United Way of Greater Kansas City

**Impact 100 Proposal Narrative**

Respond to the following questions about your organization. Only one proposal narrative per organization may be submitted with your proposal, which should focus on the entire organization, not just one specific program. Limit your response to 3 pages (including question headers, but not question detail).

1. **Organization Name:**

1. **Budget—**Annual Operating Expenses from Most Recent Fiscal Year: $\_\_\_\_\_\_\_\_\_\_\_\_\_

### 3. Mission

Describe the mission/purpose of your organization, in 200 words or less. NOTE: this is the only question that has a word limit, by design. We just want a brief overview of the organization, with detail coming in the subsequent questions.

### 4. Brief Organization Description

Describe the organization in 25 words or less. This descriptor will be used in various ways to provide context alongside the organization’s name in applicant/grantee lists.

### 5. Geographic Focus Area

Describe the geographic area served by your organization. If your organization specializes in serving a specific area—such as neighborhoods, counties, or municipalities, provide an explanation of that geographic focus. (A separate section of the proposal—the participant demographics form—will collect beneficiary data by county.)

### 6. Programs and Services

Describe the programs and/or services of your organization. Who is the target population? What specific challenges in the lives of participants are addressed by the programs? What are services provided and how do they help achieve the intended outcomes for participants?

### 7. Role in the Human Service Ecosystem

Describe your organization’s role in the human service ecosystem of which it is a part--offer organizational credentials/methodologies that are employed. How does it interact with other service providers and public institutions? What qualifies your organization to occupy this role? Tell us about your organization’s successes.

### 8. Equity in Program Design and Delivery

To the extent that your program(s) incorporate considerations of equity in their design, delivery and target population, please describe them in this section. If your organization engages community and/or program participant input on program design, describe how you achieve this.

1. **Accessibility to Service**

Describe how your organization ensures that its services are accessible to people of all backgrounds, including those who may face barriers due to income, transportation access, cultural background, physical ability, language, immigration status, or differences based on gender, gender identity and sexual orientation.

### 10. Outcomes and Impact

Describe the outcomes that your organization’s programs help participants achieve. Describe the most important outcomes measured by your organization that demonstrate the organization’s impact in the community. Describe your organization’s success in achieving those outcomes, including data that demonstrates its success.

### People Served

Using the Organizational Demographics form, provide a count of the number of people served by your organization across all of the programs within each of the demographic categories provided in the form. Because many organizations do not collect unduplicated participant data across programs, duplicated data may be provided.

1. **List of Organization’s Programs**

List below your organization’s top five programs:

|  |  |  |  |
| --- | --- | --- | --- |
| Program Name and Brief Description (up to 25 words) | Primary Program Category | Secondary Program Category (Optional) | Total People Served Last Year |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Total Served Last Year: | | |  |

**Participant Demographic Data – Organization-Level Data Only**

**Report a count of program participants by geographic area, gender, race, ethnicity, income level and age group across all your organization’s programs. Estimates are acceptable and, if an unduplicated count is not available, a duplicated count is acceptable. United Way is seeking an organizational view of client demographics and people served.**

|  |  |
| --- | --- |
| **Participants by County** | |
| **County/Geographic Area** | **# Served Last Year** |
| Cass County |  |
| Clay County |  |
| Eastern Jackson County (Jackson Cty excluding KCMO) |  |
| Johnson County (KS) |  |
| Kansas City portion of Jackson County |  |
| Platte County |  |
| **Wyandotte County** |  |
| **Other Counties** |  |
| **TOTAL** |  |

|  |  |
| --- | --- |
| **Participants by Gender** | **# Served Last Year** |
| **Female** |  |
| **Male** |  |
| **Other** |  |
| **Gender Unknown** |  |
| **Total** |  |

If the organization does not serve individual participants, rather than report data in the form above, describe the size and/or scale of the population(s) reached through the program through non-direct service strategies.

|  |  |
| --- | --- |
| **Participants by Race** | **# Served Last Year** |
| **American Indian/Alaska Native** |  |
| **Asian** |  |
| **Black/African American** |  |
| **Native Hawaiian/Pacific Islander** |  |
| **White** |  |
| **Two or More Races** |  |
| **Other** |  |
| **Race Unknown** |  |
| **Total** |  |
|  | |
| **Program Participants by Ethnicity** | **# Served Last Year** |
| **Hispanic, Latino/Latina, Spanish Origin** |  |
| **Not Hispanic, Latino/Latina, Spanish Origin** |  |
| **Total** |  |

|  |  |
| --- | --- |
| **Participants by Income Level** | **# Served Last Year** |
| **Low Income** |  |
| **Other Income Level** |  |
| **Unknown** |  |
| **Total** |  |

|  |  |
| --- | --- |
| **Participants by Age Group** | **# Served Last Year** |
| **0-17** |  |
| **18-64** |  |
| **65+** |  |
| **Unknown** |  |
| **Total** |  |

**NOTE: In the online version of this form, you will also be asked to report the Race/Ethnicity of your organization’s Chief Executive Officer.**