

# FY 2025-2026 Wraparound Services and Stability Fund

## Application Questions

### Organizational & Financial Profile

An Organizational & Financial Profile must be created in the United Way for Southeastern Michigan's grant management portal, [SurveyMonkey Apply \(SMA\)](#), to access and complete a grant application. Organizations that are already in SMA do not need to complete the form but should make updates as needed. New organizations will have to complete the [initial profile](#).

### General Partner Information

1. Organization Name
2. Website Link
3. Primary Address
4. General Information Phone Number
5. Mission Statement
6. Vision Statement
7. Description of Organization/Service
8. What are the focus areas of your organization?
  - a. Education (K-12)
  - b. Workforce development (including Adult Education)
  - c. Civic engagement (voter rights, registration, turnout)
  - d. Public transportation
  - e. Healthcare (including Behavioral Health)
  - f. Food security
  - g. Housing
  - h. Early Childhood Education
  - i. Financial Well-Being
  - j. Other, please specify...
9. **Service Domain:** A service domain refers to the types of assistance an organization provides to clients or the community at large. It should answer the "What" about an organization.

- a. Advocacy
  - b. Community Development
  - c. Disaster Relief & Crisis Response
  - d. Diversity, Equity & Inclusion
  - e. Early Childhood
  - f. Financial Well-Being
  - g. Food
  - h. Health Care
  - i. Housing
  - j. K-12 Education & Youth Services
  - k. Technology & Digital Inclusion
  - l. Transportation
  - m. Utility Assistance
  - n. Volunteerism
  - o. Other, please specify...
10. Please indicate the geography that your organization provides service in:
- a. Detroit
  - b. Out-Wayne
  - c. Oakland
  - d. Macomb
  - e. Washtenaw
  - f. Other, please specify...
11. **Target Population:** A target population describes a specific group of people(s) an organization hopes will benefit from their services. It should answer the “Who” about an organization.
- a. Youngest Children (age 0-5)
  - b. School Age Children (age 6-18)
  - c. Adults (age 19-64)
  - d. Older Adults (age 65+)
  - e. Individuals with Physical Disabilities
  - f. Individuals with Mental/Learning Disabilities

- g. Immigrants/Refugees and/or Asylum Seekers
- h. LGBTQIA+
- i. Veterans
- j. Returning Citizens
- k. Survivors of Domestic/Interpersonal/Sexual Violence
- l. Teachers/Educators
- m. Early Child Care Providers
- n. Individuals Identifying as BIPOC
- o. Other, please specify...

### **Organization Contact Information**

1. CEO/Executive Director Information
  - a. Name
  - b. Email
  - c. Phone Number
  - d. Preferred Pronoun
  - e. Please indicate the racial and ethnic group(s) your CEO/ED identifies with
2. Chief Financial Officer/Director Information
  - a. Name
  - b. Email
  - c. Phone Number
  - d. Preferred Pronoun
  - e. Please indicate the racial and ethnic group(s) your CFO/FD identifies with
3. Upload Board Roster

### **Budget, Tax & Audit Information**

1. Federal Tax ID
2. Upload W-9
3. How is your organization incorporated under the laws of the State of Michigan?
  - a. Non-Profit (501c3)
  - b. For Profit

- c. School District or School
  - d. LLC
  - e. S Corp
  - f. B Corp
  - g. Local Government
  - h. Other, please specify...
4. Upload IRS Designation Letter
  5. What is the end date of your organization's Fiscal Year?
  6. Does your organization have an annual audit prepared by an independent Certified Public Accountant?
  7. Upload most recent Financial Audit
  8. Does your Board of Directors review and approve the annual audit?
  9. Date audit was completed
  10. Total Operating Budget
  11. Include your top three revenue sources along with amounts
  12. **Upload Counter Terrorism Form:** Please download the appropriate form for your organization, complete, and upload a copy below. Organizations with a 501c3 tax status: Please download a copy of the Patriot Act & Anti-Terrorism Compliance form [here](#). All other organization types (i.e. schools, government, etc.): Please download a copy of the Counterterrorism Compliance Form [here](#).

### **Volunteerism**

1. Does your organization engage volunteers?
2. What role(s) do your volunteers serve in your organization?
3. Approximately how many volunteers do you engage annually?
4. Would you be interested in engaging volunteers within the programs/projects of which you are applying for funding?
  - a. Yes
  - b. No
5. Are you registered on United Way's volunteer portal?
  - a. Yes
  - b. No

**United Way Fund-Raising Campaign:** Partners are encouraged but not required to conduct an annual United Way fund-raising campaign among their employees.

1. Is your organization interested in conducting a United Way fund-raising campaign?
  - a. Yes, our agency has chosen to conduct an annual United Way fund-raising campaign among our employees each year throughout the grant cycle.
  - b. No, our agency has chosen not to run a United Way fund-raising campaign among our employees.
2. In order to run a campaign, your organization must submit in writing to United Way the organization member who will be running the campaign as well as a proposed time for the campaign to take place. Please fill in the contact information of who will assist United Way in running the campaign using the form below:
  - a. Name
  - b. Email
  - c. Phone
  - d. Projected month of campaign

## Eligibility Criteria

Before proceeding with your application, please review the following questions to ensure that the Wraparound Services and Stability Fund is the best fit for your organization and the services/programming for which you are seeking funding,

1. Does your program or service provide continuous, ongoing "case management" to mitigate barriers impacting a family or individual's success?
  - a. Yes
  - b. No
2. Do your interventions extend beyond crisis response or addressing an immediate need?
  - a. Yes
  - b. No
3. Are you working to address a variety of needs and offering multiple supports & resources that help participants move along a pathway to stability?
  - a. Yes

- b. No
- 4. Does the program or service offer more holistic, comprehensive and/or coordinated care?
  - a. Yes
  - b. No

If you answered “Yes” to the questions above, the Wraparound Services and Stability Fund may be an appropriate fit.

### **Partner Responsibilities & Expectations**

Under United Way for Southeastern Michigan’s new Funding Framework, grantmaking is designed to resource and engage a coordinated network of partners working together to support more seamless and effective navigation, service delivery and care for ALICE households across our region. The partner expectations below are intended to clarify mutual expectations and support efforts to mobilize partners and work collaboratively on longer term solutions that make systemic change in Southeastern Michigan possible.

Organizations awarded under the Wraparound Services and Stability Fund are expected to participate in the following activities:

- Bi-annual grant reporting through United Way’s grant management portal, SurveyMonkey Apply.
- Attendance at a virtual grantee kick-off to review grant expectations and share information about in-kind resources available to partners.
- Register as a member of United Way’s Partner Network and ensure organizational representation at 50% or more of the quarterly network meetings.
- Agree to be listed as a funded partner on United Way’s website.
- With limited exceptions, all partners must list and update information about their programs and services at least annually in the 2-1-1 Resource Directory.
- Attendance at one 2-1-1 Resource Directory training during the grant term.
- Participate in, at minimum, an annual check-in with United Ways program staff. This check-in may be virtual or in-person depending on the preference of the partner and capacity of United Ways staff.
- Engage in joint efforts to support storytelling and amplify the success and impact of grant programming and partnership with United Way.
- Participate in quarterly [Connect4Care Community Information Exchange](#) education and engagement opportunities.

I have reviewed the above criteria and partner responsibilities and attest that my organization's proposed services/programming align with the intent of the Wraparound Services and Stability Fund and that if awarded my organization will be able to meet the expectations of this grant program. I understand that organizations can only submit one application and should select the fund where they believe they will have the most competitive application aligned to grant intent. United Way intends to award the full amount requested by successful applicants and does not anticipate moving organizations between funds if the application submitted is not aligned with the opportunity selected.

### Contact Information

1. If awarded, is your organization utilizing a fiduciary or organization/group to receive funds?
  - a. Yes
  - b. No
2. Are you a fiduciary organization applying on behalf of another organization? If so, what is the name of the organization you are applying on behalf of?
3. Organization Information
  - a. Organization Name
  - b. Address
  - c. City
  - d. State
  - e. Zip Code
4. Organization Leadership Information
  - a. CEO/Executive Director First Name
  - b. CEO/Executive Director Last Name
  - c. Title
  - d. Email Address
  - e. Phone Number
  - f. Pronoun(s)
5. With which racial and ethnic group(s) does your CEO/ED identify?
  - 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. Native Hawaiian or Other Pacific Islander
  - g. White or Caucasian
  - h. Prefer Not to Say
  - i. Other, please specify.
6. **Grant Contact:** Please be advised that United Way for Southeastern Michigan suggests that individuals listed as grant contacts are added as collaborators to this application. This ensures that they receive email notifications pertinent to this program. For guidance on how to add an applicant collaborator please see the [Add Collaborators to Application Instructions](#).
- a. First Name
  - b. Last Name
  - c. Title
  - d. Email
  - e. Phone
  - f. Pronoun(s)
  - g. Add another contact?
7. **Grant Contact #2:** Please be advised that United Way for Southeastern Michigan suggests that individuals listed as grant contacts are added as collaborators to this application. This ensures that they receive email notifications pertinent to this program. For guidance on how to add an applicant collaborator please see the [Add Collaborators to Application Instructions](#).
- a. First Name
  - b. Last Name
  - c. Title
  - d. Email
  - e. Phone
  - f. Pronoun(s)
  - g. Add another contact?

## Individual Applicant vs. Collaboratives

1. Are you applying as an individual applicant or as the lead agency of a collaborative entity?

- a. Individual Applicant
- b. Collaborative Entity (answer questions 2-12)

**Collaborative Entity**

2. CE1: Lead Applicant Contact Information
  - a. Name
  - b. Title
  - c. Organization
  - d. Phone Number
  - e. Email
  - f. Pronoun(s)
3. CE2: Name of Collaborative Partner 1
  - a. Name
  - b. Title
  - c. Organization
  - d. Phone Number
  - e. Email
  - f. Pronoun(s)
4. CE2a: Name of Collaborative Partner 2 (if applicable)
  - a. Name
  - b. Title
  - c. Organization
  - d. Phone Number
  - e. Email
  - f. Pronoun(s)
5. CE2b: Name of Collaborative Partner 3 (if applicable)
  - a. Name
  - b. Title
  - c. Organization
  - d. Phone Number

- e. Email
  - f. Pronoun(s)
6. CE2c: Name of Collaborative Partner 4 (if applicable)
- a. Name
  - b. Title
  - c. Organization
  - d. Phone Number
  - e. Email
  - f. Pronoun(s)
7. CE2d: Name of Collaborative Partner 5 (if applicable)
- a. Name
  - b. Title
  - c. Organization
  - d. Phone Number
  - e. Email
  - f. Pronoun(s)
8. CE3: How many years have you been working together?
- a. Less than 1 year
  - b. 1 year
  - c. 2-4 years
  - d. 5+ years
9. CE4: Describe your history working together and key results or progress the collaborative has made related to the proposed work.
10. CE5: How will this collaboration drive impact within the community? Please describe the collaborative's long-term and short-term goals. How will this grant funding specifically advance the group's work and contribute to the desired results?
11. CE6: How will you share responsibilities, hold each other accountable and agree upon operating principles and a shared standard of care (i.e.: MOUs, contracts, etc.)? As part of your response describe each member organization's individual role/responsibilities.

12. CE7: Please upload any supporting documents (i.e.: MOUs, contracts, etc.) that illustrate how your group operates and works together.

## Program Narrative

1. PN1: Describe the conditions and barriers households below the ALICE Threshold experience when trying to access and navigate services. Barriers can include things related to affordability, availability, policies, eligibility criteria, participant preference & culture, social determinants of health, administrative hurdles, etc.
2. PN2: Describe the program(s)/service(s) your organization intends to implement and how they would address the conditions and barriers you identified.
3. PN3: How do the proposed program(s)/service(s) provide wraparound support to participants? Describe how they address multiple conditions that impact a person's well-being and quality of life. In your response, please give 1-2 examples that showcase how your programs and services are specifically designed to move families from crisis to stability.
4. PN4: How does your organization center the voice and lived experience of those you serve? How are the barriers and proposed program(s)/service(s) described above, informed by feedback from community and people with lived experiences? In your response, please give specific examples of how you gather participant feedback, and the role participants play in program design and implementation.
5. PN5: How does your organization ensure participants are connected to resources in a coordinated and dignified way? Describe the processes, partnerships & networks, technology, infrastructure, etc. your organization uses to make referrals and coordinate care.
6. PN6: Describe your history of successfully providing coordinated wraparound services. Tell us about key results you have achieved or examples of how care coordination has improved client outcomes.

## Target Population(s)

Instructions: Data from the ALICE report and other sources tells us that the following populations are more likely to fall below the ALICE threshold, please indicate to what extent the proposed services target these groups.

1. TP1: At least 75% of people served identify as BIPOC.
  - a. Yes
  - b. No

2. TP2: At least 75% of people served are older adults (65+ years).
  - a. Yes
  - b. No
3. TP3: At least 75% of people served are single-parent households (male or female).
  - a. Yes
  - b. No
4. TP4: At least 75% of people served are heads of households under 25 years old.
  - a. Yes
  - b. No
5. TP5: At least 75% of students served qualify for free or reduced-price lunch, OR the schools in the community served have an average of 75% free or reduced-price lunch qualifying students.
  - a. Yes
  - b. No
6. TP6: Please describe in detail the target population(s) or group(s) that the programs/services funded by this grant are designed to impact.

### **Service Area & Individuals Impacted**

1. SA1: 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. Individuals
  - b. Households
2. SA2: Consistent with the measurement selected above (Individuals or Households), enter the total number of unique/unduplicated individuals/households your organization plans to serve through this funding opportunity.
3. SA3: How many unique individuals/households will receive:
  - a. Food Services (emergency food, SNAP enrollment, nutrition education, etc.)
  - b. Housing Services (emergency shelter, transitional housing, supportive housing services, homeownership support, etc.)
  - c. Behavioral Health Services (mental health, substance use, etc.)
  - d. Benefit Navigation Assistance
  - e. Case Management

- f. Medical Services and/or Health Care Navigation
  - g. Early Childhood Programming
  - h. Out-of-School Time Support
  - i. Transportation Support
  - j. Employment Services or Workforce Development
  - k. Financial Coaching
  - l. Other
4. MS1: Based on the type(s) of programs and services proposed, what impact will be achieved as a direct result of these grant dollars? *Must select at least 1.*
- a. K-3 students will be reading at grade level.
    - i. To the best of your ability, please project the total number of children (K-3) served and assessed for their reading level.
  - b. PK-12 students will improve school attendance.
    - i. To the best of your ability, please project the total number of children served and assessed for attendance.
  - c. Middle school and/or high school students will develop soft skills.
    - i. To the best of your ability, please project the total number of middle school/high school youth served and assessed for developing soft skills.
  - d. Individuals will realize increased wages.
    - i. To the best of your ability, please project the total number of individuals served in programs designed to increase wages.
  - e. Individuals and/or households will realize decreased costs.
    - i. To the best of your ability, please project the total number of individuals/households served in programs designed to increase disposable income by lowering costs/expenses.
  - f. Individuals will realize job-relevant development.
    - i. To the best of your ability, please project the total number of individuals served in programs designed to earn job-relevant licenses, certificates and/or credentials.
  - g. Babies will experience healthy birth outcomes.
    - i. To the best of your ability, please project the total number of babies served and assessed for healthy birth outcomes (e.g. carried to full term, born at a healthy weight, and/or celebrated their 1st birthday)

- h. Youth and adults will engage in healthy behaviors.
  - i. To the best of your ability, please project the total number of youth/adults served and assessed for avoiding or reducing risk-taking behaviors (e.g. alcohol/drug abuse, unprotected sexual activity).
  - i. The programs and services proposed will achieve additional or different types of impact.
    - i. Please provide at least one impact/outcome metric you will use to measure success. (ex. not just looking at individuals receiving wraparound support toward housing, but how many successfully obtained long-term, sustainable affordable housing) and your projected target for each metric.
- 5. MS2: How will the metric(s) identified demonstrate that the proposed services contribute to participant stability? Are there additional ways that your organization will measure the success of this grant?
- 6. AM1: In which counties will your organization provide the proposed program(s)/service(s) in?
 

*Check all that apply.*

  - a. Macomb
  - b. Oakland
  - c. Washtenaw
  - d. Out-Wayne
  - e. Detroit
- 7. AM2: What are the top three zip codes in which your organization will deliver the proposed programs/services?
  - a. Top Zip 1
  - b. Top Zip 2
  - c. Top Zip 3
- 8. AM3: There are 48 municipalities across our region where the percentage of households that fall below the ALICE threshold is 40% or greater. We are interested in funding organizations whose services are targeting these communities.

Ann Arbor	Hamtramck	Mount Clemens	Taylor
Belleville	Harper Woods	Oak Park	Utica
Center Line	Hazel Park	Pontiac	Van Buren Charter Twp.
Chelsea	Highland Park	Redford Charter Twp.	Walled Lake
Clinton Charter Twp.	Holly Township	Richmond	Warren

Dearborn	Inkster	River Rouge	Waterford Charter Twp.
Dearborn Heights	Keego Harbor	Romulus	Wayne
Detroit	Lenox Twp.	Roseville	Westland
Eastpointe	Lincoln Park	Royal Oak Charter Twp.	Wixom
Ecorse	Madison Heights	Southfield	Wyandotte
Fraser	Melvindale	Southgate	Ypsilanti Charter Twp.
Garden City	Memphis	St. Clair Shores	Ypsilanti

Using the list above, please select the estimated percentage of clients/recipients that will be served with this grant who reside in these municipalities.

- a. Less than 25%
  - b. 25%
  - c. 50%
  - d. 75% or more
9. AM4: At the conclusion of the grant, I will be able to provide percentages of individuals/households served based on one or more of the following demographic categories: Race/Ethnicity, Age, Gender, ALICE status, Household Income, and Service Area.
- a. Yes
  - b. No

## Budget

**Instructions:** Please fill in your proposed budget for the FY 2025-26 Wraparound Services and Stability Fund program year.

### Important Entry Notes:

- A response is required for each line item. If a line item does not apply, enter zero (0) for that amount and N/A for the associated Line-Item Narrative.
- Do not include dollar signs (\$), commas (,), decimal points (.)
- Enter dollar values in numerical format only (do not include commas)
- Round up line-item values to the nearest whole number.

	Grant Budget (\$)	Line-Item Narrative
--	-------------------	---------------------

Personnel		
Fringe Benefits		
Wraparound Supports to Participants		
Travel		
Equipment		
Supplies		
Occupancy		
Utilities		
Evaluation		
Professional Development & Training		
Other Program Costs		
Indirect/Administrative Costs		
<b>GRANT BUDGET TOTAL</b>		

1. B1: Please describe how these line-items are critical to executing the program(s)/service(s) proposed.
2. B2: Budget Narrative Upload (optional)
3. DF1: What other funders and resources are supporting this program beyond United Way support?