

2019/2020 ALICE STRATEGY FUNDING

BARRIER BUSTER GRANT APPLICATION



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GRIFFITH, IN 46394
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**Contact for grant-related
issues or questions:**

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Community Investment Priorities for Funding

Lake Area United Way is transitioning to a community impact business model, focused on data-driven, results-oriented solutions to two critical issues facing our community— access to livable-wage jobs and quality, affordable childcare for ALICE households.

ALICE households are those defined as living above the poverty line, but below the survival budget established for Lake County. The chart below outlines minimum and maximum income guidelines based on household size for determining ALICE status.

Household Size	Minimum Annual Income	Maximum Annual Income	Household Size	Minimum Annual Income	Maximum Annual Income	Household Size	Minimum Annual Income	Maximum Annual Income
1	\$12,140	\$24,280	4	\$25,100	\$50,200	7	\$38,070	\$76,140
2	\$16,460	\$33,920	5	\$29,420	\$58,840	8	\$42,380	\$84,760
3	\$20,780	\$41,560	6	\$33,470	\$66,940	9	\$46,700	\$93,380

We are seeking proposals for 2019-2020 ALICE Strategy Funding for Barrier Buster Funds related to removing barriers to livable wage jobs for ALICE families in Lake County.

Common barriers to livable wage jobs include (but are not limited to) access to reliable transportation, affordable housing, healthcare, education, healthy food, technology access and safe, quality child care. Barrier Buster Funds are meant for use where no existing resources are available for individuals participating in workforce development programs or activities.

In order to qualify for this funding opportunity, Agencies meet one of the following conditions:

1. Agency must be providing workforce development programs or activities for existing ALICE clients
2. Agency must agree to identify qualified ALICE participants to work with LAUW Family Career Navigator on workforce development activities.

****The maximum request for Barrier Buster funding is \$15,000.**

Application & Funding Timeline

Applications will be accepted from July 31, 2019 – August 26, 2019 at 5:00pm.

Funding decisions will be announced in October 2019.

Application Evaluation

LAUW Community Investment Committee volunteers will evaluate all proposals using the four general criteria outlined below. Applications will receive a score of Does Not Meet Expectations, Meets Expectations or Exceeds Expectations.

- Program Information (Goals, Activities & Outcomes)
- Data Measurement & Evaluation (including willingness to use Charity Tracker for client tracking)
- Collaboration, Innovation, and ALICE focus
- Program Finances, Organizational Capacity and Diversity & Inclusion Efforts

A complete application includes the following items in the order indicated:

- A. Section A: Application Cover Sheet
- B. Section B: Agency Overview
- C. Section C: Program Description (*one for each program funds are being requested for)
- D. Section D: Program Budget
- E. Section E: Program Activities, Outcomes & Evaluation Plan
- F. Section F: Program Client Demographics

The following documents must be submitted along with the grant application:

1. Agency Annual Operating Budget
2. Most Recent Annual Audited Statements
3. Most Recent 990 report

Right to Reject - LAUW reserves the right to:

- Reject an application (including incomplete applications)
- Adjust program guidelines, including application submission deadlines
- Contact an applicant to discuss and/or request additional information

**2019/2020 ALICE STRATEGY FUNDING – BARRIER BUSTER GRANT APPLICATION
SECTION A: APPLICATION COVER SHEET**

Date of Application:				
Legal Name of Organization:				
Street Address:				
City, State & Zip Code:		Phone Number:		
Fax Number:		Website:		
Year Founded:		Annual Operating Budget:		
CEO/Executive Director:		CEO/Executive Director Email:		
Principal Contact for LAUW:			Title:	
Email Address:			Phone Number:	
Does your agency have affiliates, subsidiaries, chapters and/or other related entities? <i>If yes, please provide names and # of affiliates (if applicable):</i>				<input type="checkbox"/> YES <input type="checkbox"/> NO
List any organizations by which your agency and/or program is certified:				
Is there current pending legal action against your organization? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If yes, please explain:</i>		Concluded legal action within the past three years? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If yes, please explain:</i>		
CURRENT BOARD OF DIRECTORS				
Position	Name	Length of Continuous Board Service	Occupation/Employer	E-mail Address
CEO/Executive Director Signature:				
Date:				

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SECTION B: AGENCY OVERVIEW

Please state your organization's purpose/mission statement as it appears in your articles of incorporation, bylaws, and/or official source:

Please state your organization's vision statement (if available):

Please state your organization's values statement (if available):

Please summarize your organization's principal program service activities in 250 words or less so that it can be used in LAUW publications. Please include objective language and appropriate statistics as well as highlighting programs which receive direct LAUW funding.

Please describe at least one significant accomplishments from the past 12 months:

Please describe any internal or external challenges that your agency is facing and how you have/will meet those challenges:

Staff and Organizational Information

Include the staff qualifications, certifications and skills. Describe the organization and staff's capacity to implement and sustain the program/s for which you are requesting funding.

Diversity & Inclusion

Please describe any formal or official efforts your organization has implemented to address diversity and inclusion for either the community and/or staff.

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SECTION C: PROGRAM DESCRIPTION

Program Title:	
Program Purpose:	
Amount Requested: <i>(Maximum Request of \$15,000)</i>	Total Program Cost:
Geographic Area to be Served:	Estimated number of individuals served:
<p>Program Description <i>Describe the program, how it will be implemented and the problem the program will attempt to address.</i></p>	
<p>Goals & Objectives <i>Describe the program goals and objectives in measurable terms.</i></p>	
<p>ALICE <i>Please describe how your organization is currently serving or planning to serve ALICE families through programming. Please describe how this programming differs from other programming you offer/have offered not serving ALICE families (if applicable.)</i></p>	
<p>Collaboration <i>Please describe any collaborations you have with other agencies and list partners.</i></p>	
<p>Are you currently utilizing Charity Tracker? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If not, are you willing to utilize Charity Tracker? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

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SECTION D: PROGRAM BUDGET

PROGRAM EXPENSES AND REVENUE ONLY.

REVENUE

Indicate the total amount for each of the following budget categories, in this order. Also indicate which sources of revenue are committed and which are pending.

SOURCE OF REVENUE	COMMITTED	PENDING
Lake Area United Way		
Foundations		
Corporations		
Local Government		
State Government		
Federal Government		
Individuals		
Publications and Products		
Events		
Membership Income		
In-Kind Support		
Other		
Total	\$	\$

EXPENSES

Indicate the expenses that the requested amount from Lake Area United Way will be used for, as well as total program expenses.

EXPENSE ITEM	UNITED WAY REQUEST	TOTAL PROJECT EXPENSES
Salaries		
Benefits		
Consultants and Professional Fees		
Administrative		
Travel		
Equipment		
Supplies		
Postage and Delivery		
Printing and Copying		
Maintenance		
Evaluation		
Marketing		
Other		
Total	\$	\$

**2019/2020 ALICE STRATEGY FUNDING – BARRIER BUSTER GRANT APPLICATION
SECTION E: PROGRAM ACTIVITIES, OUTCOMES & EVALUATION PLAN**

How will you use these funds to expand access to child care and/or after-school care?

Activities	Outputs (ex. # of ppl served)	Outcomes (by 12/31/2020)

How will you know this program is successful?

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SECTION F: PROGRAM CLIENT DEMOGRAPHICS**

Individuals Served							
Program Name							
# of people served last year (actual)							
Check One:	Calendar Year	<input type="checkbox"/>	Fiscal Year	<input type="checkbox"/>			

Household Size & Income							
Household Size	Income						
1	\$12,140 - \$24,280						
2	\$16,460 - \$33,920						
3	\$20,780 - \$41,560						
4	\$25,100 - \$50,200						
5	\$29,420 - \$58,840						
6	\$33,470 - \$66,940						
7	\$38,070 - \$76,140						
8	\$42,380 - \$84,760						
Not Available							
Total Served							

Gender							
Program Name							
Male							
Female							
Other							
Not Available							
Total Served							

Ages							
Under 5							
5-12							
13-17							

18-24							
25-44							
45-64							
65 & Older							
Not Available							
Total Served							

Race/Ethnicity							
Program Name							
Black or African American							
American Indian or Alaskan Native							
Asian							
Native Hawaiian or Pacific Islander							
White Alone							
Two or more races							
Hispanic/Latino							
Not Available							
Total Served							

City/Town of Residence							
Program Name							
Cedar Lake							
Crown Point							
Dyer							
East Chicago							
Gary							
Griffith							
Hammond							
Highland							
Hobart							
Lake Station							
Lowell							
Merrillville							
Munster							
Schererville							
Schneider							

St. John							
Whiting							
Lansing, IL							
Porter County							
LaPorte County							
Not Available							
Total Served							

END OF APPLICATION