



UNITED WAY OF EAST CENTRAL IOWA
**WOMEN
 UNITED**
women helping women



UWECI- WOMEN UNITED
FY2021-23 (JULY 2020-JUNE 2023) 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 FY2021:	

Section 1: Agency Overview

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. If funding sources decrease, where would your agency see the biggest impact?

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 and ACEs/resilience factors.
- Provide a description of the process that determines client needs including needs assessments or screening tools.
 - Identify what tools are utilized



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Section 3: Project Design

1. Briefly describe the activities/services for which you are requesting funding.
 - If different than your prior request to Women United, explain the 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 adaptation.

FY21 Funding Summary

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

- FY2021 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 FY21 proposed per each activity
 - Age, Demographic reflects unduplicated persons



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FY21 Funding Priorities

Please select the measures you will report in FY21:

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
- # of women who are insured

Decreasing the barriers to access

- # of women receiving patient navigation/care coordination
 - Of these women
 - % of women who have established a medical health home.
 - % of women who have become insured through care coordination process
 - % of women who access routine preventative care.

- Optional: # of women that received Patient Navigation or Care Coordination that are in TAV Connect

Addressing social determinants of healthcare

- Age
 - Race/Ethnicity
 - County
 - Zip code
-

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.)