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 services are 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.**

**United Way Certification Questionnaire**

|  |  |  |
| --- | --- | --- |
| United Way of Greater Kansas City considers applicant organizations’ adherence to [standards of accountability](https://drive.google.com/file/d/13azx1h3A4IAo87Y4Jpu5fU98Lwzfsgav/view?usp=sharing) when selecting Impact 100 grantees. As a part of your organization's United Way Impact 100 proposal, please respond to the following organizational questions. Also, provide the requested supporting documents by uploading the document using the "upload" button displayed. NOTE: some documents are not required with your proposal but will be requested later if your agency is selected for the Impact 100. | | |
| Organization Name: | | |
| Organization Address | | |
| Street Address: | | |
| City: | | |
| State: | | |
| Zip Code: | | |
| Name of person completing this report: | | |
| Title of person completing this report: | | |
| Email of person completing this report: | | |
| 1 | Does your organization have 501(c)(3) IRS nonprofit designation? | Yes/No |
| Comments: |  |
| Upload a copy of your organization's 501(c)(3) determination letter. | UPLOAD DOCUMENT |
| Is your organization in compliance with all federal, state and local laws, regulations, codes and licensing requirements governing its operation? This policy includes but is not limited to: tax filings (including submission of IRS Form 990), employment law, Americans with Disabilities Act, nondiscrimination laws and health and safety regulations. | Yes/No |
| 2 | United Way does not fund organizations whose state corporate registration is not updated. Upload a copy of your organization’s registration certificate, or a screenshot from the Secretary of State web site showing the organization's registration is current. | UPLOAD DOCUMENT |
| 3 | Does your organization have by-laws? You will be asked to submit if funded. | Yes/No |
| 4 | For Organizations with a Religious Affiliation: United Way recognizes that congregations and faith-based organizations play an important role in the health and human services ecosystem and, as such, requests for funding from these organizations is welcome. However, as a matter of policy, United Way does not fund organizations whose mission or services is primarily the advancement of doctrine, or whose focus is primarily the promotion of religious activities. Only faith-based organizations with non-religious health and human service programming are eligible to apply for funding. In addition, to receive funding from United Way, those organizations may not require participation in religious activities or programming as a prerequisite for other services. | |
| If this organization has a religious affiliation, or operates programs with religious content, is there a policy that ensures there is a clear separation between religious programs and social services programs, that establishes that participation in religious activities is not a requirement to receive services and that affirms that programs are open on an equal basis to people of all faiths? | Yes/No |
| 5 | Does your organization have a document that affirms its commitment to nondiscrimination and/or diversity, equity and inclusion, such as a formal position statement, policy document, etc.—or multiple documents pertaining to this subject? | Yes/No |
| If yes, attached any document or documents related to nondiscrimination and diversity, equity inclusion. | UPLOAD DOCUMENT |
| 6 | If your organization provides direct services, are there established policies and practices regarding program participant safety? You will be asked to submit if funded. | Yes/No/NA |
| 7 | Does your organization have a volunteer board of directors? (Organizations seeking funding must demonstrate that they have a volunteer board of directors.) | Yes/No |
| Please upload a roster of your organization's board of directors. | UPLOAD DOCUMENT |
| 8 | How many members are on the board of directors? |  |
| 9 | Who is the board chair? |  |
| 10 | How frequently does the board meet? |  |
| 11 | In what year was your organization founded? |  |
| 12 | Provide a brief history of your organization. |  |
| 13 | In what month does your organization's fiscal year end? |  |
| 14 | In your organization's most recent fiscal year end, what were the total expenditures? |  |
| 15 | In your organization's current budget, what are the budgeted expenses? |  |
| 16 | Please upload your organization's current year budget. A summary budget document is acceptable. | UPLOAD DOCUMENT |
| 17 | Did your organization file a 990 for the most recently completed fiscal year--or the one preceding that if the most recent FY submission deadline is still in the future)? | Yes/No |
| Comments: |  |
| Upload the organization's 990. | UPLOAD DOCUMENT |
| 18 | Has your organization completed a financial audit or review? | Yes/No |
| Upload the financial audit or review report, OR if not available, upload the most recent fiscal year-end unaudited financials (income/expense statement and balance sheet). | UPLOAD DOCUMENT |