

## Application Preview

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These are the questions included in United Way of Palm Beach County's application. It is recommended that you compose the answers to the paragraph questions in a word processing program and then cut and paste that text into the online application. Applications must be submitted using United Way of Palm Beach County's grant website (CyberGrants).

\*Indicates the question is required.

## Contact Information

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As United Way of Palm Beach County reviews your application, we'd like to make sure that we have the most accurate and up-to-date information available. Below is the information we currently have on file, please review this information carefully and update any information that is no longer accurate or current.

Please be sure that the contact information for each of the following individuals within your organization is provided below:

- Executive Director/CEO
- Primary Contact (if different than Executive Director/CEO)
- Program Director (if different than Primary Contact)
- Finance Director/CFO

In order to create a new contact, click on the "Create New" button and populate the information for that individual. Click "Save and Proceed" once you have typed the requested information into the boxes provided. Repeat this process for each contact.

In order to update information on an existing contact, click on the contact's name to access and revise information for that individual. Click "Save and Proceed" once you have completed your revisions.

In order to delete an existing contact, click on the contact's name to access information for that individual. Click "Delete Contact".

Each contact listed is part of your organization's record in United Way of Palm Beach County's Online Application. Make sure to check the box next to a contact if you want that individual to be part of your application as well.

**\*Contact Type**  
(Select only one from the list)

- Board Member
- CEO
- CFO/Finance Director
- Executive Director
- Primary Contact
- Program Director
- Program Staff

Instructions:  
Please indicate the role of this contact.

**\*First Name**  
(40 character maximum)

Instructions:  
Please enter the contact's first name.

**\*Last Name**  
(40 character maximum)

Instructions:  
Please enter the contact's last name.

**\*Title**  
(50 character maximum)

Instructions:  
Please enter the contact's title.

**\*Address**  
(100 character maximum)

Instructions:  
Please enter the contact's address.

**\*City**  
(50 character maximum)

Instructions:  
Please enter the contact's city.

**\*State**  
(Select only one from the list)

Instructions:  
Please enter the contact's state.

**\*Zip**  
(20 character maximum)

Instructions:  
Please enter the contact's zip code.

**\*Telephone**  
(30 character maximum)

Instructions:  
Please enter the contact's telephone number.

**\*E-mail Address**  
(100 character maximum)

Instructions:  
Please enter the contact's email address.

## Organization Information

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As United Way of Palm Beach County reviews your application, we'd like to make sure that we have the most accurate and up-to-date information available. Below is the information we currently have on file, please review this information carefully and update any information that is no longer accurate or current.

The information requested in this section of the application relates **specifically to the organization, NOT the program for which you are seeking funds.**

**\*Legal Name**  
(255 character maximum)

Instructions:  
Please enter the name associated with the specific tax ID in the IRS Business Master File.

**Doing Business As**  
(255 character maximum)

**\*Address**  
(100 character maximum)

**Address 2**  
(100 character maximum)

**\*City**  
(50 character maximum)

**\*State**  
(Select only one from the list)

**\*Zip**  
(20 character maximum)

**\*Telephone**  
(30 character maximum)

**Fax**  
(30 character maximum)

**\*CEO/Executive Director**  
(500 character maximum)

**\*CEO/Executive Director Email Address**  
(500 character maximum)

**\*CEO/Executive Director Gender**  
(Select only one from the list)

- Male
- Female
- Transgender Male
- Transgender Female
- Other not listed
- Prefer not to respond

**\*CEO/Executive Director Race/Ethnicity**  
(Select only one from the list)

- White non-Hispanic
- Black or African American non-Hispanic
- American Indian/Alaska Native
- Asian
- Native Hawaiian/Other Pacific Islander

Instructions:  
The name your organization is officially doing business as.

Instructions:  
Please enter your organization's address.

Instructions:  
Please enter your organization's address.

Instructions:  
Please enter your organization's city.

Instructions:  
Please enter your organization's state.

Instructions:  
Please enter your organization's zip code.

Instructions:  
Please enter your organization's telephone number, including area code: XXX-XXX-XXXX

Instructions:  
Please enter your organization's fax number, including area code: XXX-XXX-XXXX

Instructions:  
Please provide the name of your organization's CEO or Executive Director.

Instructions:  
Please provide the email address of your organization's CEO or Executive Director.

Instructions:  
Please select the gender that best describes the organization's CEO or Executive Director.

Instructions:  
Please select the race/ethnicity that best describes the organization's CEO or Executive Director.

- Hispanic (of any race)
- Multiracial/Multiethnic (two or more races or ethnicities)
- Other not listed
- Prefer not to respond

**\*CEO/Executive Director Disability Status**

(Select only one from the list)

- Person with one or more disabilities
- Person without disabilities
- Prefer not to respond

Instructions:

Please select the disability status that best describes the organization's CEO or Executive Director.

**Website Address**

(100 character maximum)

Instructions:

Please provide your organization's website address.

**\*Agency Mission and Vision**

(2,000 character maximum)

Instructions:

Please provide your organization's mission statement and describe your organization's vision.

**\*Tax ID or EIN Number**

(30 character maximum)

Instructions:

Please enter the Tax ID or EIN Number in the IRS Business Master File for your organization.

**\*Date of Incorporation**

(4 character maximum)

Instructions:

Please enter the year your organization was established. The format should be YYYY.  
Example: 1995

**\*Board of Directors**

(File Upload) (10,485,760 byte limit)

Instructions:

Please upload a complete list of your organization's board of directors, including name, position, years of service, organization affiliation, gender and race/ethnicity.

The uploaded document must be saved using the following file name format: Agency Name – Board of Directors FY XX-XX. **Upload your completed Board of Directors form as an Excel document.**

[Click here](#) for Board of Directors Form.

**\*Organizational Chart**

(File Upload) (10,485,760 byte limit)

Instructions:

Please upload, **as a single PDF document**, an organizational chart that shows the structure of your organization and the relationships and relative ranks of personnel.

The uploaded document must be saved using the following file name format: Agency Name – Organizational Chart FY XX-XX.

**Nonprofits First Accreditation Award Letter**  
(File Upload) (10,485,760 byte limit)

Instructions:  
If your agency is currently certified by Nonprofits First, please upload your organization's Nonprofits First Accreditation award letter. The uploaded document must be saved using the following file name format: Agency Name – Accreditation FY XX-XX.

**\*Standards of Accountability**  
(File Upload) (10,485,760 byte limit)

Instructions:  
[Click here](#) to download United Way of Palm Beach County's Standards of Accountability, sign the form, then upload it by clicking on the "Upload File" button. The uploaded document must be saved using the following file name format: Agency Name – Standards of Accountability FY XX-XX.

**\*Certificate of Compliance**  
(File Upload) (10,485,760 byte limit)

Instructions:  
[Click here](#) to download United Way of Palm Beach County's Certificate of Compliance, sign the form, then upload it by clicking on the "Upload File" button. The uploaded document must be saved using the following file name format: Agency Name – Certificate of Compliance FY XX-XX.

## Organization Financial Information

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As United Way of Palm Beach County reviews your application, we'd like to make sure that we have the most accurate and up-to-date information available. Below is the information we currently have on file, please review this information carefully and update any information that is no longer accurate or current.

The information requested in this section of the application relates **specifically to the organization, NOT the program for which you are seeking funds.**

Provide explanations for items that may raise questions in any of the attached financial documents. You may write explanations on the documents themselves or include an explanation as an additional page.

**\*Fiscal Year Beginning Date**  
(MM/DD/YYYY)

Instructions:  
Please enter the beginning date of your organization's fiscal year.

**\*Agency Total Operating Budget Current Fiscal Year**  
(20 character maximum)

Instructions:  
Please enter your organization's annual operating budget for the current fiscal year.

**\*Operating Budget Current Fiscal Year**  
(File Upload) (10,485,760 byte limit)

Instructions:

Please upload the most recent board approved detailed operating budget for the current fiscal year, broken out by each program offered by the agency, if applicable. The operating budget should reflect revenues and expenses for the **ENTIRE** agency, **NOT** just United Way program specific information.

The uploaded document must be saved using the following file name format: Agency Name – Operating Budget FY XX-XX.

**\*Top 5 Sources of Funding**  
(2,000 character maximum)

Instructions:

Please list the top 5 sources of funding for your organization. Include the source and amount.

Example: PNC Bank - \$50,000

**\*Year-to-Date Financial Statement**  
(File Upload) (10,485,760 byte limit)

Instructions:

Please upload your organization's year-to-date financial statement.

The uploaded document must be saved using the following file name format: Agency Name – Financial Statement FY XX-XX.

**\*Audit or Reviewed Financial Statements**  
(File Upload) (10,485,760 byte limit)

Instructions:

Please upload your organization's **most recent signed and dated** audit or reviewed financial statements, as well as any accompanying management and response letters. More than 1 document can be uploaded to this field (i.e., audit, management letter). If the most recent financial audit and most recent IRS Form 990 reflect different fiscal years, then please also provide the financial audit and IRS Form 990 for the most recent year in which the information reflected in both is for the same fiscal year.

The uploaded document must be saved using the following file name format: Agency Name – Audited/Reviewed Financial Statements FY XX-XX.

**Management Letter**  
(File Upload) (10,485,760 byte limit)

Instructions:

Please upload your organization's most recent management letter, if one was issued.

The uploaded document must be saved using the following file name format: Agency Name – Management Letter FY XX-XX.

**Response to Management Letter**  
(File Upload) (10,485,760 byte limit)

Instructions:  
If your organization was issued a management letter, please upload your response. The uploaded document must be saved using the following file name format: Agency Name – Response to Management Letter FY XX-XX.

**Communication to Audit Committee**  
(File Upload) (10,485,760 byte limit)

Instructions:  
If your organization was **not** issued a management letter, please upload your communication to audit committee. The uploaded document must be saved using the following file name format: Agency Name – Communication to Audit Committee FY XX-XX.

**\*IRS Form 990**  
(File Upload) (10,485,760 byte limit)

Instructions:  
Please upload your organization's **most recent signed and dated** IRS Form 990. If IRS Form 990 is not provided, please explain why. The uploaded document must be saved using the following file name format: Agency Name – IRS Form 990 FY XX-XX.

## Request Information

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To help United Way of Palm Beach County better understand your program, please provide full and clear answers to each question. When preparing your answers to each question, please use local statistics and data, research, times/dates, numbers, and percentages to quantify and qualify your statements.

[Click here](#) to download the Application Guidance for more information on what your application should tell United Way of Palm Beach County and what volunteer reviewers are looking for from your answers to each question.

**This symbol “(?)” next to a question indicates there is a tip to help you answer the question.**

**\*Program Strategy**  
(Select only one from the list)

- Housing Stabilization
- Transitional Housing for Domestic Violence
- Permanent Supportive Housing

Instructions:  
Please select the strategy that best aligns with your program. Reference the Request for Applications document for more information on each strategy.

**\*Program Name**  
(255 character maximum)

Instructions:  
Please enter your program name.

**\*Program Status**  
(Select only one from the list)

- New
- Existing

Instructions:  
Please identify if your program is new or existing. Existing means the program has existed with or without United Way of Palm Beach County funding.

**Program Start Date**  
(MM/DD/YYYY)

Instructions:  
If applicable, please enter the anticipated start date of your program.

**\*Geographic Area Served (?)**  
(Select all that apply from the list)

- All of Palm Beach County
- North Coastal Palm Beach County
- South Coastal Palm Beach County
- Central Coastal Palm Beach County
- Western Palm Beach County

Instructions:  
Please identify the geographic area(s) served by this program.  
[Click here](#) for a list of zip codes by geographic area.

**\*Total Program Budget**  
(20 character maximum)

Instructions:  
Please enter your program's total budget during the time period for which you are requesting funding.

**\*Amount Requested**  
(20 character maximum)

Instructions:  
Please enter the amount of funding you are requesting from United Way of Palm Beach County over a 12 month period.

**\*Need for Program (?)**  
(2,000 character maximum)

Instructions:  
Please describe the need for your program. Convince us that the need you want to address (or problem you want to solve) is important.

**\*Program Target Population (?)**  
(2,000 character maximum)

Instructions:  
Please describe your program's target population. Provide demographics, statistics, and other local data to describe your target population.

**\*Program Approach and Design (?)**  
(2,000 character maximum)

Instructions:  
Please describe the approach and design of your program. Establish that the approach and design of your program is evidence based and/or based on best practices.

**\*Program Scope of Work (?)**  
(2,000 character maximum)

Instructions:  
Please describe a scope of work that establishes an organized and logical series of program activities and services. Include specific details such as when, where, and how often the activities and services are provided.

**\*Program Evaluation Approach (?)**  
(2,000 character maximum)

Instructions:  
Please describe your program's evaluation approach and detail the specific steps that will be taken to measure and document progress towards completing your scope of work and achieving the key performance indicators.



**\*Program Evidence of Effectiveness (?)**  
(2,000 character maximum)

**\*Program Innovation (?)**  
(2,000 character maximum)

**\*Program Sustainability (?)**  
(Paragraph) (2,000 character maximum)

**\*Program Anticipated Challenges (?)**  
(2,000 character maximum)

**\*Program Partners**  
(Select only one from the list)

- No
- Yes

## Partners

**Partner Letter or MOU**  
(File Upload) (10,485,760 byte limit)

Instructions:

If this is an existing program, please describe recent results or evaluations that help document the effectiveness of your program/services.

Instructions:

Please describe how your program is unique or innovative for your target population and geographic service area, and differs from other programs in the geographic service area with the same target population and goals.

Instructions:

Please describe what resources are available for the program, as well as, your organization's strategies for achieving financial sustainability of the program after grant funding ends.

Instructions:

Please describe anticipated challenges related to the program's successful implementation, as well as how these challenges will be addressed.

Instructions:

Please indicate if your program has one or more program partners.

Instructions:

Please list all partners or organizations that will be collaborating with your organization on this program.

Instructions:

Please upload, **as a single PDF document**, letters of support or Memorandums of Understanding (MOUs) from program partners listed above. Each letter of support (or MOU) must include detail regarding:

- partner roles and responsibilities
- partner capacity to assist your organization with this program
- resources the partner brings to the program

The uploaded document must be saved using the following file name format: Agency Name – Program Partners FY XX-XX.

**Partner Explanation**  
(2,000 character maximum)

Instructions:  
If you do not have a letter of support or MOU from a program partner, please indicate:

- why no letter is provided
- how your organization will engage this partner in the program
- when you expect to receive a letter of support

**\*Organization and Partner Capacity (?)**  
(2,000 character maximum)

Instructions:  
Please provide information regarding the capacity of your organization and your program partners to successfully implement and sustain your program.

Instructions:  
Please provide information regarding key staff for this program as it relates to the target population, including:

- their skills, abilities, and experience
- their program roles and responsibilities
- relevant education, certifications, and licenses

**\*Key Staff Capacity**  
(2,000 character maximum)

Key staff for your program may include individuals:

- hired by your organization
- hired by a partner or collaborator
- serving as a consultant to your program

**\*Program Services Flow Chart**  
(File Upload) (5,242,880 byte limit)

Instructions:  
Please develop a one to two-page flow chart that illustrates how an individual or family client “flows” and receives services through your program, starting at the point of initial contact. Include points of referral, re-assessment, services provided, and follow up (as appropriate). Please include the titles of staff who work with your clients at each step.

The uploaded document must be saved using the following file name format: Agency Name - Program Services Flow FY XX-XX. **Upload as a PDF document.**

[Click here](#) to view a sample flow chart.

## \*Key Performance Indicators

### Instructions:

Please enter a number for the denominator, numerator, and percent achieving the outcome. To calculate the percentage, divide the numerator by the denominator and multiply by 100. **Do not include a percent sign.** If a program is unable to provide data for any outcome, enter zeros for the denominator, numerator and percent achieving the outcome.

Please enter a number for each activity. If a program is unable to provide data for any activity, enter zero.

### Indicator: Housing Assistance

Outcome: Percent of households that avoid seeking or entering emergency shelter during the six month follow-up period

Denominator: Number of households that received a six month follow-up during the reporting period

Numerator: Number of households whose six month follow-up, as verified in HMIS, revealed they did not seek or enter emergency shelter

Strategy: Housing Stabilization

### Indicator: Stably Housed

Outcome: Percent of households that report being stably housed three months after receiving financial assistance

Denominator: Number of households that received a three month follow-up during the reporting period

Numerator: Number of households who reported being stably housed at the three month follow-up

Strategy: Housing Stabilization

### Indicator: Survivors Exit to Stable Housing

Outcome: Percent of households that exit to safe, affordable permanent housing

Denominator: Number of households that exited the program during the reporting period

Numerator: Number of households that exited to safe, affordable permanent housing

Strategy: Transitional Housing for Domestic Violence

### Indicator: Survivors Increase Income

Outcome: Percent of households that increase their income

Denominator: Number of households served by the program during the reporting period

Numerator: Number of households that increased their income (include both wages and benefits)

Strategy: Transitional Housing for Domestic Violence

**Indicator: Survivors Maintain Income**

Outcome: Percent of households that maintain their income

Denominator: Number of households served by the program during the reporting period

Numerator: Number of households that maintained their income (include both wages and benefits)

Strategy: Transitional Housing for Domestic Violence

**Indicator: Maintain/Exit to Stable Housing**

Outcome: Percent of households that maintain their housing or exit to safe, affordable permanent housing

Denominator: Number of households served by the program during the reporting period

Numerator: Number of households that maintained their housing or exited to safe, affordable permanent housing

Strategy: Permanent Supportive Housing

**Indicator: Maintain Income**

Outcome: Percent of households that maintain their income

Denominator: Number of households served by the program who had income from any source at the start of the reporting period

Numerator: Number of households that maintained their income (include both wages and benefits)

Strategy: Permanent Supportive Housing

**Indicator: Increase Income**

Outcome: Percent of households that increase their income

Denominator: Number of households served by the program during the reporting period

Numerator: Number of households that increased their income (include both wages and benefits)

Strategy: Permanent Supportive Housing

**Outcome Explanation**  
(2,000 character maximum)

Instructions:  
If you entered zeros for any of the outcomes or activities, please explain why your program is unable to provide this data.

**\*Program Budget**  
(File Upload) (5,242,880 byte limit)

Instructions:  
Provide a budget for the program using the budget workbook. Instructions are the first tab in the workbook. Please read the instructions before completing the budget.  
The uploaded budget must be saved using the following file name format: Agency Name - Program Name Program Budget FY XX-XX.  
**Upload your completed budget workbook as an Excel document.**  
[Click here](#) for the Program Budget Workbook.

**Letters of Funding Confirmation**  
(File Upload) (10,485,760 byte limit)

Instructions:  
If applicable, please upload, **as a single PDF document**, your award letter or similar documentation for confirmed revenue sources included in your program budget.  
The uploaded document must be saved using the following file name format: Agency Name - Funding Confirmation FY XX-XX.

**Previous Funding History**

Column 1: Program Revenue Sources  
Column 2: Amount of Funding

Instructions:  
Please list all sources of revenue that have supported the program over the past two years. For each revenue source, please indicate the amount of funding provided.

**Additional Information**  
(File Upload) (10,485,760 byte limit)

Instructions:  
If needed, please upload any additional information, **as a single PDF document**, you feel may assist us in reviewing your application. No more than three pieces of additional information will be reviewed. Additional information may include:

- Other letters of recommendation or support not provided in a prior section
- Brochures or other outreach materials
- Articles or pictures

**NOTE:** Additional information is not mandatory. The uploaded document must be saved using the following file name format: Agency Name - Addtl Info FY XX-XX.

## Renewal Information

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This section alerts United Way of Palm Beach County to proposed changes included in your **Renewal Application** compared to last fiscal year. Any changes made to the renewal application must be noted in this section. Changes to your program must be approved by United Way before implementation.

**Renewal Geographic Area Served**  
(2,000 character maximum)

Instructions:

Please describe the proposed change and reason for the change to the geographic areas served. If none, write "No proposed changes".

**Renewal Target Population**  
(2,000 character maximum)

Instructions:

Please describe the proposed change and reason for the change to the program's target population. If none, write "No proposed changes".

**Renewal Approach and Design**  
(2,000 character maximum)

Instructions:

Please describe the proposed change and reason for the change to the program's approach and design. If none, write "No proposed changes".

**Renewal Scope of Work**  
(2,000 character maximum)

Instructions:

Please describe the proposed change and reason for the change to the program's scope of work. If none, write "No proposed changes".

**Renewal Evaluation Approach**  
(2,000 character maximum)

Instructions:

Please describe the proposed change and reason for the change to the program's evaluation approach. If none, write "No proposed changes".

**Renewal Anticipated Challenges**  
(2,000 character maximum)

Instructions:

Please describe the proposed change and reason for the change to the program's anticipated challenges. If none, write "No proposed changes".

**Renewal Program Partners**  
(2,000 character maximum)

Instructions:

Please describe the proposed change and reason for the change to the program's partners. If none, write "No proposed changes".

**Renewal Key Staff Capacity**  
(2,000 character maximum)

Instructions:

Please describe the proposed change and reason for the change to key staff capacity. If none, write "No proposed changes".

**Renewal Program Services Flow Chart**  
(2,000 character maximum)

Instructions:

Please describe the proposed change and reason for the change to the program's services flow chart. If none, write "No proposed changes".

### Renewal Key Performance Indicators

Column 1: Outcome or Activity  
Column 2: Current Percentage or Number  
Column 3: Proposed Percentage or Number

### Renewal Outcome Explanation (2,000 character maximum)

### Renewal Program Budget

Column 1: Budget Category  
Column 2: Current Amount  
Column 3: Proposed Amount

### Renewal Program Budget Explanation (200 character maximum)

Instructions:

For each proposed change to an outcome, please list the outcome and enter a number for the current percentage and a number for the proposed percentage.

For each proposed change to an activity, please list the activity and enter the current number and the proposed number.

Instructions:

Please describe the reason for the proposed change to each outcome or activity. If none, write "No proposed changes".

Instructions:

Please enter under the Current Amount column the current dollar amount by category for your program budget. Under the Proposed Amount column enter the proposed dollar amount by category for your program budget. **The total amount of requested funding cannot exceed the current United Way of Palm Beach County grant.**

Once a fiscal year has begun, changes representing an increase or decrease of more than 10% in a budget category must be requested in writing and approved in advance by United Way of Palm Beach County.

Instructions:

Please describe the reason for the proposed change to each budget category. If none, write "No proposed changes".

# Authorization

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Instructions:

By submitting this application, I certify that:

- I have the authority or I have been given authority to legally bind and represent the organization(s) with which I am associated, to this application.
- The information contained in this application is true and correct to the best of my knowledge.
- If I used information that was from a previous grant application, I reviewed and updated it.
- I understand that the submission of information that is not current and valid may nullify my organization's application.
- I am the sole user of the user name and password provided and that I will not share my user name and password.

## \*Authorization

(Select only one from the list)

- No
- Yes