAM REVENUE</b>			
Support from Organization			
Program Fees			
Membership Dues			
Legacies and Bequests			
Investment Income			
Sales of Materials			
Special Events			
Government-Federal			
Government-State			
Government-County			
Government-Municipality			
Grants (specify)			
Grant-United Way of Blair County			
Allocations-Other United Ways			
Misc. Revenue-Please list sources:			
<b>TOTAL PROGRAM REVENUE</b>			
<b>PROGRAM OPERATING EXPENSES</b>			
Salaries			
Employee Benefits			
Payroll Taxes, Etc.			
Professional Fees			
Supplies			
Telephone			
Postage			
Occupancy			
Equipment-Rental and Maintenance			
Printing/Publications			
Travel			
Professional Development			
Assistance to Individuals			
Membership Dues			
Share of Administrative Costs			
Misc./Capital Expenses—Please list if over \$500			
<b>TOTAL PROGRAM OPERATING EXPENSES</b>			
<b>EXCESS (DEFICIT) REVENUE OVER TOTAL</b>		NA	NA

The review team will look at Form C in relationship to the financial reports provided for the organization as a whole. If there are variations please provide a brief explanation to clarify any differences. (For example: the program shows a deficit on Form C, but the organization's 990 or financial statements appear to show a profit for the program.) The review team may contact you for clarification if they have questions.

**Form D: Proposed Program Expenditures Budget Narrative**

Category	Description of Budget Item (include formulas)	United Way Grant Request	Amount From Other Sources	Total Amount
Salaries				\$
Employee Benefits				\$
Payroll Taxes				\$
Professional Fees				\$
Supplies				\$
Telephone				\$
Postage				\$
Occupancy				\$
Equipment- Rental and Maintenance				\$
Printing/Publications				\$
Travel				\$
Professional Development				\$
Assistance to Individuals				\$
Membership Dues				\$
Share of Administrative Costs				\$
Misc./Capital Expenses - Please list if over \$500				\$
				\$
				\$
				\$
				\$
				\$
				\$
<b>Total Operating</b>		<b>\$</b>	<b>\$</b>	<b>\$</b>

Additional Information:



**Summary of the United Way of Blair County  
Impact Funding: A Community Plan**

Page numbers help you locate this information in the **IMPACT FUNDING: A COMMUNITY PLAN** document available at [www.unitedwayofblaircounty.org](http://www.unitedwayofblaircounty.org).

**Focus Area #1: Income, pages 6-7**

ESSENTIAL ELEMENTS	ISSUE	OBJECTIVES	PAGE
Education and Training	Awareness	Increase public awareness and utilization of community/county resources for job training & education.	6
		Facilitate job training & education initiatives to match the economic vision of current & future job trends of the county.	6
	Basic Budgeting Practices	Assure that all children and adults in Blair County are provided with basic budgeting courses.	6
	Renters' Legal Rights	Assure Blair County residents will have access to education regarding renters' legal rights.	7

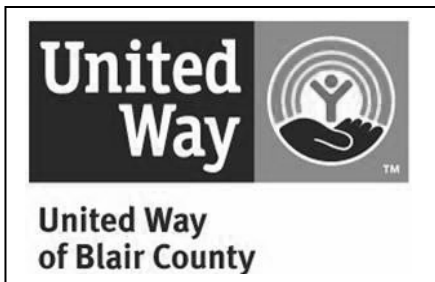
**Focus Area #2: Meeting Emergency Needs, pages 8-10**

ESSENTIAL ELEMENTS	ISSUE	OBJECTIVES	PAGE
Basic Needs	Lack of 24/7 Emergency Shelters and Education on Availability	Assure that Blair County will have a sufficient number of "accessible" emergency shelter beds 24/7 for men, women and children.	8
Access to Services	How to Access Emergency Services	Assure that all tiers of Blair County Agencies will be able to accurately refer clients to meet identified needs.	8
	Lack of a one-call information center (211)	Assure that all individuals have access to a one-call information center (211)	9
	Safe Shelter	Assure that runaway and/or homeless youth, or youth at risk due to family conflict, have access to the services and support they need.	9
Disaster/Emergency Services	Individuals with Special Needs	Assure that all people with special needs in Blair County will be able to be identified/notified in an emergency.	10
	Disaster Response	Assure that all people have access to food, shelter, and clothing in times of disaster.	10

ESSENTIAL ELEMENTS	ISSUE	OBJECTIVES	PAGE
An ongoing relationship with a caring adult/older youth that promotes healthy beliefs and standards	Mentoring	Increase number of children or youth that are matched with an appropriate mentor.	11
		Create and/or expand mentoring opportunities throughout Blair County.	11
Safe places and activities where young people can learn and grow	After-school Activities	Increase the number and variety of after-school programs and/or increase participation in after-school programs throughout Blair County. (Elementary to High School)	12
	Safe neighborhoods	Initiate and/or maintain programs and services that develop and sustain safe neighborhoods.	12
	Childcare	Increase the number of licensed, quality childcare slots throughout Blair County.	13
		Increase the number of children from low and moderate-income families who receive subsidized childcare.	13
Appropriate Life Skills	Life Skills	Support efforts to develop life skills of our children and youth in Blair County.	13
	Parenting and Relationship Skills	Increase measurable parenting skills through offering "best practice" parenting programs.	14
		Decrease the risk factors and increase the protective factors as described in Appendix C of the Blair County Youth Report ( <a href="http://www.hso.blairco.org">www.hso.blairco.org</a> ).	14
		Enhance the family's ability to support and nurture their members.	14

**Focus Area #4: Health, pages 15-20**

ESSENTIAL ELEMENTS	ISSUE	OBJECTIVES	PAGE
A safe, supportive and stable nurturing environment in which families can thrive and grow	Violence and Abuse	Reduce the number of families in Blair County who are affected by violence and abuse.	15
	Lack of Affordable, Quality Care for Older Adults	Increase family knowledge of how to choose adult care.	16
		Increase availability of affordable, quality care for older adults.	16
Physical, Mental and Emotional Health	Substance Abuse	Reduce the incident rate of substance abuse in adults and youth in Blair County.	17
	Lack of Available & Affordable Physical, Mental & Dental Care.	Increase the capacity of the free dental clinics to offer health services to persons of low income and who are under-insured.	18
		Increase the capacity of the free health clinics to offer health services to persons of low income and who are under-insured.	18
		Increase the availability of pharmaceuticals for persons who are unable to afford their prescriptions.	18
	Lack of Awareness and Availability of Meal Programs and Food Pantries.	Assure all residents of Blair County will have access to nutritious meals every day.	18
	Healthy Start	Increase programs that offer developmental screenings for all socio-economic levels.	19
		Develop healthy lifestyle programs, i.e. nutrition, exercise, recreation, cultural arts, etc.	19
		Increase access to dental care for children up to age 5.	19
Community Involvement and Social Interaction	Lack of Opportunities for Community Involvement and Social Interaction.	Increase the number of opportunities for family social interaction.	20



## United Way of Blair County

### APPENDIX 2: DEFINITIONS OF TERMS FOR MEASURING PROGRAM OUTCOMES\*

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- **Program Mission or Goals** - The overall purpose or desired effects of the program
- **Inputs** - The resources such as staff, facilities, volunteers and equipment that are dedicated to or are consumed by the program. Outside resources such as collaborations, service referral providers and community factors may be potential inputs. Also important are constraints on inputs such as laws, contract regulations, zoning requirements, etc. that may impact the use of inputs.
- **Activities** - The types of services the program provides –
  - what the program does with the inputs to fulfill its mission. Examples of activities include: providing counseling to clients, providing training for clients, mentoring clients, providing meals, on-site support for clients, advocacy on client's behalf, etc.
- **Outputs** - The direct products of program activities, usually measured in terms of the volume of work accomplished. For example, number of counseling sessions conducted, the number of classes taught, the number of participants served, etc. The time period these outputs represent should also be included (i.e. a calendar year, a school year, a session, etc).
- **Outcomes** - The benefits to program participants or changes in **Knowledge, Skill** or **Behavior** that participants experience during or as a result of participation in a program. Participant outcomes should logically link back to the activities of the program and flow from initial to intermediate to longer-term in nature.
- **Timeframe** - The anticipated or required length of time for the progress on or achievement of each identified outcome. This will vary from program to program and may occur over days, weeks, months and/or years.
- **Indicators** - The specific information that will be collected to track a program's success towards an outcome. Indicators should be observable and measurable - what can be seen, touched, quantified - and demonstrates an outcome taking place. An indicator is **What** is being measured.
- **Data Source** -The location of the indicator information. Examples of a data source include the program's records of other agencies' records, specific individuals including participants, the general public, trained observers and/or mechanical measurements. A data source is **Where** the indicator information will be found.
- **Data Collection Method** - The specific method(s) that will be utilized to gather data on progress towards achieving outcomes. Data collection is **How** the specific information identified as indicators will be gathered - the method(s), tool(s) and processes. Data collection may include review of participant or program records, self-administered questionnaire, personal interview and/or rating by trained observer. Data collection instruments and procedures should be pre-tested with a sample prior to full implementation of the data collection process.
- **Target** - Numerical objectives for a program's level of achievement on its outcomes. Programs usually set targets once some initial data has been collected and a baseline has been established.

*\*Adopted from Measuring Program Outcomes: A Practical Approach (1995), United Way of America*



**United Way of Blair County**  
APPENDIX 3: TIPS FOR SUBMITTING PROPOSALS

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1. **Take advantage of all training available.** Several opportunities are available to review your grant proposal. No information will be accepted after the deadline.
2. **Put your best foot forward.** It is our staff practice to give proposals to the Grant Review Teams exactly as they are submitted to us. A reminder that a computer spell check and grammar review is always helpful. Make sure that the writing flows smoothly and makes sense. Insure that all pages and related documents are included and are in the appropriate order.
3. **Write the proposal for the “new” reader.** When preparing a program proposal in response to an identified issue, area or strategy, write it as if you are talking with “the person on the street” who is totally unfamiliar with the program, its goals, services and other particulars.
4. **Respond to questions succinctly yet completely.** It is a difficult balance between too much and too little information. We recognize that each program is different and thus may have different needs for explanation and clarification, but recommend the following guidelines for average section length:

<u>Response to the United Way Impact:</u>	½ page
<u>Program Explanation and Rationale:</u>	
• Program Description	1-2 pages
• Program Goals and Rationale	1-2 pages
• Program Status	½ page
<u>Program Outcomes:</u>	
• Form A: Program Outcomes Problem Logic Worksheet	1 page
• Form B: Outcome Measurement Plan	1 page
<u>Program Service and Evaluation:</u>	
• Eligibility Criteria	½ page
• Program Evaluation	½ page
• Attach a copy of the evaluation tools being used by the program	2-3 pages
<u>Program Financial:</u>	
• Financial Request Rationale	½ page
• Form C: Proposed Program Budget	1 page
• Form D: Proposed Program Budget Narrative	1 page
• Supplemental/ Sustaining Investments	½ page

Proposal narratives should **not** exceed 20 pages (8 ½” x 11”), using a 10-point Times New Roman, double-spaced and numbered. Attachments may be in excess of the 20 page limit, but must be relevant and referenced in the narrative. Extraneous information about the history of the organization, newspaper clippings, etc. should **not** be included.

5. **Coordinate preparation.** If more than one person is preparing the report, make sure they work closely together. (i.e. The Finance Dept. should prepare a budget that corresponds directly to the program plans and investment request described in the narrative by the Program Director.)

6. ***Recruit an independent reader.*** Ask someone who has not been working on the proposal to read it for you. Does the information provided give a complete picture of the program? Are all items answered completely? Does the reader come away with unanswered questions? Do the responses in the various sections complement and correspond to one another? Is there consistency of information throughout the proposal?
7. ***Treat each proposal as unique.*** If more than one proposal is being submitted by the same organization, please insure that each proposal is distinct and clearly reflective of that individual program. Be judicious with information that is “cut and pasted” from one proposal to another—it may detract from the readability and make it more difficult to distinguish the merits of one program from another.
8. ***Copying the proposals.*** Applicants are required to submit 10 copies of the proposal that have been three-hole punched to fit in a standard three-ring binder. In order to save paper, we would suggest that you copy your proposals back to back instead of single sided. Please clip each copy- together with a paper or binder clip. Do not bind copies into a binder or folder. Do not staple.
9. ***Create a “local” and complete logic model.*** The logic model should provide a complete one-page snapshot of a program and what it is attempting to achieve. Elements of the logic model should flow logically from left to right across the page. Outcomes should connect directly to the activities listed.

The logic model should reflect the current (or new) program about which a proposal is being made. While nationally identified outcomes and data can be helpful in developing a logic model, it is vitally important to focus on the local program

10. ***Attaching evaluation samples.*** Some programs require rather long evaluation tools. If your evaluation tool is more than 2-3 pages, please consider attaching a summary of the tool, the categories evaluated and a sample of one of the pages instead of the entire document.

We hope these suggestions will assist you in developing an effective proposal. For more information or should you have any additional questions, please call United Way of Blair County at (814) 944-0884.

# SAMPLE FORM

## United Way of Blair County APPENDIX 4: SAMPLE LOGIC MODEL

Form A: Program Outcomes Logic Model Worksheet

**Organization:** Agency Teen **Program:** Teen Mother Parenting Education

**Program Mission or Goal(s):** To improve teen parenting skills and help babies develop appropriately

**Brief Description of Program:** Program provides parenting classes for teen mothers in local high schools.

**Note:** Please refer to “Appendix 2: Definitions of Terms for Measuring Program Outcomes” for additional information.

Inputs	Activities	Outputs	Initial Outcomes & Timeframe	Indicators & Targets for Initial Outcomes	Intermediate Outcomes & Timeframe	Indicators & Targets for Intermediate Outcomes	Long-term Outcomes & Timeframe	Indicators & Targets Long-term Outcomes
<p>Agency provides M.S.W. program manager, part-time R.N. instructor, nationally certified education manuals, videos, and other teaching tools.</p> <p>Agency and high school identify pregnant teens to participate in the program.</p> <p><b>Constraints on Inputs:</b> Lack of qualified staff Low numbers of referrals of pregnant teens</p>	<p>Program provides parenting classes on prenatal through infant nutrition, development, safety and caretaking delivered in high schools twice a week for one hour to teen mothers from 3 months prior to 1 yr. after delivery of child</p>	<p>Pregnant teens attend program</p>	<p><b>Outcome:</b> Teens are knowledgeable of prenatal nutrition and health guidelines. <b>Timeframe:</b> Within one week of intake.</p>	<p><b>Indicator:</b> Teens will design a weekly menu that meets 90% of RDA for pregnant women. <b>Target:</b> 75% of all teens served.</p>	<p><b>Outcome:</b> Teens follow proper nutrition and health guidelines. <b>Timeframe:</b> Within six weeks of intake</p> <p><b>Outcome:</b> Teens deliver healthy babies. <b>Timeframe:</b> Specific to individual based on due date.</p>	<p><b>Indicator:</b> Teens will have a daily food intake that meets 80% of RDA for pregnant women. <b>Target:</b> 75% of all teens served.</p> <p><b>Indicator:</b> Five minute Apgar score of 8 or above; normal post-natal course in the hospital, developmental assessment within normal limits at 3 months. <b>Target:</b> 85% of all teens served.</p>	<p><b>Outcome:</b> Babies achieve appropriate developmental milestones. <b>Timeframe:</b> At 12 months of age.</p>	<p><b>Indicator:</b> Developmental screening results within normal limits across all domains. <b>Target:</b> 85% of all teens served.</p>



APPENDIX 5:

SUBMISSION CHECKLIST

Original Proposal

Cover Sheet signed by Chief Executive Officer and Chief Volunteer Officer

Complete Narrative

I. Response to UWBC Impact Funding

II. Program Explanation and Rationale

A. Description  B. Goals and Rationale  C. Status

III. Program Outcomes

A. Logic Model  B. Outcome Explanation

IV. Program Service and Evaluation

A. Eligibility Criteria  B. Evaluation

V. Program Financials

A. Rationale  B. Proposed Budget and Budget Narrative

C. Supplementary/Sustaining Investment

10 Copies of Original Proposal, Each Copy Three Hole Punched and Bound by Clip.

ADDITIONALLY ONE COPY OF THE FOLLOWING DOCUMENTS MUST BE SUBMITTED:

Current list of Board of Directors

Most recent Audit or Financial Statement

Most recent 990

Appendix 5: Signed Submission Checklist

Appendix 6: Signed Anti-Terrorism Compliance Document

Appendix 7: Signed Anti-Discrimination Policy

Appendix 8: Signed 501 ( C ) 3 Verification

A copy of your Internal Revenue Service 501 ( C ) 3 Determination Letter

**All proposals must be received at the United Way of Blair County Office by 4:30 pm on Friday, March 11, 2011** – Mail or hand-deliver to:

United Way of Blair County

5414 Sixth Avenue, Suite C

Altoona, PA 16602

I certify that this application is complete and understand that missing items may result in the reduction of points.

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Signature of Chief Executive Officer

Printed Name

Date



APPENDIX 6:

**ANTI-TERRORISM COMPLIANCE MEASURES**

In compliance with the USA PATRIOT ACT and other counterterrorism laws, the United Way of Blair County requires that each agency certify the following:

I hereby certify on behalf of \_\_\_\_\_ **[name of applicant]** that all United Way funds and donations will be used in compliance with all applicable anti-terrorist financing and asset control law, statutes and executive order.

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



APPENDIX 7:  
**ANTI-DISCRIMINATION POLICY**

It is the philosophy of the United Way of Blair County to improve the lives of all Blair County residents; therefore, funding is provided only to programs that do not discriminate. Accordingly, The United Way of Blair County requires that each agency certify the following:

I hereby certify on behalf of \_\_\_\_\_ **[name of applicant]** that the program seeking funding does not discriminate on the basis of race, color, religious creed, ancestry, union membership, age, sex, sexual orientation, national origin, or mental or physical challenge, is in compliance with the Pennsylvania Human Relations Act (43 P.S. Sections 951-963) and applies this policy to any person served, membership on Board of Directors, and staff employment.

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



APPENDIX 8:  
**501 ( C ) 3 VERIFICATION**

The United Way of Blair County awards grants only to organizations that are 501 ( C ) 3 entities. Any organization may collaborate with a 501 ( C ) 3 non-profit entity to develop a program, but the **legal applicant for the grant must be the 501 ( C ) 3 organization.**

The 501 ( C ) 3 must sign the cover sheet the appendices and provide the required documentation. If a grant is awarded, the funds will be paid to the 501 ( C ) 3 organization.

I hereby certify that \_\_\_\_\_ **[name of applicant]** is a 501 ( C ) 3 organization that is the legal applicant for this grant application and understand that any funding awarded for this program will received by our organization.

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**A copy of your Internal Revenue Service 501 ( C ) 3 Determination Letter must be included in this grant application.**