



Community Wellness Application 2024-2025 Funding Requests

Organization Details:

1. Application Agency Name
2. Agency Executive Director and Email
3. Contact Phone Number
4. Primary Agency Contact for this RFP
5. 501(c)(3) IRS Determination Letter - for upload later
6. Federal Tax ID or EIN
7. Business License Number
8. Proposed Program Name
9. A. Program Type
 - a. Program/Service Type
 - b. Expansion of Existing Program/Service
 - c. Existing Program/Service which has lost or will lose funding of current successful program/service
- B. Has program received past Community Wellness grant funding or other funding?
- C. Does your program plan to apply for additional funds for this program?

Program & Budget Details

(Each "Text Box" response is limited to a maximum of 300 words. "Upload" indicates a File Upload field.)

10. Program & Budget Details
 - a. Funding Category: Prevention/Early Intervention or Behavioral Health
 - b. Funding Amount Requested
 - c. Amount of Total Program Budget
 - d. Who your program serves: All Polk Zip Codes or Specific Polk Zip Codes
 - e. TEXT BOX: Briefly tell us about your Agency's overall background and history, and the different programs you provide.
 - f. TEXT BOX: Describe your organization's experience and strengths relevant to your proposed program.
 - g. TEXT BOX: Please provide a 25-word summary description of the program.

****Not for Distribution****

- h. TEXT BOX: Describe the problem being addressed by your proposal, documenting the need for services with current local data/statistics (cite your reference).
- i. TEXT BOX: Describe in details the services your program will be providing (who, what, where, when, and how).
- j. How long will the typical client be engaged in the program?
- k. TEXT BOX: List how, when, and where will the services be accessed by the client.
- l. TEXT BOX: How will you target eligible Polk County Residents (individuals and/or families)?
- m. Will the program utilize Evidence Based Practices (EBP)?
- n. TEXT BOX: Describe the data to be collected to document the success of the proposed program; including evaluation timeframe, how it will be collected; and who is responsible for collecting it and reporting to UWCF.
- o. TEXT BOX: Provide the benchmarks and standards that are applicable to the proposed program. Be sure to include the evaluation timeframe.
- p. TEXT BOX: Provide the SMART Outcome Objectives for the proposed program.
- q. Will the program/stagg require licenses or permits to operate?
- r. TEXT BOX: Describe the referral process to be used to generate program participant referrals to the program (include names of agencies and/or programs in your local network which will generate referrals to this program).
- s. TEXT BOX: Describe how you identify challenging behavioral health OR prevention / early intervention disparities through your current work.
- t. TEXT BOX: Describe any collaborative partnerships that directly impact the proposed program; will bring extra value to the clients served; and/or eliminate duplication of services and maximize resources {provide any Letters of Commitment, Letters of Support and/or MOU (s) in question #28}.
- u. TEXT BOX: How will the program be promoted (how will you reach the target audience as defined by the UWCF Community Wellness Initiative)? List any community outreach to be offered along with marketing strategies.
- v. UPLOAD: Provide a timeline for the proposed project as an attachment.
- w. TEXT BOX: How does the organization ensure that the program is adaptable to changing circumstances or needs? How do you address potential risks or challenges that may impact program sustainability? What plan do you have for program sustainability beyond this grant funding?

Program & Budget Details

- 11. Service Focus: Clinic Treatment or Non-Clinical
- 12. People Served
 - a. Total number of people to be served each year
- 13. Number of people to be enrolled (if an existing program).
- 14. Address where program will be administered
- 15. Address of on-site availability to records for audit (if different from program address)

Required Documents

16. UPLOAD: Proposed Program Budget
17. UPLOAD: Proposed Personnel Detail Budget
18. UPLOAD: Proposed Fee for Service Schedule
19. UPLOAD: 501(c)(3) Determination Letter

Required Financials

20. UPLOAD: Financial Statement (Signed by CFO or Board Treasurer)
21. UPLOAD: Income Statement & Statement of Cash Flows
22. UPLOAD: Certificate of Commercial Liability Insurance
23. UPLOAD: Form 990 (Most Recent)
24. UPLOAD: Audit Report (Most Recent)
25. UPLOAD: W-9

Additional Documentation & Questions

26. UPLOAD: Expansion of program/services: Provide successful data of current program to expand. Additionally, provide data analysis of current program to expand under client eligibility criteria under UWCF Community Wellness (Ref., Polk County resident, FPL less than or equal to 200% and no health coverage).
27. UPLOAD: Continuation of a program that will end due to complete loss of funding: Provide the success of program must be empirically demonstrated. Please also provide an explanation of what the funding was and why it was lost.
28. Is your agency working with or planning to work with any other agencies on this Program? If yes, UPLOAD: Signed Letters of Commitment, Letters of Support and/or MOU from that agency's Director or other authorized representative.