

ENTITY NAME: _____

INSTRUCTIONS

- A. Please complete the attached application and return **original plus three (3) copies** to United Way in the following format:
- Submit application and attachments on 8½” by 11” white copy paper
 - Make **single-sided** copies only
 - Copies must be **three-hole punched and ready for binding**
 - Do not staple** or bind individual copies of the application.
 - Submit application and attachments electronically to cigrants@unitedwayusvi.org

DO NOT MODIFY THE APPLICATION IN ANYWAY. ANSWER QUESTIONS IN SPACE INDICATED AND IF MORE SPACE IS REQUIRED, NUMBER THE ADDED PAGES AS a, b, c...(e.g., page 15 remains 15 with additional pages marked 15 a, 15 b, etc.)

ONLY INCLUDE DOCUMENTATION THAT IS REQUESTED. NEWSPAPER CLIPPINGS, LETTERS, ETC. THAT MAY ENHANCE OR CLARIFY YOUR APPLICATION.

- B. **Three (3) copies** of the following attachments must be submitted:
- Financial statements for the most recent fiscal year and for the most recent fiscal period (month or quarter)
 - Most recent tax return form (Form 990).
 - Current Certificate of Good Standing from the Office of the Lieutenant Governor
 - Amendments or modifications, if any, to the **Entity’s bylaws**
 - ONE COPY ONLY** of any amendments or modifications to your Entity’s tax-exempt determination letter.
 - Most recent **Bank Statement** for the **past sixty days** prior to application date.
- C. **The electronic or paper copy submission deadline for applicants interested is July 10, 2016, by 5 pm (AST). Applications received after the deadline will be subject to penalties (See the Policy Outline on the next page).**
- D. No **incomplete** application will be accepted, please contact our office if you have questions prior to submission. The Entity must **submit the entire application** no later than **July 10, 2016**.
- E. The Application is also available electronically. Please call the United Way office should you require any further details.

ENTITY NAME: _____

UNITED WAY OF THE U. S. VIRGIN ISLANDS, INC.

COMMUNITY SUMMER IMPACT GRANT

POLICY OUTLINE

THIS IS A REIMBURSEMENT SUMMER GRANT.

Your current budget and reimbursement expenditures should be submitted with the application. Approved grant amount, will be reimbursed in two (2) equal payments. If approved, Grant notification will be made via email or telephone call on July 13, 2016.

Payment dates are *July 15, 2016* and *August 31, 2016*.

All reports must include receipts and need to be submitted timely.

First Report with application due: July 10, 2016.

Second Report due: August 25, 2016.

ENTITY NAME: _____

APPLICATION YEAR 2016 SUMMER PROGRAM

***2016 Community Summer Impact Grant Award Amount Requested:** _____

ENTITY NAME: _____

MAILING ADDRESS: _____

PHYSICAL LOCATION OF ACTIVITIES: _____

ENTITY CONTACT: _____ TELEPHONE _____

ALTERNATE CONTACT: _____ TELEPHONE _____

PROGRAM SUMMARY INFORMATION

1. Brief description of the Summer Program offered: (Please indicate dates when program will run)

2. How is your program publicized?

3. Target population served by the Summer Program: Complete Entity Demographics Spreadsheet to the best of your ability:



2016 Entity Demographics Workst

Ages _____ Sex _____ Special Interest _____

4. Geographic areas on each island served by your program: Use Entity Demographics Spreadsheet in item #3. Indicate specific areas in the space provided below.

St. Thomas - All _____ Specific areas _____

St. John - All _____ Specific areas _____

St. Croix - All _____ Specific areas _____

ENTITY NAME: _____

5. Number of attendees:

2013 - per summer _____ average per week _____

2014 - per summer _____ average per week _____

2015- per summer _____ average per week _____

Projected 2016 - per summer _____ average per week _____

Total capacity per day _____

6. Fee charged for each attendee (specify if per week or per summer) _____

Special fee options offered:

a) Sliding fee scale: Yes _____ No _____

b) Family discounts: Yes _____ No _____

c) Congregation member discount: Yes _____ No _____

d) Scholarship: Yes _____ No _____

If you answered yes for any of the above, how is eligibility determined?

What is your source for funding these options?

7. Determine the **unit cost per child per week** _____

$$\frac{\text{Calculation: } \frac{\text{total cost of summer program}}{\text{number of weeks of program}}}{\text{number of children per week}} = \text{UNIT COST PER CHILD PER WEEK}$$

8. How are your entity's programs/services assessed for effectiveness? Complete the Program Objectives Worksheet.



2016 Entity Program Objectives Worksheet

9. What new or different programs/services does your entity contemplate providing for this application year?

How will these new or different programs/services be financed?

ENTITY NAME: _____

10. Please attach a copy of all required licenses.

EVIDENCE OF EFFECTIVENESS

United Way is interested in supporting our entities in their effort to increase the evidence of program effectiveness. Provide a list of your current program models and intervention strategies and categorize by evidence of effectiveness using the following categories: preliminary, moderate, or strong evidence. An intervention strategy is a series of actions you plan to take to move from the results you're achieving now to the results you want. For example, you may have introduced Intervention Strategies to assist and support those children who are underachieving in Literacy. Or you may have healthy eating Intervention Strategies to reduce childhood obesity, like planting a salad garden, etc.

See the following definitions:

- Preliminary evidence means evidence that is based on a reasonable hypothesis supported by research findings. Thus, research that has yielded promising results for either the program model or a similar program model. Examples of research that meet the standards include: 1) outcome studies that track participants through a program and measure participants' responses at the end of the program; and 2) pre- and post-test research that determines whether participants have improved on an intended outcome.
- Moderate evidence means evidence from previous studies on the program, the designs of which can support causal conclusions (i.e., studies with high in-house validity) but have limited broad, general application (i.e., moderate external validity). This also can include studies for which the reverse is true, i.e. studies that only support moderate causal conclusions but have broad general applicability. The following would constitute moderate evidence: (1) At least one well-designed and well-implemented experimental or quasi-experimental study supporting the effectiveness of the practice strategy, or program, with small sample sizes or other conditions of implementation or analysis that limit general applicability; (2) at least one well-designed and well implemented experimental or quasi-experimental study that does not demonstrate equivalence between the intervention and comparison groups at program entry but that has no other major flaws related to in-house validity; or (3) correlational research with strong statistical controls for selection bias and for discerning the influence of internal factors.
- Strong evidence means evidence from previous studies on the program, the designs of which can support causal conclusions (i.e., studies with high internal validity), and that, in total, include enough of the range of participants and settings to support scaling up to the state, regional, or national level (i.e., studies with high external validity). The following are examples of strong evidence: (1) More than one well designed and well-implemented experimental study or well-designed and well implemented quasi-experimental study that supports the effectiveness of the practice, strategy, or program; or (2) one large, well-designed and well-implemented multisite trial that supports the effectiveness of the practice, strategy or program.

EVIDENCE OF EFFECTIVENESS

PROGRAM	PRELIMINARY	MODERATE	STRONG

Prepared by: _____
Signature Date

Authorized for Submission by:

Signature Title Date

ENTITY NAME: _____

SUPPORT REVENUE & EXPENSES Entity Total Operating Budget	FISCAL 2015 Last Year Budgeted	FISCAL 2015 Last Year Actual	FISCAL 2016 This Year Budgeted	FISCAL 2017 Next Year Projected
PUBLIC SUPPORT & REVENUE				
1. Contribution				
2. Special Events				
3. Fees & Grants from Government Entities				
4. Tuition & Fees				
5. Miscellaneous Revenue				
6. TOTAL SUPPORT & REVENUE (Add 1 through 5)				
EXPENSES				
7. Salaries				
8. Payroll Taxes, etc.				
9. Supplies & Materials				
10. Meals & Snacks				
11. Telephone				
12. Postage				
13. Occupancy				
14. Rental & Maintenance of Equipment				
15. Printing & Publications				
16. Attendee Transportation				
17. Miscellaneous Expenses				
18. TOTAL EXPENSES (add 7 through 17)				
19. EXCESS (DEFICIT) OF TOTAL SUPPORT & REVENUE OVER EXPENSES PRIOR TO UNITED WAY GRANT AWARD (Subtract 18 from 6)				
20. Grant Award from United Way				*
21. EXCESS (DEFICIT) AFTER UNITED WAY GRANT AWARD				

*Requested Amount

ENTITY NAME: _____

DETAILED LISTING OF ENTITY PERSONNEL

DATE _____

POSITION TITLE	EMPLOYEE NAME (IF KNOWN)	AVERAGE # HOURS/WK	PROGRAM SALARIES		
			2013 ACTUAL	2014 BUDGETED	2015 PROJECTED
Totals should equal line 7 on Page 3 TOTALS					

PLEASE INDICATE IF POSITIONS LISTED ABOVE ARE VACANT.

ENTITY NAME: _____

UNITED WAY OF THE U. S. VIRGIN ISLANDS, INC.

ENTITY CERTIFICATE OF NON-DISCRIMINATION

At a meeting of the governing Board of _____

held on _____ at _____,

the Board (a) adopted a policy of non-discrimination or (b) affirmed its policy of non-discrimination as follows:

1. No person is excluded from service because of race, color, religion, sex or national origin.
2. There is no segregation of persons served on the basis of race, color, religion or national origin.
3. There is no discrimination on the basis of race, color, religion, sex or national origin with regard to firing, assignment, promotion or other conditions of staff employment.
4. There is no discrimination on the basis of race, color, religion, sex or national origin in membership on the Entity's governing body.

I hereby certify that the above is a true and correct record and that the practices of this organization conform to the policy of non-discrimination as stated above.

Date

Chief Volunteer Officer or Chief Professional Officer