

**United Way for Southeastern Michigan
2023 Educational Wraparound Services
Application Questions**



2023 United Way for Southeastern Michigan Educational Wraparound Services Open RFP

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

A. Program Eligibility & Award Level Selection

First, applicants will be required to answer the following questions to determine program eligibility for this funding opportunity.

1. Does your organization have experience working in Wayne, Oakland, or Macomb counties?
2. Will your service or program serve youth ages 0-5 and/or grades K-12?
3. Has your service or program been operating for at least 1 year?
4. Will your service or program serve youth in ALICE households?
5. What is the focus of your proposal?
 - a. Program expansion – adding more beneficiaries or expanding current curriculum
 - b. Program continuation – focus on operational support and supporting current work
6. Please select the funding amount you would like to apply for. 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.
 - a. \$15,000
 - b. \$25,000
 - c. \$40,000

B. Program Narrative

Please provide a comprehensive description of the proposed programming, identifying what program or service offerings will be provided, and how these services will overcome barriers to participation and impact outcomes for youth in communities with high populations of ALICE households.

1. PN1 Name your proposed Service or Program.
2. PN1 Please provide a detailed narrative of the program or service you intend to offer if granted this funding.
3. PN1 How do you know there is a need for the service or program you are proposing?
4. PN1 United Way for Southeastern Michigan believes that uplifting households that are below the ALICE (Asset Limited, Income Constrained, Employed) limit is the key to sustainable change within Southeastern Michigan. How does your program contribute to decreasing the number of ALICE households in the tri-county region (Oakland, Wayne, Macomb Counties)?
5. PN2 Please select the domain of youth services that most accurately aligns with the intention of this application.
 - a. Basic Needs for Youth (i.e., food, clothing, healthcare supports)
 - b. Academic Achievement (i.e., tutoring, enrichment, etc.)
 - c. Whole Child Development (i.e., social emotional learning, mentoring, etc.)
6. PN2 Please select the BASIC NEEDS SUPPORTS you offer to youth.
 - a. Food
 - b. Clothing
 - c. Healthcare services (i.e., telehealth, health education programs, basic health needs)
 - d. Foster care/Homeless youth supports
 - e. Behavioral health services (i.e., counseling, substance abuse, crisis interventions, etc.)

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7. PN2 Please expand on the BASIC NEEDS SUPPORTS you have identified will be provided by this program or service.
8. PN2 Please select the ACADEMIC ACHIEVEMENT SUPPORTS you offer to youth.
 - a. Academic Enrichment –Increasing core academic skills (math, reading, science, social studies) through embedding learning opportunities and experiences.
 - b. Literacy – Programming supports increasing literacy skills, access and awareness.
 - c. Tutoring –Increasing academic skills through one-on-one or small group direct instruction.
 - d. Post-Secondary Preparation/career readiness – Supports students in exploring post-secondary opportunities, setting and achieving post-secondary goals.
 - e. IEP/Special Education Support – Supporting students with special needs and/or services identified in an IEP.
 - f. Attendance Supports – Programming focuses on increasing school day attendance.
9. PN2 Please expand on the ACADEMIC ACHIEVEMENT SUPPORTS you have identified will be provided by this program or service.
10. PN2 Please select the WHOLE CHILD DEVELOPMENT SUPPORTS you offer youth.
 - a. Social Emotional Learning - Increasing skills in SEL domains (i.e., anti-bullying, self-esteem, healthy relationships, conflict resolution, anger management, etc.)
 - b. Mentoring – Increasing opportunities for youth to develop a relationship with a dedicated mentor.
 - c. Leadership - Increasing leadership skills through students engaged in targeted leadership opportunities and/or community service opportunities.
 - d. Life Skills - Increasing life skills and self-care through real world hands-on experiences (I.e., financial literacy, effective communication, daily living skills, etc.)
 - e. Health & Fitness –Increasing health and wellness through physical activity and personal health (I.e., dance sports, healthy cooking, personal hygiene, etc.)
 - f. Cultural Enrichment – Increasing student awareness and appreciation of diversity in and around their communities and aims to develop globally responsible citizens.
 - g. Special Interest Explorations – Increasing opportunities for students to engage in personal interest areas (i.e., STEM, arts, music, robotics, etc.)
11. PN2 Please expand on the WHOLE CHILD DEVELOPMENT SUPPORTS you have identified will be provided by this program or service.
12. PN3 What barriers to participation does your target audience experience? Please check all that apply:
 - a. Transportation
 - b. Cost to participate
 - c. Advertising/Learning about the program
 - d. Program timing
 - e. Program eligibility
 - f. Other – please describe
13. PN3 What processes and supports do you have in place to address the barriers to participation you have identified?

C. Program/Service History

In the following section describe what the organization has done in the past and where you have established relationships. Detail how have you been successful in implementing programs or services. Please be specific and provide evidence of that success.

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1. PH1 How long have you offered these services or programming that you are applying for? Pick one.
 - a. 1 or less years
 - b. 2-3 years
 - c. 4+ years
2. PH2 Have you provided your proposed service or program in Wayne, Oakland, or Macomb counties previously?
 - a. Yes
 - b. No
3. PH2 How long has your organization had a presence in Wayne, Oakland, and/or Macomb County?
4. PH3 Do you have a track record of success?
 - a. Yes
 - b. No
5. PH3 If yes, how do you know this program has been successful?
 - a. Feedback (i.e., surveys, focus groups, interviews)
 - i. PH3 If yes, please expand on which types of feedback you have collected to demonstrate program success and how you have demonstrated that success.
 - b. Participant outcomes
 - ii. PH3 If yes, please expand on the participant outcomes have demonstrated past program success.
 - c. Program registrations (i.e., long wait lists, advance registrations)
 - iii. PH3 If yes, please expand on how program registrations can be used to gauge your program's success.
 - d. Quality program analysis
 - iv. PH3 If yes, please expand on which tools you have used to analyze program quality and how that quality analysis has demonstrated program success.
 - e. Other – please describe
 - v. PH3 If yes, please expand on the other methods you have used to demonstrate program success.

D. Demographics & Service Area

1. D1/D2 Please indicate where you have site locations and/or service offerings from the list below. This is an exhaustive list of all communities with an ALICE population over 40%. Select all that apply.
 - a. Centerline
 - b. Clinton
 - c. Dearborn
 - d. Dearborn Heights
 - e. Detroit
 - f. Eastpointe
 - g. Flat Rock
 - h. Garden City
 - i. Hamtramck
 - j. Harper Woods
 - k. Hazel Park
 - l. Highland Park
 - m. Holly
 - n. Inkster
 - o. Keego Harbor
 - p. Madison Heights
 - q. Mount Clemens

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- r. Oak Park
 - s. Pontiac
 - t. Redford
 - u. River Rouge
 - v. Romulus
 - w. Roseville
 - x. Royal Oak Township
 - y. Southfield
 - z. Southgate
 - aa. Taylor
 - bb. Utica
 - cc. Van Buren
 - dd. Walled Lake
 - ee. Warren
 - ff. Waterford
 - gg. Wayne-Westland
 - hh. Wixom
 - ii. Other – Please Specify
2. D3 Please indicate where the youth you will serve with these funds live. This is an exhaustive list of all communities with an ALICE population over 40%. Select all that apply.
- a. Centerline
 - b. Clinton
 - c. Dearborn
 - d. Dearborn Heights
 - e. Detroit
 - f. Eastpointe
 - g. Flat Rock
 - h. Garden City
 - i. Hamtramck
 - j. Harper Woods
 - k. Hazel Park
 - l. Highland Park
 - m. Holly
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- aa. Taylor
- bb. Utica
- cc. Van Buren
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- ee. Warren
- ff. Waterford
- gg. Wayne-Westland
- hh. Wixom
- ii. Other – Please Specify

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

3. 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). Note: percentages may total more than 100%, as individuals can identify with multiple groups.
 - 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

4. 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). Note: percentages may total more than 100%, as individuals can identify with multiple groups.
 - 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

5. 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

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- f. 35-44 years
 - g. 45-54 years
 - h. 55-64 years
 - i. 65+ years
 - j. Organization does not capture this data
6. 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
7. 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

E. Geographic Reach (Info only, not scored)

- 1. Does the program you are seeking funding for serve individuals residing in Outer-Wayne, Oakland, or Macomb?
 - a. If yes, 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)
- 2. Does the program you are seeking funding for serve individuals residing in the City of Detroit?
 - a. 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.

F. Program Quality

- 1. **PQ1** Describe measures that are in place to ensure that youth and families are physically and emotionally safe and engaged in a supportive environment while participating in this programming.
- 2. **PQ1** Describe how the program will ensure equitable access to meet the needs of the target population.
- 3. **PQ2** Describe how information will be disseminated about the program to the community in a manner that is understandable and accessible and meets the needs of the target population (i.e., English language learners, education levels, access to technology, etc.).
- 4. **PQ3** What recruitment methods do you use to recruit high quality staff and volunteers?
- 5. **PQ3** Who is responsible for moving this work forward in your organization? What is their job/volunteer title? Why are they the best fit for this work?
- 6. **PQ4** How do you ensure that your staff has access to high quality training? What types of training do you offer to your staff and volunteers?
- 7. **PQ5** Which methods will you use to collect feedback from youth and families. Please check all that apply
 - a. Surveys

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- b. Focus Groups
 - c. Indirect feedback/Direct Feedback
 - d. Interviews
 - e. None of these
 - f. Other, please describe.
8. PQ5 Based on your selections above, describe how feedback is collected from youth and families.
9. PQ6 How is data and participant feedback used to monitor progress and inform continuous service and/or program improvement?
- a. Participant advisory panel
 - b. Data collection is ongoing
 - c. Involves multiple stakeholders (i.e., youth, families, frontline staff, volunteers, etc.)
 - d. Program self-assessments (reflect on strengths and growth areas)
 - e. None of these
 - f. Other, please describe
10. PQ6 Based on your selections above, describe how participant feedback will be used to monitor progress and inform continuous program improvement.
11. PQ7 How are participants allowed to make choices within the structure of the service or program?
- a. Choice in process and/or method
 - b. Choice in materials and resources
 - c. Choice in project timeline
 - d. Choice in how to demonstrate understanding
 - e. Choice in level of participation
 - f. Consideration of personal preferences
 - g. None of these
 - h. Other, please describe

G. Program Goals

Below, you have an opportunity to detail how you will measure successes and outcomes as it applies to your indicators of success, the program outcomes, and ultimately, the program impact. Please note, if you are awarded funding, the answers you provide here will be assessed during the reporting phase of the grant cycle.

- 1. Please enter the projected number of unique participants you will serve, supported by this grant.
- 2. PG1; PG2 What outcomes do you expect to achieve with this funding?
- 3. PG3 Does your organization have the capacity to track data in relation to program metrics and participant demographics? We will ask for demographic information as part of the reporting process.
- 4. PG3 Does your program or organization evaluate the quality of programming, or collective impact of your program?
 - a. If yes, please identify the evaluation tools that you employ to gain perspective of the quality of programming and/or the collective impact of your programming.
 - b. If yes, how do you ensure that your evaluation and program analysis highlights community voices and reflections?
 - c. If no, would you be interested in learning more about "Acting with Data" training and workshops offered by the Youth Development Resource Center (YDRC)? "Acting with Data" aims to train youth focused nonprofit organizations to conduct their own program evaluation.

H. Standard United Way Budget