

# United Way for Southeastern Michigan 2023 Basic Needs Application Questions



## 2023 United Way for Southeastern Michigan Basic Needs Open RFP

- Include Review Organization/Financial information Profile for Verification
- Include Any Standard Application Questions (Contact Info, etc.)

### A. Tier Funding Selection

Please review the eligibility for each tier and select the tier that is appropriate for your application. Please note that for whichever tier you select, funding requests should not exceed 15% of your organization's operating budget. Failure to meet the eligibility criteria for your selected tier may result in disqualification from funding consideration.

Choose the funding range that best fits your organization's needs and capacity within the award and spending timeframe. You will provide a specific funding request and budget later in the application.

#### **Tier 1: Operational Grant \$20,000**

- Tier 1 awards are designed to support organizations that are seeking funds to maintain current base operations OR the applicant is a **NEW** partner. **NEW** partners are defined as not having been awarded a Basic Needs/Safety Net Services grant in the past 3 funding cycles beginning in 2020.

#### **Tier 2: Enhanced Operational Grant \$20,001-\$60,000**

- Tier 2 awards are designed to support existing or recent partners that are seeking funds to maintain or enhance current operations and/or those who are expanding or implementing new services to meet growing demand or reach more people.

#### **Tier 3: Community Grant \$60,001-\$100,000**

- Tier 3 awards are reserved for larger organizations that demonstrate scope and scale, those with a wider geographic reach, and/or those that function as a multi-domain partner. Organizations applying for this award type are strongly encouraged to have an annual operating budget of at least \$3M, recorded in the most recently approved organizational budget.
1. Please explain how your organization's funding request meets the criteria as laid out in the award description for the tier you selected.

### B. Program Narrative

1. Please provide a brief overview of the purpose and intent of the program(s), service(s) or activities supported by this grant and how funds will be used.
2. What challenge(s) will be addressed by work supported by this grant? How will your client population benefit from your organization receiving this funding?
3. How is your organization positioned to address this challenge and provide this benefit?
4. If you are implementing new programs or enhancing your services, please explain which new services will be offered and how your organization plans to monitor new operations to ensure successful implementation.

**C. ALICE Basic Needs Domains, Services and Program Funding**

Using the Grant Information Sheet and the Scoring Rubric as a reference, please indicate the exact funding amount that you are requesting. Based on your previously selected funding tier, your organization may request amounts in the range of \$\$ to \$\$ (amount based on tier selection).

Please select the domain and services that your organization will provide with Basic Needs Funding (Checkboxes, choose all that apply)

**Food Domain/Services (check all that apply)**

- Providing emergency food including:
  - Food aggregator
  - Food pantry or community kitchen
- Providing SNAP application navigation
- Lowering food costs through food vouchers and/or subsidies including:
  - Grocery vouchers
  - Incentive-based subsidies
  - Subsidized food-buying clubs

**Food Programs**

1. Please list all programs/services that this funding will support in the **Food Domain**. Should your program(s) cross domains, feel free to list in each domain.
2. Please estimate the percentage of your grant budget that will be used to support operations and activities in the **FOOD domain**.

**Health Care Domain/Services (check all that apply)**

- Providing behavioral health services
- Providing substance abuse treatment
- Providing medical services
- Providing affordable prescription drugs
- Providing health care navigation services
  - Connecting families and children to a Medical Home
  - Assisting individuals with Medicaid applications, etc.
- Providing screening, assessment, and referral to medical services
- Providing screening, assessment, and referral to social services

**Health Care Programs**

3. Please list all programs/services that this funding will support in the **Health Care Domain**. Should your program(s) cross domains, feel free to list in each domain.
4. Please estimate the percentage of your grant budget that will be used to support operations and activities in the **HEALTH CARE domain**.

**Housing Domain/Services (check all that apply)**

- Providing emergency shelter services
- Providing transitional housing services
- Providing supportive housing services

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- Providing utility assistance
- Providing eviction and/or foreclosure prevention services including:
  - Legal aid
  - Rent/mortgage assistance
- Providing housing relocation services
- Providing housing stability and/or homeownership support services (finances, maintenance, etc.)

### Housing Programs

5. Please list all programs/services that this funding will support in the **Housing Domain**. Should your program(s) cross domains, feel free to list in each domain.
6. Please estimate the percentage of your grant budget that will be used to support operations and activities in the **HOUSING domain**.

### Best Practices

1. Do any of the programs listed above incorporate the use of best practices in service delivery? Best practices can include industry standards, evidence-based practices, evidence-informed practices, promising practices, etc.?
  - a. If yes, please provide the name(s) of the best practices and describe how they are being used in relation to service delivery to meet the needs of those you serve and address the challenges described earlier.

## D. Partnerships, Networks and Referrals

1. Please indicate what amount of your organization's current programs and services are listed in the 2-1-1 Resource Directory/Database. For questions and to check what information is available in the 2-1-1 Resource Database, email [211serviceproviders@liveunitedsem.org](mailto:211serviceproviders@liveunitedsem.org).
  - a. Organization's program/services are not listed in the 2-1-1 Resource Database
  - b. Some programs/services are listed in the 2-1-1 Resource Database
  - c. Most programs/services are listed in the 2-1-1 Resource Database
  - d. All programs/services are listed in the 2-1-1 Resource Database
2. Does your organization currently receive 2-1-1 referrals?
  - a. If yes, does your organization track and record these referrals?
  - b. If yes, how many referrals do you receive from 2-1-1 per month?

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- c. If yes, United Way and Michigan 2-1-1 are exploring ways to further enhance the 2-1-1- Resource Database and referral process. Enhancements may include the ability to update available services and programming more frequently, pause or open availability depending on waitlists and capacity, and send automated messages to other organizations in the Resource Database letting them know someone is being referred to their agency. Is your organization interested in learning and participating in these enhancements? (Yes/No)
  - d. Please describe why you selected your answer choice above. If you selected "Yes", you would be interested in learning more about the Resource Database enhancements, please share how you think these changes could be beneficial to your organization. If you selected "No", please share why your organization is not interested in the enhancements at this time.
3. Does your organization refer clients to 2-1-1?

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- a. If yes, does your organization track and record these referrals?
  - b. If yes, how many referrals does your organization make to 2-1-1 per month?
4. Does your organization use any resource referral directory (created internally, or an external database) besides 2-1-1? (This question will not be used for scoring purposes.)
- a. If yes, please list and explain.
5. In cases where your organization is unable to serve someone, please explain how you coordinate with other organizations and where you refer people to when they are declined by your organization.

### **E. Systems, Data and Client Voice**

1. Does your organization currently document whether client needs are being met?
  - a. If yes, how do you document if needs are met and what metrics are being used?
2. How will this funding be used to support and/or increase access to services, particularly for those that are Asset-Limited, Income-Constrained, Employed (ALICE)? Provide specific examples of the ways in which this funding is used to remove barriers, supplement or complement other funding, fill gaps, and/or expand eligibility to programming.
3. Does your organization provide a venue for client feedback about your services?
  - a. If yes, please explain.
4. Does your organization regularly use data to change, enhance, troubleshoot, or otherwise improve your services?
  - a. If yes, please provide up to two recent examples of the type of data used and how it was used to improve services. If your organization uses client feedback for program improvement, please provide one of your examples.
5. Aside from client feedback, how are community members with lived experience engaged in your work?
6. Do you currently include equity measures/metrics in your service delivery/program evaluations?
  - a. If yes, please describe.

### **F. Leveraging Funding and Sustainability**

1. In which way(s) will your organization use these funds from the United Way? (check all that apply) (This question will not be used for scoring purposes.)
  - a. Fill a budget gap to continue current services
  - b. Expand services to reach additional clients
  - c. Provide new services
  - d. Use as matching funding (Please identify grant source)
  - e. Other
2. Has your organization participated in joint or collaborative fundraising efforts?
  - a. If yes, please explain.
3. In the past three years, has your organization received any state or federal grants?
  - a. If yes, please check all applicable ALICE Basic Needs Domains that these state or federal grants support.

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- b. If yes, please list any current state or federal grants supporting your efforts in these domains or enter NONE if not applicable.
- 4. Please describe how your organization plans for sustainability and the activities/solutions you undertake to ensure that the services you are seeking funding for can be sustained for the community long-term.

**G. Target Service Area & Population**

- 1. Please describe in detail the target population or group that this program/service is designed to impact.
- 2. Please identify the PRIMARY population(s) you expect to serve through this program/service (select no more than two)
  - a. Children 0-5
  - b. Children 6-12
  - c. Teens 13-18
  - d. Adults 19-64
  - e. Older Adults 65+
  - f. Families
  - g. Individuals with Disabilities
  - h. Immigrants
  - i. LGBTQ+
  - j. Other, please specify...
- 3. Please identify any additional populations you expect to serve through this program/service (check all that apply)
  - a. Children 0-5
  - b. Children 6-12
  - c. Teens 13-18
  - d. Adults 19-64
  - e. Older Adults 65+
  - f. Families
  - g. Individuals with Disabilities
  - h. Immigrants
  - i. LGBTQ+
  - j. Other, please specify...

**ALICE Households**

There are 40 municipalities within Wayne, Oakland, and Macomb Counties where the number of households that fall below the ALICE threshold is greater than 40%. We are interested in funding organizations whose services are targeting these communities.

Wayne		Oakland	Macomb
Belleville	Lincoln Park	Hazel Park	Center Line
Dearborn	Melvindale	Holly Township	Clinton Township
Dearborn Heights	Redford Township	Keego Harbor	Eastpointe
Detroit	River Rouge	Madison Heights	Memphis
Ecorse	Romulus	Oak Park	Mount Clemens
Flat Rock	Southgate	Pontiac	Roseville
Garden City	Taylor	Royal Oak Township	Utica
Hamtramck	Van Buren Township	Southfield	Warren

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Harper Woods	Wayne	Walled Lake	
Highland Park	Westland	Wixom	
Inkster	Wyandotte		

4. Using the list above, please select the estimated percentage of clients/recipients that will be served with this grant who reside in one of these 40 municipalities.
  - a. 75% or more
  - b. 50%
  - c. 25%
  - d. Less than 25%
  
5. Please estimate the percent of individuals served through this program who reside in each of the following municipalities. (complete for Outer-Wayne, Oakland and Macomb)
  
6. Please list the top three (3) zip codes in Detroit where the majority of your service recipients reside and estimate the percent of individuals served through this program who reside in each of those zip codes.

**H. Number of Individuals Served & Demographics**

**Overall**

This section is designed to capture the overall number of unique individuals supported by this grant across the three ALICE Basic Needs Domains.

1. Recognizing that services and programs collect data in numerous ways, the projections below require you to enter the number of unique individuals/households. For consistency in projections and future reporting, please select the appropriate method that you use to measure impact.
  - a. Individual Level
  - b. Household Level
  
2. Consistent with the measurement selected above (Individuals or Households), enter the number of unique/unduplicated individuals/households (new and returning) receiving ANY services supported by this grant funding. If your organization provides services to the same individuals/households throughout the year, please only count them in the quarter they begin services.

Number of unique/unduplicated individuals (new and returning) receiving any services supported by this grant funding	Q1 Projection	Q2 Projection	Q3 Projection	Q4 Projection	Total Projection (sum of quarterly projections)

3. Recognizing that services and programs support individuals/households in numerous ways and at different frequencies (i.e., some provide services to someone once and others provide ongoing services to the same

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clients), please estimate the percentage of people reported above that will receive services across multiple quarters.

- a. Almost no clients receive services across multiple quarters.
- b. 25% of clients are served across multiple quarters.
- c. 50% of clients are served across multiple quarters.
- d. 100% (or almost all) clients are served across multiple quarters.

**Domain Specific**

This section is organized by domain. Please report on only those outputs this grant will support directly. If your organization does not provide services in a particular domain or this grant does not support that body of work, please leave the space blank.

<b>Food: United Way households have reliable access to quality food that is nutritious and affordable.</b>					
Number of unique/unduplicated individuals receiving food services	Q1 Projection	Q2 Projection	Q3 Projection	Q4 Projection	Total Projection (sum of quarterly projections)
Of the total individuals served in this domain, please provide the number of individuals receiving the following services... *We understand that an individual may receive multiple services in a domain. Please count them in each of the services they receive.					
	Q1 Projection	Q2 Projection	Q3 Projection	Q4 Projection	Total Projection (sum of quarterly projections)
Emergency Food (food aggregator or pantry/kitchen)					
SNAP Application Assistance (individuals representing households)					
Lowering food costs through food vouchers and/or subsidies (grocery vouchers, incentive-based subsidies, subsidized food buying clubs)					

<b>Health Care: United Way households have affordable, comprehensive medical and behavioral health supports and services.</b>					
Number of unique/unduplicated individuals receiving health care services	Q1 Projection	Q2 Projection	Q3 Projection	Q4 Projection	Total Projection (sum of quarterly projections)
Of the total individuals served in this domain, please provide the number of individuals receiving the following services... *We understand that an individual may receive multiple services in a domain. Please count them in each of the services they receive.					

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	Q1 Projection	Q2 Projection	Q3 Projection	Q4 Projection	Total Projection (sum of quarterly projections)
Behavioral health services					
Substance abuse treatment					
Medical services					
Affordable Prescription Services					
Health care navigation services (connection a medical home, assistance with Medicaid applications, etc.)					
Screening, assessment, and referral to medical services					
Screening, assessment, and referral to social services					

**Housing: United Way households live in affordable, well-maintained homes and have access to housing support services.**

	Q1 Projection	Q2 Projection	Q3 Projection	Q4 Projection	Total Projection (sum of quarterly projections)
Number of unique/unduplicated individuals receiving housing services					

Of the total individuals served in this domain, please provide the number of individuals receiving the following services...  
\*We understand that an individual may receive multiple services in a domain. Please count them in each of the services they receive.

	Q1 Projection	Q2 Projection	Q3 Projection	Q4 Projection	Total Projection (sum of quarterly projections)
Emergency Shelter Services					
Transitional Housing Services					
Supportive Housing Services					
Utility Assistance					
Eviction prevention services and other services designed to prevent homelessness by lowering housing expenses					
Housing relocation services					
Housing stability and/or homeownership support services (finances, maintenance, etc.)					



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### Demographics

Based on the total number of unique/unduplicated individuals you plan to support with this grant, please estimate the following demographic information.

1. Please estimate the percent of individuals by gender identity that your organization will serve (specific to the program and/or services for which you are seeking funds).
  - a. Man
  - b. Woman
  - c. Cisgender
  - d. Agender
  - e. Non-Binary
  - f. Transgender
  - g. Genderqueer
  - h. Two-Spirit
  - i. Self-Identified/Other
  - j. Organization does not capture this data
  
2. Please estimate the percent of individuals that identify with the following racial and ethnic group(s) that your organization will serve (specific to the program and/or services for which you are seeking funds).
  - a. American Indian or Alaskan Native
  - b. Asian or Asian American
  - c. Black or African American
  - d. Hispanic, Latino/a/x or Spanish Origin
  - e. Middle Eastern or North African
  - f. White or Caucasian
  - g. Unknown
  - h. Self-Identified/Other
  - i. Organization does not capture this data
  
3. Please estimate the percent of individuals by age brackets that your organization will serve (specific to the program and/or services for which you are seeking funds).
  - a. 0-5 years
  - b. 6-12 years
  - c. 13-17 years
  - d. 18-24 years
  - e. 25-34 years
  - f. 35-44 years
  - g. 45-54 years
  - h. 55-64 years
  - i. 65+ years
  - j. Organization does not capture this data
  
4. In your best estimate, what percent of the individuals served through this program(s) or services are from households that are Asset Limited, Income Constrained, Employed (ALICE)?
  - a. Below Federal Poverty Line
  - b. ALICE
  - c. Above ALICE
  - d. Organization does not capture this data

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5. Please estimate the percent of individuals by household income that your organization will serve (specific to the program and/or services which you are seeking funds).
  - a. Less than \$25,000
  - b. \$25,000 - \$34,999
  - c. \$35,000 - \$44,999
  - d. \$45,000 - \$74,999
  - e. More than \$75,000
  - f. Organization does not capture this data

**I. Standard United Way Budget**