Community Impact Partner Fund

Focus Area: Education

Request for Proposals (RFP)

September, 30 2016

Introduction

United Way has three Community Goals around Education, Financial Stability, and Health to guide our community toward a strong, stable future for everyone. These goals are rooted in an understanding of community conditions and supported by purposeful interventions that include multi-generational foundations and a commitment to equity. They also serve as a roadmap for how our community can offer opportunities for a better life to those who have the fewest assets and the largest obstacles.

Creating positive change in our community takes all of us working together. Solutions begin when we understand why conditions exist and believe we can make our community better. Data combined with a shared vision help make decisions about how change can happen and possible solutions.

A strong, thriving community is important to all of us. United Way measures and evaluates results so partners and donors know their contributions make the greatest impact in changing people's lives and strengthening communities.

The Value of Community

Individuals live in families who, in turn, live in communities. Anyone who wants to create sustainable impact in people's lives must also create impact in the systems, families, and neighborhoods where these individuals live, work, and learn.

This lasting community change is built around knowing where we are, where we want to be, and whether our efforts make a difference. Performance measures and indicators are necessary ingredients for this sustainable change.[1] While individual stories and perceived improvement are a good start, successes must be supported by measurable indicators of changes in order to evaluate how the lives of our community members have changed for the better.

Neighborhoods: Place Matters

When creating change, place matters. High stress, isolated, and under-resourced neighborhoods have a profound impact on outcomes for children and families. In these neighborhoods, data clearly depicts the daily struggles many community members face.

Neighborhoods with higher numbers of single-parent families, higher percentages of rental apartments, increased crime, lower educational levels, and other variables paint a grim picture compared to more affluent neighborhoods. Research from Professor Robert D. Putnam has shown that this disparity continues to grow. "Class segregation across America has been growing for decades," Putnam notes, "so fewer affluent kids live in poor neighborhoods, and fewer poor kids live in rich neighborhoods".[2] Dr. Robert Sampson from Harvard also states that neighborhood differences have lasting impacts on "crime, poverty, child health, public protest, the density of elite networks, civic engagement, teen births, altruism, perceived disorder,

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[1] Waner, Ben. (2011) Central Massachusetts Regional Planning Commission, Data That Tells A Story.
[2] R. Putnam. Our Kids: The American Dream in Crisis (New York: Simon & Schuster Press, 2015) 217.

collective efficacy, [and] immigration"[3] among other things. This cyclic nature of neighborhood poverty, where poor neighborhoods with few assets lead to fewer opportunities for its residents, must be interrupted for our citizens to thrive.

Impacts of neighborhood disparities persist throughout life, and are strongest for those in early childhood years and late adolescence.[4] During these phases, individuals from lower-income neighborhoods experience the most profound impacts including identity development, academic achievement, internalizing and externalizing of behaviors, sexual risk, and physical health.[5] If we support change in any of the issues clients experience, we then need to be aware of the environment and neighborhoods that can either improve or diminish these factors.

In addition to the tangible effects of lower-income neighborhoods, social networks are also affected by the environment around clients. More affluent neighborhoods tend to be connected with many more unique relationships through informal interaction. Whether through work or physically living near others, more affluent neighborhoods tend to include more college professors, lawyers, doctors, and other professional individuals, which can create networks for financial success and career opportunities.[6] Likewise, children in lower-income neighborhoods are less likely to have an informal mentor to guide them both academically and professionally.[7]

United Way has an interest in understanding the neighborhoods where lower-income community members live. By helping build assets in these areas, we begin to remove some of the obstacles impacting families in need.

A Multi-Generational Approach

Successful interventions need to address both children and families so they can thrive together and break cycles of generational poverty. The Aspen Institute calls these successful programs two-generation programs and states successful two-generation programs address four components in a family's life: Education, Economic Supports, Social Capital, and Health and Well-being:[8]

- Education focuses on the essential interventions children need in their early lives coupled with education parents receive (both formally and informally). In addition to early childhood supports, there is a strong connection between a mom's education level and positive outcomes for her children – especially regarding the child's school readiness.[9]
- Economic supports are basic needs and asset-building components of a parent's life that allow them to have a safe foundation as they build skills for themselves and their children.

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[3] R Sampson. Great American City: Chicago and the Enduring Neighborhood Effect (Chicago: University of Chicago Press, 2012)
[4] V. M. Murray, C Berkel, N.K Gaylord-Hardon, N. Copeland-Linder, M. Nation. "Neighborhood Poverty and Adolescent Development," Journal of Research on Adolescence Volume 21 2011: 21, 114-128.
[5] Ibid.
[6] Putnam, 217.
[7] Ibid.
[8] Ascend at the Aspen Institute "Two-Generation Playbook," 2014.
[9] Child Trends and Center for Health Research. (2004). Early Child Development in Social Context. Data from K. Denton, E. Germino-Hausken, and J. West (project officer). America's Kindergartners, NCES (Washington, DC: U.S. Department of Education. National Center for Education Statistics, 2000) 2000-2070.

- Social capital refers to connections people build in order to navigate the world around them. This could be as simple as a peer support who helps talk through a tough time or as detailed as formal leadership and career coaches who build on parents' strengths and resilience.[10]
- Health and well-being components focus on the building of resilience for children and families in the face of trauma or toxic stress. Physical and mental health have a major impact on a family's ability to thrive and must also be considered in building a two-generation approach.[11]

United Way's community goals incorporate these components and place a priority on multi-generational collaborative strategies that build resilience in children and families.

Adverse Childhood Experiences (ACEs)

Research on Adverse Childhood Experiences (ACEs) states when a child experiences consistent trauma; including situations of abuse, neglect, witnessing violence, or general maltreatment, the brain adapts to these situations by elevating stress hormones (known as cortisol). Long term, stress hormones can alter parts of the brain tied to emotional regulation, visual and spatial memory, language and math proficiency, and other important abilities.[12] There is a relationship between childhood exposure to abuse and household problems and chronic disease in adulthood including cancer, liver disease, skeletal fractures, chronic lung disease, and heart disease. In addition investigators found relationships between early adverse life events and other health problems such as smoking, suicide, depression, obesity, drug use, alcoholism, teen pregnancy, sexual risk behaviors, and sexually transmitted diseases.[13]

As a community, we can change the conversation to focus on resiliency. By shifting the focus to create more compassionate environments that support children regardless of what they experience and building safe, stable, and nurturing relationships, we can break the cycle of toxic stress and promote healthy futures for each child in our community. Protective factors that help reduce adversity and build resilience include:[14] [15]
- Increasing social connections for both parents and children by identifying a network of supportive adults for parents and by establishing positive relationships for children with caring adults in school, family, friends, or neighbors
- Facilitating nurturing home environments and increasing knowledge of parenting and child development through modeling supportive parenting, parenting classes, and parenting support groups
- Assisting parents in recognizing experiences with ACEs through counseling services

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[10] Ascend at the Aspen Institute. "Two Generations, One Future; Moving Parents and Children Beyond Poverty Together," 2012.

[11] R.F. Anda & V.J. Felitti, "The Adverse Childhood Experiences Study," <http://www.acestudy.org>

[12] M. Teicher, et al., "Neurobiological & Behavioral Consequences of Exposure to Childhood Traumatic Stress," Stress in Health and Disease, ed.BB Arnetz & R Ekman (Upsala, Germany: University of Upsala, 2006).

[13] EG Flaherty, R. Thompson, AJ Litrownik, et al. "Effect of Early Childhood Adversity on Child Health," Archived Journal of Pediatric Adolescent Medicine, 2006. 160(12):1232-1238.

[14] R. Pearl, "Can We Stop a Traumatized Child From Becoming a Traumatized Adult? Forbes Magazine, 16 April 2015: <http://www.forbes.com/sites/robertpearl/2015/04/16/can-we-stop-a-traumatized-child-from-becoming-a-traumatized-adult>

[15] 2016 ACEs Report. 29 August 2016: <http://www.iowaaces360.org/iowa-aces-research.html>

- Establishing concrete supports that meet a children's basic needs such as housing, food, clothing, and healthcare
- Expanding on parental resilience by providing tools to reduce stress such as practicing problem solving, peer support opportunities, and mindfulness training
- Training professionals to recognize ACEs in a variety of settings such as physicians, teachers, etc.
- Establish child-focused programs to decrease negative consequences of ACEs, school-based counseling, and adult-led youth groups
- Being responsive to children in order to help them develop self-regulating behaviors

United Way strives to support successful strategies by addressing family strengths through an ACEs lens and focusing on resilience for the whole family throughout their lives.

Trauma-Informed Care

One strategy to build resilience and address or prevent ACEs in our community is by supporting work through a trauma-informed care lens. Substance Abuse and Mental Health Services Administration (SAMHSA) suggests six key principles to help communities work through traumatic situations and focus on healing. These six principles are Safety; Trustworthiness and Transparency; Peer Support; Collaboration and Mutuality; Empowerment; Voice and Choice; and Cultural, Historical, and Gender Issues.

- Safety: Throughout a trauma-informed organization, staff and those they serve feel physically and psychologically safe.
- Trustworthiness and Transparency: An organization's decisions and operations are transparent with the goal of building trust among the staff, clients, and families of clients.
- Peer Support and Mutual Self-Help: Especially in hectic schools, trauma-informed organizations need to have a strong system of peer support between staff so that everyone feels supported to do their best.
- Collaboration and Mutuality: Healing happens in relationships and everyone can play a part. You do not need to be a therapist to be therapeutic.
- Empowerment, Voice, and Choice: Each individual's strengths need to be recognized, built on, and validated in their work. The organization's belief in resilience and in the ability of individuals to heal promotes recovery from trauma in a way that builds on what individuals have to offer instead of responding to perceived deficits.
- Cultural, Historical, and Gender Issues: The organization actively moves past cultural stereotypes and biases (whether it be on race, ethnicity, sexual orientation, age, geography, or anything else), offers gender-responsive services, leverages the healing value of traditional cultural connections, and recognizes and addresses the context of historical trauma as well.[16]

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[16] "Guiding Principles of Trauma-Informed Care," SAMHSA: Substance Abuse and Mental Health Services Administration, Spring 2014, Volume 2, Number 2.
<http://www.samhsa.gov/samhsaNewsLetter/Volume_22_Number_2/trauma_tip/guiding_principles.html>

The Need for Equity

True community success cannot be fully achieved without awareness and intentionality in addressing equity in our work. Equity and equality are often used interchangeably, but there is a very important distinction between the two:

Equality makes sure everyone has the same thing without any regard to additional barriers. **Equity** ensures everyone has access to all the same opportunities with consideration for barriers.

Across the United States, communities are changing; this is also true for East Central Iowa. Our rural communities are growing older and have decreased access to resources within their communities. Additionally, looking at population trends from 1990–2014, in UWECI's five-county service area, all counties have become more diverse. Linn County alone saw an increase of 192% in the non-Caucasian population from 1990–2014. This is a trend we cannot ignore.

Local disparities

One indicator of potential inequity is to look for disparities in the rate different populations experience barriers or challenges as compared to the general population. A point in time analysis indicated only one of every 24 residents is black, yet one of every three Linn County Jail inmates is black. Although African Americans made up 7.4% of the child population in Linn County, they represented 19% of the victims of abuse. [17]

Disparities for children

Research shows that children from economically disadvantaged families can be up to two years behind in language development.[18] This may be because children of low-income families hear less than ⅓ the amount of words that children of high-income families hear, which equates to a word gap of 30 million words by the time both children reach age four.[19] Low-income children are also not as ready for kindergarten as their higher-income peers. Locally, only 50% of Free Reduced Price Lunch (FRPL) kindergarteners are proficient in early literacy skills compared to 72% of higher-income peers.[20]

Children of color are approximately three and a half times as likely to go into foster care and age out or exit foster care without being adopted. African American and low-income children

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[17] U.S. Census Bureau; American Community Survey, 2014 American Community Survey 5-Year Estimates, *Tables B01001B & B01001*; (August 2016).

[18] Nicholas Zill and Jerry West, "Entering Kindergarten: A Portrait of American Children When They Begin School: Findings from The Condition of Education 2000," U.S. Department of Education, National Center for Education Statistics. (Washington, DC: U.S. Government Printing Office, 2001) http://nces.ed.gov/pubs2001/2001035.pdf

[19] B Hart and T.R. Risley.(1995). Meaningful Differences in the Everyday Experience of Young American Children (Baltimore, MD: Paul H. Brookes Publishing Company, 1995)

[20] Iowa Department of Education. Basic Educational Data Survey, Address and Enrollment Files, 2009.

(accessing free and reduced price lunch) struggle to achieve at the same level as their white, financially stable peers. According to Putnam, the socio-economic status (SES) of families, rather than test scores, is a more important predictor for which eighth graders would graduate from college. Children from low-income households who score well on tests are less likely to get a college degree than children from affluent households who score poorly on tests. This contributes to the continuation of the cycle of poverty within black and low-income parts of our community.[21]

Disparities in Financial Stability

Families may remain in poverty for generations if not given proper supports and resources to overcome challenges. For a family of three, a household needs to make $50,255 to meet basic needs; however, many in our community do not have stable enough wages to reach this threshold, particularly families of color. A median African American household income is nearly half of what is needed to support a family and median Hispanic families do not fare much better, only making 2/3 of what is needed. 52% of those receiving Supplemental Nutrition Assistance Program (SNAP) benefits are African-American and 38% are Hispanic, yet African Americans and Hispanics only make up 7% of the total Linn County population.

This disparity is also true when looking at housing. Housing cost is one of the main reasons that families may be unstable. In Linn County, renters are more likely to struggle to afford their housing. 38% of renters pay more than one third of their income on housing, compared to homeowners in which 20% struggle to afford their mortgage.

While both renters and homeowners may struggle with affordability, renters are more likely to suffer severe stress from instability due to the lack of a critical asset. In Cedar Rapids the housing cost burden for owners is nearly one in five is compared to nearly one in two for renters. Even though there are real financial risks in homeownership, there continues to be strong association between owning a home and accumulation of wealth. Policies supporting homeownership can alleviate wealth disparities by extending to those who are in a position to succeed as homeowners.[22]

Disparities in Health

Additionally, people who lack health insurance in Iowa include 11% of the Hispanic population and 9% of African Americans. At 6%, Linn County has the second highest rate of uninsured people per county in Iowa. Hispanic men ages 18–34 (16%) have the highest rate of being uninsured for 2015, followed by African American men at 15% and Hispanic women 13%.[23] There is also evidence an increase in mental distress in our communities of color. According to the Centers for Disease Control Quality of Life Survey[24], those at highest risk for frequent

[21] R. Putnam. 217.
[22] Joint Center for Housing Studies- Harvard University, September 2013. http://www.jchs.harvard.edu/sites/jchs.harvard.edu/files/hbtl-06.pdf
[23] http://aspe.hhs.gov/basic-report/2015-plan-selections-county-health-insurance-marketplace
[24] United States. US Government: Centers for Disease Control and Prevention, "Behavioral Risk Factor Surveillance System, Health-Related Quality of Life Survey."

mental distress are: Black, Non-Hispanic persons at 16.9%, persons aged 55–64 years at 9.1% and women 8% versus 7.1% overall for the state of Iowa and 12.6% for the nation in 2010.[25]

For women, as income decreases, poor mental health increases. Low-income mothers are twice as likely to experience some form of depression in their lifetime.[26] Depression affects mothers functioning in society and leads to higher rates of adverse experiences (divorce, unemployment, poverty, etc.). In 2010, 19.1% of women in Linn County experienced inadequate social and emotional support.[27] This is especially true for Black and Hispanic women experiencing greater adversity.[28] When a mother has poor mental health it also affects her children. Cognitive and social-emotional development, behavior, school readiness, and overall health of a child is negatively impacted when their mother experiences poor mental health.[8]

Eradicating poverty and its negative effect on children and families by applying an equity-informed perspective to solutions requires cross sector, collaborative work that focuses on the entire family; if parents aren't doing well, then children will struggle. Equity will improve when we look for and understand the source and the root cause of disparities. Through United Way and funded partners, we can make an impact on many trends to reverse the cycles of poverty and inequity in our community.

Care Coordination and Navigation

In spite of living in a resource rich area, systems have become increasing complex. People may not know where to go for help with basic necessities like rent, health care, utilities, transportation, food, etc. For some individuals navigating the maze of health and human service resources, having a person, who is an 'expert' in navigating areas of services would alleviate significant stress because they could have help finding the services they need. In discussions with individuals using services, many expressed the need for someone to help with coordination and navigation in agencies. Care coordination and navigation takes a collaborative and cross-sector approach to addressing many barriers clients experience while using services.

The Institute of Medicine (IOM) identifies care coordination as one of 20 national priorities for action because care coordination interventions have the potential to improve both efficiency and quality. A literature review conducted by Stanford-USFC Evidence-based Practice Center found that for the care coordination and navigation interventions reviewed, many experienced positive outcomes for their populations of study.[29]

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[25] http://apps.nccd.cdc.gov/HRQOL/
[26] J. Knitzer, S. Theberge and K. Johnson, "Reducing Maternal Depression and Its Impact on Young Children: Toward a Responsive Early Childhood Policy Framework," National Center for Children in Poverty, January 2008 http://www.nccp.org/publications/pdf/text_791.pdf
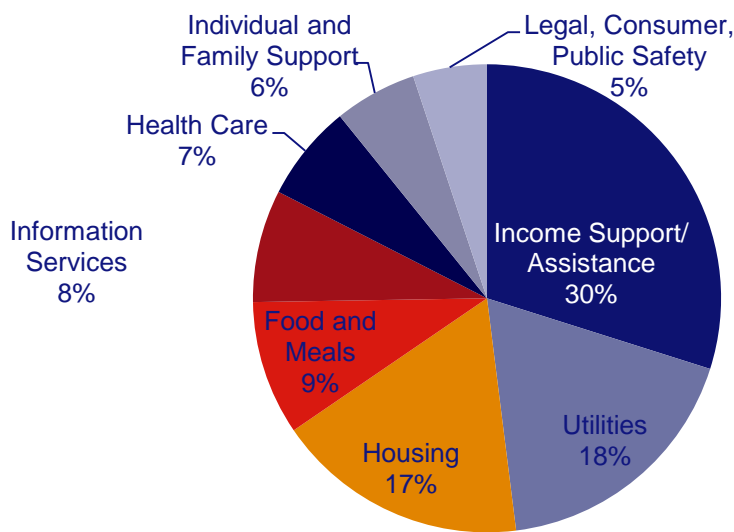[27] Linn County Public Health, BRFSS, 2010
[28] K. Ertel, J. Rich-Edwards, K. Koenen, "Maternal Depression in the United States: Nationally Representative Rates and Risks.," Journal of Women's Health, 2011. 20(11), 1609–1617.
[29] K.M. McDonald, et al. "Closing the Quality Gap: A Critical Analysis of Quality Improvement Strategies Volume 1- Series Overview and Methodology," Technical Review June, 2007: Number 9. PsycEXTRA Dataset, 9(7). doi:10.1037/e439892005-001.

2-1-1 is an example of a service in our community that is a centralized source of health and human service resources. 2-1-1's goal is to connect people to the right resources at the right time. People who call 2-1-1 work with trained and certified Information and Referral Specialists who assist individuals and families find possible resources to meet their needs. Information about where people call from (i.e., zip code), what they call about, and gaps in services are shared to assist community planning and identifying where we can make the biggest impact.

United Way 2-1-1 also supports effective collaboration. Areas of support for families through 2-1-1 include enrollment in health insurance as well as access to Volunteer Income Tax Assistance (VITA). VITA provides tax preparation services for free and helps families get cash they need to address some of their needs.

In FY 2015, residents of the 39 county service delivery area of 2-1-1 most frequently requested assistance in the areas represented in this chart. The **eight** needs listed account for **87%** of all calls received during this timeframe and encompass many of the basic needs low-income people are looking to address.

What We Have Achieved So Far

Education, Financial Stability, and Health use evidence-based and best practice intermediate outcomes to track our progress toward the Community Goals. Each fiscal year, our funded partners report twice annually (mid-year and year-end) on intermediate outcomes. The data is then aggregated and shared with our volunteers and board through Report Cards. Report cards show progress made in our community through the work of many different agencies. The links below show our Report Cards for fiscal year 2015. Take a look at these to see where you align and how you could help us make more progress in our community.

http://www.uweci.org/wp-content/uploads/2015/10/Education-Report-Card-FINAL2.pdf
http://www.uweci.org/wp-content/uploads/2015/10/Financial-Stability-Report-Card.pdf
http://www.uweci.org/wp-content/uploads/2015/10/Health-Report-Card.pdf

Our goal is to build solutions that create positive social change. We do this by raising awareness, bringing together the right partnerships, and investing in services to strengthen
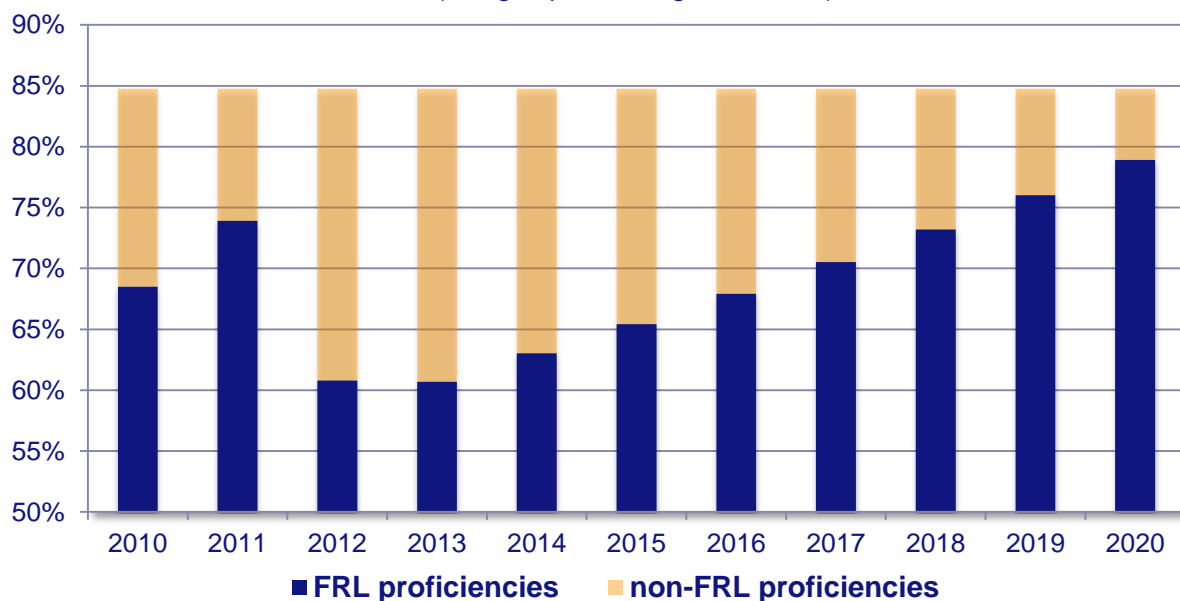
people and our communities. United Way focuses on education, financial stability, and health because they are the essential building blocks for a good quality of life. By addressing the root cause of shared issues in these three focus areas, we can get real results and create lasting, positive solutions.

United Way of East Central Iowa's (UWECI) community education goal is to increase the number of low-income children in our five-county area who are on track academically and developmentally by fourth grade by 30% by 2020. A major milestone for this goal is low-income children reading proficiently by fourth grade.

United Way focuses on literacy because if a child is not reading proficiently by the time they finish third grade, they are four times more likely not to graduate high school on time. If this child is low-income, they are 13 times more likely not to graduate high school on time than a higher-income, proficient peer.[30] If an individual does not graduate from high school, they will earn less than those with a high school diploma or college degree. Professor Robert D. Putnam estimates this loss of earning, combined with loss of economic growth and tax revenue equal to $13,900 per youth, per year. [31]

Low-income (FRL) Reading Proficiencies for Five-County Area
(using exponential growth trend)

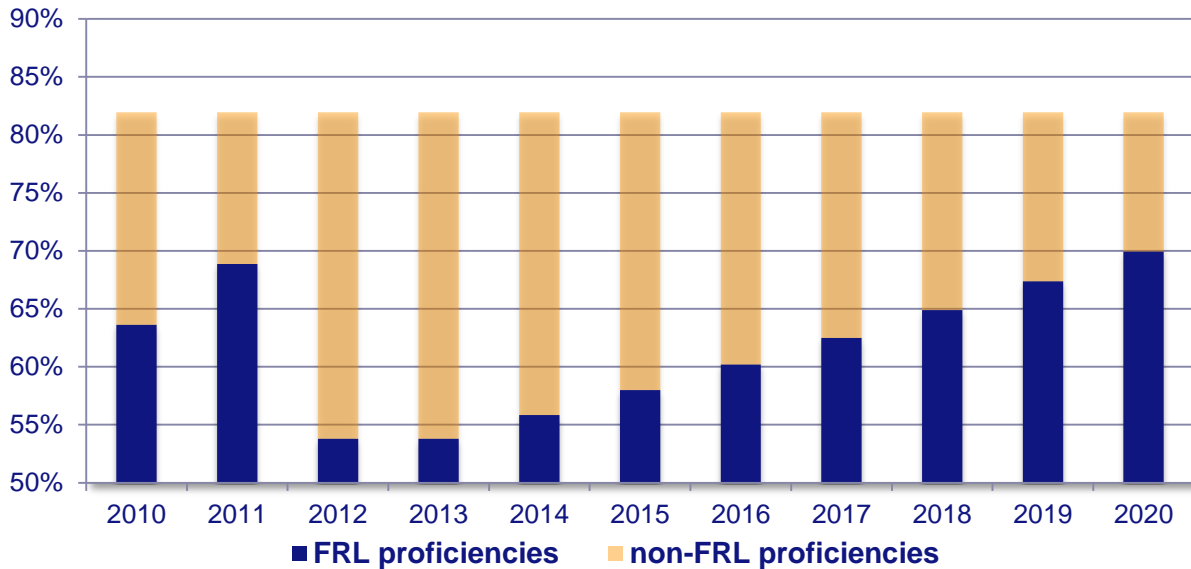■ **FRL proficiencies** ■ **non-FRL proficiencies**

*Note: The reading proficiency measurement tool was changed following the 2010-2011 school year. This change is reflected in the drop in reading proficiency for FRL students.

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[30] D. J. Hernandez, "Double Jeopardy: How Third-Grade Reading Skills and Poverty Influence High School Graduation," The Annie E. Casey Foundation; Center for Demographic Analysis, [New York: University at Albany, Foundation for Child Development], 2012.
[31] R. Putnam, Our Kids: The American Dream in Crisis (New York: Simon & Schuster Press, 2015), 232.

Low-income (FRL) Reading Proficiencies for
Cedar Rapids Community School District
(using exponential growth trend)

■ FRL proficiencies   ■ non-FRL proficiencies

*Note: The reading proficiency measurement tool was changed following the 2010-2011 school year. This change is reflected in the drop in reading proficiency for FRL students.

Current Condition

Reading proficiency %ages in United Way's five-county area have remained fairly stagnant in recent years. From 2013-2015, reading proficiency rates in United Way's five-county area only increased by 0.43% for low-income children (as defined by those on Free or Reduced-priced Lunch, or FRL) and only increased by 0.8% for their higher-income peers. While these %ages have remained stagnant, it should be noted, the number of low-income children has steadily increased both in Cedar Rapids and throughout the five-county area. Because of this, even though %ages have remained stagnant, an additional 119 children scored as proficient from 2013-2015.

	fourth Grade Reading Proficiencies (% proficient) for Cedar Rapids and 5-county Area by Income			
	CRCSD FRL	CRCSD non-FRL	5-county FRL	5-county non-FRL
2013	290 / 520 (55.9%)	474 / 574 (82.7%)	660 / 1080 (61.1%)	1832 / 2177 (84.2%)
2014	274 / 486 (56.4%)	475 / 567 (83.8%)	619 / 1016 (60.9%)	1705 / 2021 (84.4%)
2015	330 / 587 (56.2%)	475 / 547 (86.8%)	779/1266 (61.5%)	1979 / 2329 (85.0%)

While there is some local progress is being made locally on getting more children reading on grade-level, the increase in numbers of total low-income children keeps rates stagnant. Our schools and communities are doing good work to help ensure children are on-track, but more must be done: good work needs to become great work.

United Way also collects data on Cedar Rapids Community School District. Of the 1,266 low-income fourth graders in United Way's five-county area, spanning 27 districts, 587 (or 46%) of them attend school in the Cedar Rapids Community School District. Looking at geographic-specific data, there are similar trends, reading proficiency has increased by only 0.3%, but 40 more students were proficient.

Even though reading proficiency is the milestone for academic success, indicators that lead to success by fourth grade do not begin in fourth grade. Many children struggle even as they enter school, with one out of every two low-income children in United Way's five-county area not having key literacy skills as they enter Kindergarten.[32] Even with the best schools that can provide strong services, many children already start behind before they even have a chance to set foot in a school.

Research shows that children from economically disadvantaged families can be up to two years behind in language development.[33] This may be because children of low-income families hear less than ⅓ the amount of words that children of high-income families hear; this equates to a gap of 30-million-words by the time the two groups of children are four.[34] Such disparities without intervention then can follow children through school, as research has shown that 44 of 50 students who were poor readers at the end of first grade remained poor readers at the end of fourth grade.[35]

This and other data shows we must be implement literacy interventions as early as possible. Interventions in early childhood would work to reduce the 30-million-word gap between low- and high-income families, and interventions in early school years can work to help low-income students catch up to their peers before it is too late.

Going back even further, data reveals many low-income children and families struggle even before school. Kids Count Data Center shows as many as 31.5% of families with children are headed by a single parent in Linn County.[36] Parenting is tough in two-parent households, and with nearly one in three families with children headed by a single parent, these families with children face even greater obstacles in helping their children be successful and healthy.

What Works

How do we help families and children have the greatest chance at a successful? The most successful programs intervene early and meet children's academic and developmental needs.

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[32] State of Iowa: Iowa Department of Education. Number and % of Kindergarten Students Meeting Benchmark in Literacy, Fall 2015.
[33] Nicholas Zill and Jerry West, Entering Kindergarten: A Portrait of American Children When They Begin School: Findings from The Condition of Education 2000 (Washington, D.C.: United States Government Printing Office: U.S. Department of Education, National Center for Education Statistics, 2001). <http://nces.ed.gov/pubs2001/2001035.pdf>
[34] B. Hart and T.R. Risley, Meaningful Differences in the Everyday Experience of Young American Children (Baltimore, MD: Paul H. Brookes Publishing Company, 1995).
[35] Juel, Journal of Educational Psychology 1988 Volume 80(4): 437-447.
[36] Kids Count Data Center, "2010-2014 estimates," Annie E. Casey Foundation. <http://datacenter.kidscount.org/data/tables/6752-single-parent-families?loc=17&loct=5#detailed/5/2771/false/1485,1376,1241,133,815/any/13838>

- ✓ **Early Childhood Investments**

The first five years of life are essential for young children. Each day is a new opportunity to learn their first words, form relationships, manage emotions, and build trust. With 85% of all brain development occuring between 0 – 5[37], early childhood one of the most important times in life.

Unfortunately, not every child receives the same opportunities. By age two, low income children are already behind their peers in listening, counting, and other skills essential to literacy[38]. This will affect a child's ability to enter kindergarten on level with their peers. Kindergarten is a predictor for life-long reading achievement. In fact, 44 of 50 children who experience difficulty learning to read in kindergarten will still have trouble in third grade[39].

Many factors contribute to a low-income child's development. A parent's childhood affectgs their ability to learn skills needed to be a strong parent. In many circles, the myth of spoiling an infant still exists. Yet, studies have found children whose parents responded readily to cries during their first month were more independent at age one and self-reliant in pre-school[40]. The Stranger Situation, conducted at John Hopkins University found "parents who were attuned to their child's mood and responsive to his cues produced securely attached children; parenting that was detached or conflicted or hostile produced anxiously attached children. And early attachement created psychological effects that could last a lifetime."[41]

Single-parent households cut time spent with children in half while keeping most of the responsonabilities, and some parents may work multiple jobs.This leaves little time to focus on a child's development as they struggle to meet basic needs. Quality childcare can help parents create a learning environment for their child while they balance work, but finding a safe, reliable caregiver is often beyonde their financial means.

Even with quality childcare, parents may not have the proper resources to help their child succeed. As the graphic below depicts, low-income children have significantly fewer written resources available to them at home, making it harder for them to learn to read using age-appropriate, engaging books.
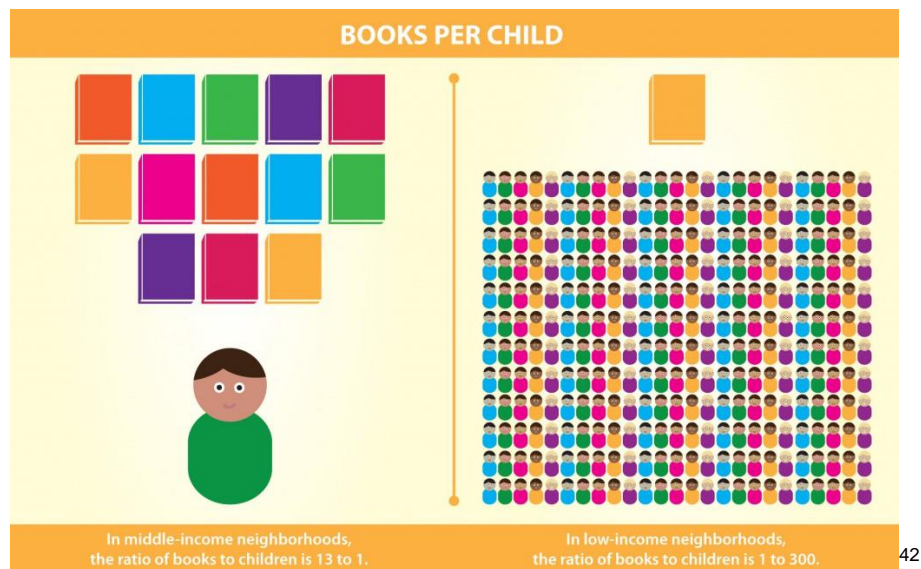
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[37] Carol Cochran, Randy Stuefen, and Karl Sandberg, "The Economic Impact of the Child Care Industry in South Dakota," Funded by The Annie E. Casey Foundation, 2004.
[38] Campaign for Grade Level Reading.
[39] Juel, 437-447.
[40] P. Tough, How Children Succeed, (New York, NY; First Mariner Books, 2013).
[41] Ibid.

BOOKS PER CHILD

In middle-income neighborhoods, the ratio of books to children is 13 to 1.

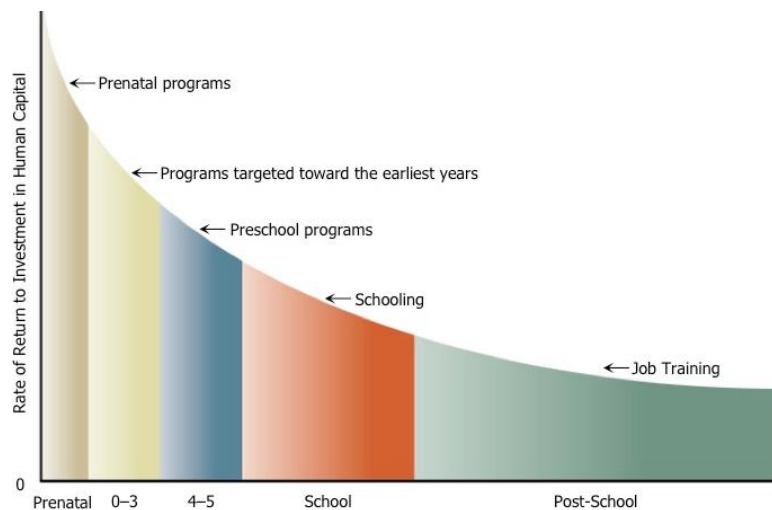In low-income neighborhoods, the ratio of books to children is 1 to 300. [42]

Even if you do not know a childunder five, early childhood efforts are important to everyone. Not only does early intervention help children stay on track and prevent future learning issues[43], it also provides a strong economic benefit to the community.

Every dollar spent on early childhood support has a much higher return than those spent later in a child's life. Dr. James Heckman, a Nobel laureate in Economics, stated early childhood development directly influences economic, health, and social outcomes. One study showed every dollar invested in a high-quality early childhood program yielded a $7 return on investment in individual and societal benefits.[44]

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[42] Matt Mulder, "1 Book for Every 300 Children," Demco: Ideas + Inspiration, 2014. <http://ideas.demco.com/blog/1-book-every-300-children/>

[43] J. Heckman, "Invest in Early Childhood Development: Reduce Deficits, Strengthen The Economy," The Heckman Equation, 2014. <www.heckmanequation.org>

[44] Ibid.

Source: James Heckman, Nobel Laureate in Economics
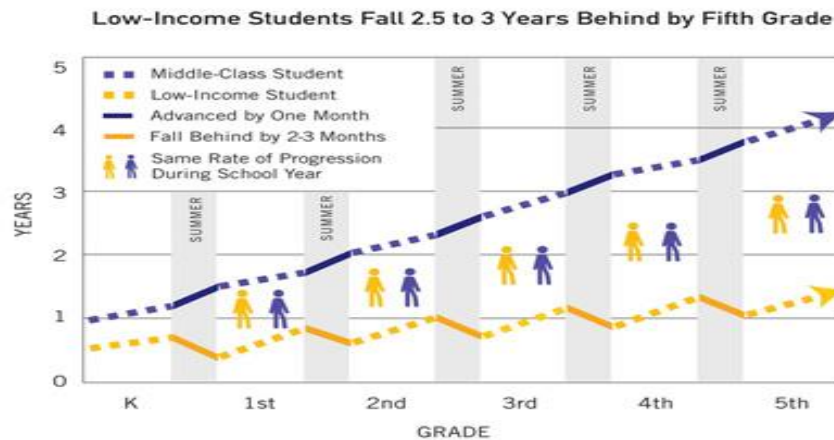
✓ **Out of school time supports**

As students enter school, they still need positive supports in order to maintain the strengths they achieved in their first five years. Schooling is key to academic achievement, but if students do not attend school, then they will not be able to benefit from these experiences. Research from Attendance Works states only 17% of children who miss more than 10% of both kindergarten and first grade will read on grade level after third grade.[45] Systems of before-and-after care that specifically encourage positive attendance and academic supports are essential.

In addition to the school year, summer is a critical time in students' lives. Income disparities may have a greater impact in the summer when lower-income families either do not have resources to afford high-end camps and vacations or students themselves have to manage younger children as parents work. According to the National Summer Learning Association, most students lose about two months of mathematical computation skills during the summer, and low-income students also lose more than two months in reading achievement – even though middle-income peers may make slight gains in reading.[46] This gap lasts for years, and the national Campaign for Grade-Level Reading found by the end of fifth grade, "disadvantaged children are nearly three grade equivalents behind their more affluent peers in reading".[47] Even with great teachers in great schools, students who do not have access to quality summer opportunities fall far behind their peers by the time they enter middle school.

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[45] Attendance Works. "Attendance in early Elementary Grades: Association with Student Characteristics, School Readiness and Third Grade Outcomes," Applied Survey Research, May 2011.
[46] H. Cooper, B. Nye, K. Charlton, J. Lindsay, and S. Greathouse, "The Effects Of Summer Vacation On Achievement Test Scores: A Narrative and Meta-Analytic Review," Review of Educational Research, 1996 Volume 66: 227–268.
[47] "Campaign for Grade-Level Reading: Summer Learning Loss," Grade Level Reading, 2016. <http://gradelevelreading.net/our-work/summer-learning-loss>

Low-Income Students Fall 2.5 to 3 Years Behind by Fifth Grade

Source: Cooper, H., Borman, G., & Fairchild, R. (2010). "School Calendars and Academic Achievement." In J. Meece & J. Eccles (Eds.), *Handbook of Research on Schools, Schooling, and Human Development* (pp. 342-355). Mahwah, NJ: Erlbaum.

✓ **The need for social-emotional learning**

Hope

Increasing academic and developmental achievement in students requires much more than rigorous academic tutoring. As children age into the school system, their understanding of the world grows, and their self-awareness and perceptions of the world grow with them. Research shows that children need more than academic supports in order to succeed in the classroom.[48]

Gallup, a national survey group, found that by building hope in students, as defined by the ideas and energy students have for the future, students are more successful in school and after. Within this research, hope has been found to be a better predictor of college success than high school GPA, SAT, and ACT scores – traditional academic benchmarks that have been commonly used to determine college academic preparedness.[49] Hope has also predicted academic achievement above intelligence, personality, and previous class test scores,[50] and has positively correlated to reduce anxiety both in general and in test-taking situations.[51] It has also been able to predict overall GPA for college freshmen better than traditional entrance examinations.[52]

Along with all of the positive benefits of increasing hope, researchers found hope is malleable and can be sustained through intervention. A recent study of middle-school students showed success in targeted interventions that focused on increasing hope, with results of the

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[48] C.R. Snyder, J.C. Shorey, K.M. Pulvers, V.H. Adams, and C. Wiklund, "Hope and Academic Success in College," Journal of Educational Psychology 2002 Volume 94(4): 820-826.
[49] Ibid.
[50] L. Day, K. Hanson, J. Maltby, C. Proctor, and A. Wood, "Hope Uniquely Predicts Objective Academic Achievement Above Intelligence, Personality, And Previous Academic Achievement," Journal Of Research In Personality 2010 Volume 44: 550-553.
[51] C. R. Snyder, "Hope, Goal-Blocking Thoughts, and Test-Related Anxieties. Psychological Reports 1999 Volume 84: 206-208.
[52] "Hope and Academic Success in College," 820-826.

intervention sustained at an 18-month reassessment.[53] Helping students learn to set and talk about goals, identify and navigate barriers, and make the connection between doing well in school and making good career decisions all positively impact hope.[54] Providing at least one mentor per student further achieves this.

Engagement

In addition to hope, student enagement is a critical factor in school success. A student's engagement, their involvement in and enthusiasm for school (or community), measures how invested students feel in their school and how supported students feel to achieve their goals. Closely tied to hope, students who are engaged come to their work ready and eager to learn and are likely to encourage peers to learn as well. Students who are not engaged often "go through the motions" at school and, while they do not disrupt their peers, they themselves do not actively learn. Finally, students who are actively disengaged are likely to undermine the academic work of other students.[55]

Adverse Childhood Experiences (ACEs) can severely alter a child's biological development. When a child consistently experiences a trauma; including situations of abuse, neglect, witnessing violence, or general maltreatment - the brain adapts to these situations by elevating stress hormones (known as cortisol). Long term, these stress hormones can alter parts of the brain tied to things such as emotion regulation, visual and special memory, language and math proficiency, and other important parts.[56] Studies found a relationship between childhood exposure to abuse or household problems and medical disorders in adulthood including cancer, liver disease, skeletal fractures, chronic lung disease, and heart disease. In addition, the ACE Study investigators found relationships between early adverse life events and other health problems such as smoking, suicide, depression, obesity, drug use, alcoholism, teen pregnancy, sexual risk behaviors, and sexually transmitted diseases.[57]

As a response to ACEs, research shows child well-being significantly improves when parents have a strong support structure they can count on. In fact, one study showed families in which the mother had one or more adult supports she could rely on for assistance had the same level of child well-being improvement as families with an annual income increase of $15,000.[58]

Additionally, healthy relationships with at least one adult helps children achieve significant gains in performance and attendance at school and self-worth, as well as, reduce negative actions such as substance abuse.[59] Unfortunately, 62% of low-income kids do not receive mentoring

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[53] S.C. Marques, S.J. Lopez, and J.L. Pais-Ribeiro, "Building Hope for the Future: A Program to Foster Strengths in Middle-School Students," Journal of Happiness Studies 2011 Volume 12: 139-152.
[54] Let's Create Hope for the Future in America's Kid (Gallup Student Poll, 2010) <http://www.aspencommunityfoundation.org/wp-content/uploads/Gallup-Huddle-Cards-2013.14.pdf>
[55] S. Lopez, "The Highs and Lows Of Student Engagement," Phi Delta Kappan 2011 Volume 93(2): 72-73.
[56] M. Teicher, et al., "Neurobiological & Behavioral Consequences of Exposure to Childhood Traumatic Stress," Stress in Health and Disease eds. B.B. Arnetz & R. Ekman 2006.

[57] E.G. Flaherty, R. Thompson, A.J. Litrownik, et al., "Effect of Early Childhood Adversity on Child Health," Archived Pediatric Adolescent Medicine, 2006 Volume 160(12):1232-1238.
[58] Family Policy Council, Reducing Adverse Childhood Experiences, online course 2012, Slide 65.
[59] R. Putnam, Our Kids: The American Dream In Crisis (New York: Simon & Schuster Press, 2015) 213-214.

beyond their family members, not because they don't want one, but because they do not have a mentor from the community.[60]

Our Priorities

In order to achieve our education goal, the following must be true:

- Families must have access to quality childcare that provides developmental opportunities in addition to a safe environment.
- Children need to enter kindergarten developmentally and social-emotionally on track with their peers.
- Parents are the most important teachers for children and need skills to support their child's development, be financially stable and have a network of other adults to help provide the best possible outcomes for their children.
- Hope, the most accurate predictor of success, must be nurtured through mentoring and positive relationships within their family, school, and community to help youth learn to set goals and make decisions that lead to good career decisions.
- Children need to be engaged in their school and community, fostering positive relationships with adults to build resilience in times of adversity.
- Children need to be reading proficiently by fourth grade to prepare them for success as they advance through their academic career.

Through this knowledge of what works, United Way remains invested in the following six education priorities.

Intermediate Outcome 1: BASIC PROGRAM QUALITY
Quality, access, and duration of in-home and center-based care facilities is of the highest standards in the area: youth are engaged in out-of-school time activities that provide a safe, supportive environment and reduce the impact of summer academic loss.

Indicator measurements:
- Number/percent of classrooms that improved (or maintained if at highest level) quality
- Number/percent of programs that improved (or maintained if at highest level) quality
- Number/percent of child care/home providers who improved (or maintained if at highest level) quality
- Number/percent of program providers are trained in trauma-informed care and knowledge of ACEs
- Program quality is improved (or maintained if at highest level) based on YPQA assessment

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[60] Ibid.

Intermediate Outcome 2: CHILD DEVELOPMENT

All children birth to age five are screened early for cognitive, social-emotional, fine and gross motor, and language and early literacy skills and demonstrate developmentally appropriate skills to ensure every child receives supports to succeed.

Indicator measurements:

- Number/percent of children (birth to age five) demonstrating developmentally appropriate language skills for their age
- Number/percent of children (birth to age five) demonstrating developmentally appropriate physical (fine & gross motor) skills for their age
- Number/percent of children (birth to age five) demonstrating developmentally appropriate cognitive skills for their age
- Number/percent of children (birth to age five) demonstrating developmentally appropriate social-emotional skills for their age

Intermediate Outcome 3: PARENTING

Parents of young children will demonstrate the knowledge and skills to promote their children's successful development.

Indicator measurements:

- Number/percent of parents who improved (or maintained if at highest level) social-emotional support or relationships with family and friends
- Number/percent of parents who improved (or maintained if at highest level) personal & family functioning/resiliency or supportive resources
- Number/percent of parents who improved (or maintained if at highest level) parenting knowledge and skills
- Others as approved through the Letter of Intent process

Intermediate Outcome 4: SUPPORTING ENGAGEMENT

Youth have supports to succeed academically and are proactively engaged in their present work.

Indicator measurements:

- Number/percent of youth who increased their math, or science proficiency (STEM focus)
- Number/percent of youth who have a positive attitude toward school
- Number/percent of youth who reduced chronic absenteeism
- Number/percent of youth who participate in service learning in their local, national, or global communities
- Number/percent of youth who feel supported to pursue their future
- Number/percent youth have improved (or maintained at grade-level) education attainment during the summer

Intermediate Outcome 5: BUILDING HOPE

Youth have the relationship support and positive social-emotional skills to know they will succeed in their future.

Indicator measurements:
- Number/percent of youth who have strengthened family relationships
- Number/percent of youth who report having a positive relationship with an adult outside of their family
- Number/percent of youth who have a positive sense of self
- Number/percent of youth who have improved social-emotional skills
- Number/percent of youth who express optimism for their future

Intermediate Outcome 6: IMPROVING LITERACY

Literacy is valued in individuals, families, and the community, and students have the necessary skills to succeed in school.

Indicator measurements:
- Number/percent of parents who have improved parenting knowledge and skills regarding literacy with their children
- Number/percent of youth who increased their reading proficiency

Priority populations:

United Way is committed to improving these six education priorities in our five-county service area. Early interventions yield greater returns for both social improvements in the lives of children and families and economic improvements for the community. Because of this, United Way places priority on services that assist populations of younger children. In addition, through research on both equity and economic indicators in our community, United Way values services that assist families of color and single-parent families. Through targeted interventions on populations in greatest need, United Way hopes to improve the lives of those in greatest need in our community.

As stated previously, children live in families, and if families do not have supports needed to survive, children will also struggle. Along with financial stability initiatives, United Way pursues multi-generational approaches to address complex issues many people face in our community.

A. Narrative Questions

Continuation Grant Questions (45 points)

1. What problem area do you intend to address and why is this needed locally?
2. Who are your target clients and how do you reach them? Or Who are you clients and how do you engage them in your services?
3. What is/are the services you will deliver and what result will you achieve?
   a. Describe the service sequence.
   b. In your description it should be clear how the activities relate to the result your organization is working to achieve.
4. What evidence exists or do you have that shows your approach will work to solve your clients' problem or need?
5. Please describe how you determine that participants experience better outcomes by participating in your program, compared to people who are not in your program.
   a. What is the difference that is being made?
   b. Why should we continue to fund this work (Looking specifically at impact and outcomes)?
6. Is there anyone else doing what you are doing?
7. What other organizations help you achieve desired outcomes for clients?
8. What's changed in our environment that's impacted the service and how have you coped with those changes?
9. Please describe any risks you face that may impact your ability to deliver forecasted outcomes/results such as staff turnover, available talent, policy change, or other funder changes. How would you address them?

Enhancement Grant Questions (15 points)

If applying for an Enhancement Grant please answer the nine Continuation Grant Questions and the following three questions.

1. Please describe how you will expand the impact of your program/service. To be considered the enhancement should include one or more of the following: expanded geography, expanded populations, or dramatically expanded services.
2. What changes or trends led to the need for this enhancement?
3. What is your staffing plan to address this shift?

B. Data and Measurement Components

1) Please describe the measurement tool you are using including the source of the tool and the method of choosing this tool. Please also provide any reliability and validity information you have on the measurement you will be using to collect your data.
2) Please clearly describe your methodology for calculating indicator measurements including timing and frequency of measurement.
3) Complete your logic model and include this information.

C. Financial: Budgets and Request Justification
   ### C1. Impact Strategy Budget & Narrative

Impact Strategy Budget Form
Please complete an Impact Strategy Budget Form using the MS Excel form on the UWECI website. UWECI should not be the only source of income reflected on the impact strategy budget. The Impact Strategy Budget should reflect all sources of income and related expenses to implementing the strategy being proposed. Budget figures should coincide with the grant cycle (July 1-June 30 fiscal year). Funding requested from UWECI should not exceed 70% of the total strategy budget.
Do not change any titles to line items in the budget form.

Impact Strategy Budget Narrative
Please use the "Narrative" space in the budget form (Excel spreadsheet) to explain Impact Strategy Budget line items that you feel are needed, including:
- Line item variance greater than $10,000 or greater than 10% between budget years. Please reference the line item(s) and provide an explanation.
- Complete the schedules as appropriate
- Budget deficits of any size require both an explanation and an anticipated resolution
- Describe key financial opportunities and threats that may affect your strategy budget in the next three years.

Please reference the applicable line item number and description for each explanation provided. For example:
Line item 10 - Salaries: The variance is a result of a 1 FTE staff position that was not filled for five months.

C2. Funding Request Justification Form
Please complete a Funding Request Justification Form using the MS Excel form on the UWECI website. This form shall serve as the primary tool to set context for the amount of funding being requested. Agencies may modify the form to suit their need, however all information requested must be addressed. *If the proposal is requesting funding to support activities that align /with two or more intermediate outcomes, please complete a "Funding Request Justification Form" for each Intermediate Outcome.*

Funding Request Narrative:
Provide additional information that sets context for the funding requested, including but not limited to:

- Provide and explain how it is calculated the agency's general administrative rate (%) applied to service provisions.
- Revenue streams that support this strategy and funding restrictions they may impose.

Glossary of UWECI Terms

Activities – the type of service or what the agency does with its inputs, i.e., resources dedicated to or consumed by the agency, to fulfill its mission (e.g. workshops, counseling, trainings, etc.)

Barriers – related issues effecting the situation of the primary focus area.

Base Data – information gathered at the beginning that is used later to provide a comparison for assessing impact.

Care Coordination – links patients with community resources to facilitate referrals and respond to social service needs. Tracks and supports patients when they obtain both inside and outside services. Communicates with clients and community resources about needs and goal setting.

Community Goal – a broad, systemic community change tied to a United Way focus area of Education, Financial Stability, or Health that cannot be directly measured, but rather evidenced by changes in related indicators, i.e., measures used to illustrate benefits or changes in knowledge, skill, behavior or condition for participants and/or communities.

Cultural Competence – set of congruent behaviors, attitudes, and policies that enable systems, agencies, or professionals to work effectively in cross-cultural situations.

Diversity and Inclusion – diversity is the range of human differences, including but not limited to race, ethnicity, gender, gender identity, sexual orientation, age, social class, physical ability or attributes, religious or ethical values system, national origin, and political beliefs. Inclusion is involvement and empowerment, where the inherent worth and dignity of all people are recognized. An inclusive agency promotes and sustains a sense of belonging; it values and practices respect for the talents, beliefs, backgrounds, and ways of living of its members.

Educational Attainment – refers to the highest level of schooling a person has reached.

Federal Poverty Level – guidelines set by the federal government used to set eligibility criteria for various programs: http://www.akleg.gov/basis/get_documents.asp?session=29&docid=52164

Focus Areas – the three categories of community issues that comprise UWECI's Impact Agenda; Education including, Early Childhood Development and Care, and Positive Youth Development; Financial Stability; and Health which includes Independence. Also referred to as pillars.

Housing Cost Burden – the %age of household income spent on mortgage or rent. HUD programs consider households spending more than 30 % of income on either rent or mortgage to be "cost-burdened." Households spending more than 50 % are considered to be "severely cost-burdened."

Impact Cabinet – a governing body which oversees the Community Solutions Teams, that will determine funding for each Focus Area and discuss overarching issues, strategies and policies.

Indicators – measures used to illustrate benefits or changes in knowledge, skill, behavior or condition for participants and/or communities.

Inputs – resources dedicated to or consumed by the agency; some examples include staff, volunteers, time, money, equipment, etc.

Integration – the process of improving organizational performance by facilitating the continuous alignment of strategies within the ever changing social service environment.

Intermediate Outcome – the change that is desired through funded strategies of UWECI to contribute to the Community Goal's achievement.

Low-income — United Way of East Central Iowa considers persons or households with annual incomes below 250 % of the federal poverty guidelines to be low-income.

Logic Model – a tool that helps frame a strategy by evaluating data from all key data sources (e.g. inputs, activities, outputs, indicators and intermediate outcomes).

Multi-generational – of or relating to several generations.

Navigation – refers to the assistance offered to patients in finding their way through the complex social service and/or health systems to overcome barriers in accessing quality care and treatment (e.g., arranging financial support, coordinating among providers and setting, arranging for translation services, etc.), and emphasize a patient-centric model. Navigation is the assistance that enables successful Care Coordination

Outputs – the direct products of activities. These are usually measured in terms of the volume of work accomplished and/or participants served. Examples: number of classes taught, number of counseling sessions conducted, hours of service provided.

Self-Sufficient Wage – a calculation of the compensation required to provide for an individual's or family's needs. Please reference Iowa Policy Project's website to access the Cost of Living in Iowa Report.

Socioeconomic Status (SES) – is often measured as a combination of education, income and occupation. Socioeconomic status is commonly conceptualized as the social standing or class of an individual or group.

Solutions Teams – teams of volunteers and lead staff that will work collectively to research best practices, select partners, allocate funds, monitor performance, support community initiatives, build collaboration, understand community systems and create advocacy all under an identified focus area on an ongoing basis.

Strategy – incorporates the activities or services within your agency that support your alignment with an intermediate outcome. This strategy may align with what has been traditionally labeled as a program or group of programs in your agency.

Trauma-Informed – care is a framework that involves understanding, recognizing, and responding to the effects of all types of trauma.

Target Population – the market segment or group you are planning to serve.

Targets – numerical goals for an agency's level of achievement.

Vision – a future ideal state for a community condition, issue or population group.

BUDGET FORM DEFINITIONS

REVENUE

Line #	Line Description	Line Explanation
1	UWECI Community Impact Funding	Amount requested from the CIPF, and the amount current partner agencies received from UWECI for Partner Agency Funding.
2	Other UWECI Funding	Funding received from UWECI for Donor Option
3	Funding from other United Ways	Funding received from a United Way other than UWECI.
4	Contributions & Events	Include all general contributions for which the donor receives no direct private benefit such as any funds restricted by the donor; also include revenue resulting from special events sponsored by an agency for the purpose of fundraising.
5	Foundation Grants	Funding received from private, corporate, community, or family foundations such as the Hall-Perrine Foundation, Greater Cedar Rapids Community Foundation, etc.
6	Government Grants	Funding received from the United States Government, the State City and or County.
7	Program Service Revenue	Include revenues that are received by the agency for personal memberships and fee payments for services furnished by the organization.
8	Other Revenue	Include revenue that cannot be itemized in previous line items.
9	TOTAL IMPACT STRATEGY REVENUE	The sum of lines 1-8.

EXPENSES

Line #	Line Description	Line Explanation
10	Salaries	Salaries and wages earned by the agency's or Impact Strategy's regular and temporary employees; does not include fees paid to consultants or contract fees.
11	Benefits and Payroll Taxes	Amounts paid and accrued by an agency under employee benefit plans offered by the agency and payroll taxes.
12	Fees for Services	Professional fees and expenses of professional consultants and

	(non-employees)	practitioners who are not employees of the organization.
13	Advertising/Promotion	All marketing and communication related expenses, including costs for printing, design work, etc.
14	Office expenses	Includes the cost of material, appliances, and other supplies.
15	Occupancy/Utilities	Costs to agency or impact strategy for occupying owned or leased land, buildings and/or offices including telephone, internet and other facilities operations costs
16	Travel/Meetings	All expenses of travel and transportation for agency representatives, also expenses of conducting or attending meetings related to the organizations activities.
17	Assistance to Individual Households	Cost to the agency of specific material assistance or services for a particular client or patient.
18	Dues	Amounts paid for memberships in other organizations that provide benefits and services i.e. membership in a network or association
19	Insurance	All costs of insurance except employee benefits and other payroll related insurance.
20	Other Expenses	Expenses not reportable in other lines.
21	TOTAL AGENCY/ IMPACT STRATEGY EXPENSES	All expenses, direct and indirect, attributable to the agency/impact strategy.
22	Net Excess (Deficit)	The difference between TOTAL REVENUE and TOTAL EXPENSES.

SUBMISSION REQUIREMENTS

Contact Information:
If you have any questions, please contact Leslie Wright at (319) 398-5372 ext. 815 or
communitybuilding@uweci.org

Accessing the RFP Forms:
Agencies can find all necessary forms on the UWECI web site: www.uweci.org/2016RFP

**LATE OR INCOMPLETE SUBMISSIONS WILL NOT
BE CONSIDERED FOR FUNDING.**
UWECI must receive all materials electronically via email submission to
communitybuilding@uweci.org by **noon** on **January 13, 2017*.** In order to be considered
complete each Funding Proposal should include the following:

Checklist of Items	Submission Method	CHECK
Funding Proposal including: ▪ Cover Page ▪ Narrative ▪ Impact Strategy Budget ▪ Funding Request Justification Form ▪ Program Process Map	☑ Email all documents together as one pdf that may be duplicated	
Logic Model	☑ Email pdf document	
Current roster of organization's Board of Directors with their affiliations	☑ Email pdf document	
Affidavit of Non-Discrimination	☑ Email pdf document	
Counterterrorism Compliance Form	☑ Email pdf document	
Current Partners:	Submit Accountability Review documents on your regular schedule.	
New applicants only:		
1) 501(C)(3) Designation Letter 2) Current Bylaws 3) Audit or Independent Financial Review 4) IRS Form 990 5) Board approved annual budget with accompanying narrative	☑ Email all documents together as one pdf that may be duplicated	

*The invitation to apply will be sent via email on October 28th.