



**UWECI- Women United
FY2020 Women’s Health Funding Application**

Name of Organization:	
Address:	
Phone Number:	
Name and Email of Executive Director:	
Name and Email of Contact Person for this Application:	
Name and Email of Data and Reporting Contact Person:	
Total amount of request for FY2020:	
Also, complete FY20 Funding Summary Form (attached)	

Section 1: Agency Overview

- A.** Describe any relevant changes to the types of health services your agency provides within the United Way service area of Benton, Cedar, Iowa, Jones, and Linn counties.
- Include new or enhanced services through all funding resources.

Section 2: Project Description

- Target Population – Describe the demographics of the female patient population you serve. Please indicate at a minimum: age, race/ethnicity, county, zip code in Linn County, and income status. If applicable, please include information gathered regarding needs, ACEs/resilience factors.
- Provide a description of the process that determines client needs including needs assessments or screening tools.
 - Identify what tools are utilized

B. Project Design

- 1) Briefly describe the activities/services for which you are requesting funding.
 - If different than prior request to Women United, explain reason for the new/emerging need (reference any internal/external data sources).
 - Please estimate the number of women who will be supported by these specific services.

- 2) Why are you requesting Women United funding to provide these services?

- 3) Please explain any changes that have influenced your services to women in the last year?

- Describe the strategies utilized for adaption.

D. FY19 Funding Summary

This form shall serve as the primary tool to set context for funding being requested.

- FY2020 Proposed # Served
- Amount Requested (per activity)
- Cost per unit of service (will auto calculate based on proposed/\$requested)
- Explanation of request increase, decrease, or activity changes
- Demographics (Totals will auto calculate)
 - Ensure that it reflects the FY20 proposed per each activity
 - Age, Demographics reflects unduplicated persons

E. FY20 Funding Priorities

Please select the measures you will report in FY20:

Increasing affordability of healthcare
of women utilizing prescription assistance
of women utilizing medical supplies
of women utilizing co-pay/cost assistance

of women receiving dental care
of women receiving vision care

Decreasing the barriers to access

of women utilizing transportation assistance
of women receiving diabetic education
of women receiving patient navigation/care coordination
 Of these women
 % of women who were linked to two or more services
 % of these women who were linked to a mental health provider
➤ Optional: # of women that received Patient Navigation or Care Coordination that are in TAV Connect

Addressing social determinants of healthcare

Demographics: age, race/ethnicity, county, zip code in Linn County
➤ If applicable, please include the # of women who received the following referrals:

- Housing
- Basic Needs
- Mental Health
- Parenting Programming
- Transportation

Please describe other information relevant to reviewing your application:

(staff changes, scope of services, policy or practice change that impacts navigation and care coordination directly or indirectly, etc.)

