FY 2026-27 Community Access and Response Fund

Emergency Food Assistance

Application Questions

Task: Review Organizational Information

An Organizational & Financial Profile must be created in United Way for Southeastern Michigan's grant management portal, SurveyMonkey Apply (SMA), in order 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. Mailing Address
5. General Information Phone Number
6. Mission Statement
7. Vision Statement
8. Description of Organization/Service
9. 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...

10. **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...
11. 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...

12. **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 you are applying for funding for?
   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

Task: Contact Information

Important: If your organization is utilizing a fiduciary group/organization to receive funds, the information provided in the previously completed Organization & Financial Information **must reflect the fiduciary's information NOT the implementing organization**.

For additional information on United Way for Southeastern Michigan's fiduciary process and requirements, please contact sma@unitedwaysem.org.

If you need to make edits/corrections to already provided information to include the fiduciary information, please contact sma@unitedwaysem.org.

1. If awarded, is your organization utilizing a fiduciary organization/group to receive funds?
    a. Yes
    b. No
2. Are you a fiduciary organization applying on behalf of another organization?
    a. Yes
    b. No
3. What is the name of the organization you are applying on behalf of?
4. Organization Information
    a. Organization Name
    b. Address
    c. City
    d. State
    e. Zip Code
5. 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
g. What racial and ethnic group(s) does the CEO/ED identify with? *Check all that apply. If your CEO/ED prefers to self-describe use the open-text option.*
    i. American Indian or Alaskan Native
    ii. Asian or Asian American
    iii. Black or African American
    iv. Hispanic, Latino/a/x or Spanish Origin
    v. Middle Eastern or North African
    vi. White or Caucasian
    vii. Prefer Not to Say
    viii. Other, please specify…

6. Grant Contact: Please be advised that United Way 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 Address
    e. Phone Number
    f. Pronoun

Task: Partner Responsibilities and Expectations

United Way for Southeastern Michigan's Funding Framework 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. As part of this vision, we are layering on supports that we believe are essential to strengthening the safety net and building the Partner Network. The engagement activities below are intended to foster collaboration and strengthen our collective impact.

Organizations awarded under the Community Access and Response Fund are expected to participate in the following activities:

1. Bi-annual grant reporting through United Way's grant management portal, SurveyMonkey Apply.
2. If not funded in FY2025-26, attend a grantee orientation to review grant expectations and share information about in-kind resources available to partners.
3. Register as a member of United Way's Partner Network and ensure organizational representation at 50% or more of the quarterly network meetings.
4. With limited exceptions, annually list and update comprehensive program information (i.e., eligibility, documentation, and application details) in the 2-1-1 Resource Directory, encourage the community to use 2-1-1, and attend a required training on this activity and its connection to Connect4Care CIE during the grant term.
5. Participate in, at minimum, one annual check-in with United Way's program staff. Check-ins take various formats (1:1s, small group discussions, community events, etc.). United Way staff will work with partners to schedule check-ins depending on the preference of the partner and capacity of United Way's staff. This year, emphasis will be placed on check-ins that support networking and knowledge sharing between organizations.

6. Agree to be listed as a funded partner on United Way's website.
7. Engage in joint efforts to support storytelling and amplify the success and impact of grant programming and partnership with United Way through one or more of the following options: grant reporting; participation as a speaker at a virtual United Way town hall; being interviewed for a radio segment; being featured in social media, blog posts, and United Way newsletters.

I have reviewed the partner responsibilities and attest if awarded my organization will be able to meet the engagement expectations of this grant program.

Name	
Date	MM/DD/YYYY

Task: Program Narrative

1. PN1: What types of emergency food programs or services will this grant support? Check all that apply.
    a. Food Pantry (including mobile food pantries)
    b. Community/Soup Kitchen
    c. Home Delivery
    d. Food Vouchers/Gift Cards
    e. Food Bank
    f. Other, please describe…
2. PN2: Describe the immediate/acute needs and challenges around food insecurity facing our community and those you serve. If possible, include local information and data that describes the increased need your organization is seeing. *500-word limit*

3. PN3: Provide an overview of the program(s), service(s), or activities your organization will use grant funding to support and how your organization's programming will address the identified community needs around food insecurity. *500-word limit*
4. PN4: Describe your experience in successfully providing the proposed program(s) or service(s). How long have you been doing this work? What best practices do you incorporate in your service delivery model(s)? Please include examples or evidence that demonstrate past success and/or quality of your service/program. *500-word limit*
5. PN5: How does your organization promote access, dignity, and reduce barriers to service delivery (i.e. cultural/dietary food options, days of service, extended hours, language access, physical locations, virtual or home delivery options, etc.)? Please provide evidence or specific examples of barriers your participants experience and the ways you have adapted services to address these barriers. *500-word limit*
6. PN6: How does your organization engage or partner with other emergency food providers in our region? How does this collaboration help strengthen hunger response efforts and meet the needs of those facing food insecurity? *500-word limit*
7. PN7: Elevator Pitch - Now that you have given us a full picture of your proposed services and qualifications, provide a concise summary (100 words or fewer) explaining how your organization will leverage Community Access & Response - Emergency Food Assistance funds to address urgent food insecurity. *100-word limit*

Task: Target Population(s)

Instructions: Data from the ALICE report 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: Please describe in detail the target population(s) or group(s) that the programs/services funded by this grant are designed to impact. *500-word limit*

Task: Service Area and Individuals Impacted

1. II1: 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. Household
2. II2: Consistent with the measurement selected above (Individuals or Households), enter the total number of unique/unduplicated individuals/households that will receive Emergency Food Assistance through this funding opportunity.

3. I13: 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
4. SA1: Please indicate the geographies the proposed program(s) or service(s) will be provided in. Check all that apply.
    a. Macomb
    b. Oakland
    c. Washtenaw
    d. Out-Wayne
    e. Detroit
5. For each geography selected, please provide the top three (3) zip codes served.

Task: Budget

Please fill in your proposed grant budget for the program year.

This funding opportunity allows for grant submissions ranging from $15,000 to $50,000. Please complete the budget below to reflect no more than the max award amount for this funding opportunity.

For guidance on the definitions of the line item categories and what to include in the narrative, please consult this guide. You can also use this Excel template to build your budget before inputting the numbers.

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/periods (.)
- Enter dollar values in numerical format only (do not include commas)
- Round up line-item value to nearest whole number.
- This funding opportunity allows for grant submissions ranging from $15,000 to $50,000.

	Grant Budget ($)	**Line-Item Narrative**
Personnel		
Fringe Benefits		
Contractual Service		
Wraparound Service to Participants		
Travel		
Equipment		
Supplies		
Occupancy		
Utilities		
Evaluation		
Professional Development and Training		
Other Program Costs		
Indirect/Administrative Costs		
Budget Grand Total ($)		

1. B1: Please describe how these line-items are critical to executing the program narrative you described.
2. B2: Budget Narrative Upload (optional)