

United Way of Cass-Clay Notice of Funding Availability



United Way of Cass-Clay (United Way) makes investments to make measureable progress toward Four Bold Community Goals:

- 1. Reduce Hunger and Homelessness**
- 2. Prepare Children to Succeed**
- 3. Help People Be Independent**
- 4. Lift People Out of Poverty**

United Way announces funding available for a three year grant cycle (2019, 2020, and 2021) that focuses on investing to *Help People be Independent*.

United Way is seeking to make investments to make measureable progress to:

- Increase access and reduce barriers to health and behavioral resources in healthcare and community settings* by:
 - Increasing health and safety services reaching underserved communities*
 - Removing barriers to access public benefits and health resources
- Increase access and reduce barriers to social and vocational opportunities* by:
 - Increasing opportunities for vulnerable individuals* to maintain appropriate level of independent living*
 - Increasing employment and social integration* opportunities for vulnerable individuals*

United Way requires all interested applicants to submit an email with your intent to apply to BOTH Thomas Hill, Community Impact Director at thill@unitedwaycassclay.org and Megan Jenson, Community Impact Manager, at mjenson@unitedwaycassclay.org.

Starting on Monday, October 9th, following receipt of your agency's email with intent to apply, a link to the electronic Letter of Intent will be made available to the primary contact person listed within two business days. All Letters of Intent will be due by 11:59pm on November 10, 2017. **Letters received after the deadline will not be considered.**

Following review of your agency's Letter of Intent, selected agencies will be notified of acceptance to submit a full Request for Proposal (RFP). A link to the electronic RFP will be made available to the primary contact person listed on January 2, 2018. All RFPs will be due by 11:59pm on February 2, 2018. **RFPs received after the deadline will not be considered.** For a complete timeline please see *Investment Timeline* on page 4.

For any questions, please contact Thomas Hill or Megan Jenson at (701) 237-5050.

ELIGIBILITY

All applicants must meet and provide evidence of the following requirements:

- Funding from this RFP will be used to serve residents of Cass County, North Dakota and Clay County, Minnesota. Organizations who serve a larger geographic area (i.e. statewide) may apply but must ensure that funding will support activities in these two counties.
- Maintain eligibility as a public agency, including Indian tribes and non-profit private organizations, both secular and faith-based, which serve individuals in Cass County, North Dakota and Clay County, Minnesota. This requires that private nonprofit organizations obtain and maintain a 501(c)(3) status with the Internal Revenue Service.
- Be incorporated or chartered under appropriate local, state or federal statutes.
- Abide by federal and state laws regarding non-discrimination, equal opportunity and affirmative action, and anti-terrorism.
- Have an active, locally based, volunteer board of directors that meets regularly, makes policy decisions, and holds election of officers.
- Have an administrative structure with defined lines of responsibility, a mission statement, and bylaws.
- Be financially stable and able to ensure appropriate stewardship of the funds entrusted, perform a regular budgeting process and be able to submit audited financial statements and/or IRS Form 990.
- Be willing to cooperate with collaborative partners and other organizations to meet collective goals and create measurable, lasting change for individuals in our community.
- Have current license, certification, and permits if applicable.
- Be able to demonstrate effectiveness of its programs and services through measurable outcomes.

EVALUATION/SELECTION PROCESS

United Way of Cass-Clay utilizes a multi-tiered volunteer-led vetting process that relies on volunteer community investors to make funding recommendations and decisions at each appropriate level.

This process begins with interested organizations submitting a Letter of Intent (LOI) which is reviewed by the Community Investment Committee (CIC). Each LOI is vetted to ensure that organizations meet the eligibility criteria for funding and have a demonstrated capacity to execute on the goals and strategies set forth by the Board of Trustees.

The CIC will invite organizations to submit a full RFP based on eligibility criteria, alignment with United Way's goals and strategies and their demonstrated ability to measure performance indicators.

****Not all organizations that submit a LOI will be invited to submit a full RFP**

Once organizations have submitted the RFP, United Way will organize volunteers to conduct a 'panel review' where volunteers review applications, tour applicants' facilities, and gain further information and perspective on the specific proposal. These volunteers will make an initial funding recommendation based on their review of the application and site visit to the CIC. Volunteer reviewers will utilize an evaluation rubric to guide scoring of RFPs. This rubric will assist in determining which proposals most closely align with United Way's goals and strategies and to determine the frequency, intensity and intentionality of the services provided by the applicant(s) on the clients served through the RFP. Following the panel reviews of all organization that have submitted an RFP, the CIC will convene to review all RFPs and make a funding recommendation to the Board of Trustees. The process concludes with the United Way Board of Trustees who makes final funding decisions. For a complete timeline please see ***Investment Timeline*** on page 4.

PERFORMANCE MEASUREMENT

The goal of BOLD Goal #3 is to *Help People be Independent*, specifically:

- Increase access and reduce barriers to health and behavioral resources in healthcare and community settings by:
 - Increasing health and safety services reaching underserved communities
 - Removing barriers to access public benefits and health resources
- Increase access and reduce barriers to social and vocational opportunities by:
 - Increasing opportunities for vulnerable individuals to maintain appropriate level of independent living
 - Increasing employment and social integration opportunities for vulnerable individuals

In order to demonstrate progress towards these goals, all applicants funded through this process will provide data on program outcomes in three ways: demographic information, shared performance measures, and program specific measures. All demographic information and performance measurements will be entered into the secure online application. Applicants must be able to reasonably and accurately describe how the population they seek to impact through their services is underserved and/or vulnerable. Using local data and statistics to support data collection methods and programs services from non-partisan sources is advised and preferred. Definitions for key terms and specific populations are provided in **Appendix A**. Examples of sites and sources for data collection, local statistics and key populations can be found in **Appendix B**.

- 1) **Demographic information:** Throughout United Way of Cass-Clay's history, we have provided funding to create opportunities for everyone in our service area, including economically disadvantaged individuals, to access programs and services that can create lasting change to improve lives. While we will continue to fund programs that serve individuals from all economic backgrounds and we will focus a heavier percentage of resources on those who are economically disadvantaged and underserved populations. Demographic information on clients served will be a critical step in allowing United Way and its partners to target interventions to the right areas.

All applicants will be asked to provide the total number of clients served in each of the following category. Numbers should reflect individuals served in the most recent calendar year along with projections for clients to be served for the next calendar year.

- a. **Client Age**
- b. **Client Gender Identity**
- c. **Client Income**
- d. **Client Poverty Level Breakdown** (for exact dollar figures, see chart in **Appendix C**)
- e. **Client Race/Ethnicity**
- f. **Client Residence**

- 2) **Shared performance measures:** All applicants must participate in the shared performance measures effort. By selecting the issue area(s) below, your program agrees to measure at a minimum one or more of the indicators within that section.

- a. **Increase health and safety services reaching underserved communities**
 - # of individuals utilizing protective services
 - # of days of school absenteeism
 - # of lost workdays
- b. **Remove barriers to access public benefits and health resources**
 - # of people who access behavioral health services
 - # of people who access healthcare services
 - # of referrals made for healthcare services
 - # of referrals made for behavioral health services



c. Increase opportunities for vulnerable individuals to maintain appropriate level of independent living

- # of individuals who are able to live independently
- # of senior citizens that delay need for assisted living
- Cost savings to community from reduced senior services

d. Increase employment and social integration opportunities for vulnerable individuals

- # of people engaged in social opportunities in the community
- # of employment opportunities provided
- # of individuals employed

3) **Program specific performance measures:** Applicants may choose to provide additional program outcome information specific to their services. United Way staff recommends no more than two additional outcome measures.

INVESTMENT TIMELINE

November 10, 2017	Electronic Letter of Intent due to United Way of Cass-Clay for consideration
Nov 20-Dec 8, 2017	Initial on-site visits conducted by volunteers for organizations that have applied
December 22, 2017	Organizations will be notified of acceptance to submit Request for Proposal (RFP)
February 2, 2018	Electronic RFP due to United Way of Cass-Clay for consideration
Feb 26-March 16, 2018	On-site visits conducted by volunteers for organizations that have applied
June 2018	Notification to applicants of Board of Trustees funding decisions
January 1, 2019	Funding begins for 3 year grant cycle

PUBLIC INFORMATION MEETINGS

United Way of Cass-Clay will hold four public information meetings to offer community members an opportunity to ask questions and learn more about this new effort. These meetings will be held at United Way of Cass-Clay, located at 219 7th St S, Fargo.

The meetings will be held on:

Wednesday, October 11, 2017	10:00am-11:30am	United Way of Cass-Clay
Wednesday, October 11, 2017	3:00pm-4:30pm	United Way of Cass-Clay
Thursday, October 19, 2017	9:00am-10:30am	United Way of Cass-Clay
Thursday, October 19, 2017	2:00pm-3:30pm	United Way of Cass-Clay

For any questions, please contact Thomas Hill or Megan Jenson at thill@unitedwaycassclay.org or mjenson@unitedwaycassclay.org or call 701-237-5050.

Appendix A

Appropriate Level of Independent Living – Following the Centers for Disease Control and Prevention’s concept of Aging in Place, this is the ability to live in one’s own home and community safely, independently, and comfortably, regardless of age, income, or ability level. ¹

Community Setting – According to The Patient Protection and Affordable Care Act, the term community setting means a home or a community organization located in the neighborhood in which a participant in the program resides. ²

Social Integration – The object of social integration is to create a society for all. Social integration is the process of building the values, relations and institutions essential for the creation of such an equitable and dynamic society, where all individuals can fully exercise their rights and responsibilities on an equal basis with others and contribute to society. ³

Underserved Community – The Health Resources and Services Administration (HRSA) defines Medically Underserved Populations (MUPs) as specific sub-groups of people living in a defined geographic area with a shortage of primary care health services. These groups may face economic, cultural, or linguistic barriers to health care. Examples include, but are not limited to, those who are: homeless; low-income; Medicaid-eligible; Native American; or migrant farmworkers. ⁴

Applicants must be able to reasonably and accurately describe how the population they seek to impact through their services is underserved. Using local data and statistics from non-partisan sources is advised and preferred. Examples of underserved populations may include but are not limited to barriers related to race, gender, ethnicity, religion, geographic location, sexual orientation, disability, age, and/or socio-economic status.

Vocational Opportunities – Opportunities to gain instruction, guidance, or applied educational courses concerned with skills needed for an occupation, trade, or profession. ⁵

Vulnerable Individuals – Vulnerable populations include the economically disadvantaged, racial and ethnic minorities, the uninsured, low-income children, the elderly, the homeless, those with human immunodeficiency virus (HIV), and those with other chronic health conditions, including severe mental illness. It may also include rural residents, who often encounter barriers to accessing services. The vulnerability of these individuals is enhanced by race, ethnicity, age, sex, and factors such as income, insurance coverage (or lack thereof), and absence of a usual source of care. Their health and healthcare problems intersect with social factors, including housing, poverty, and inadequate education. ⁶

¹ Centers for Disease Control and Prevention | Healthy Aging - <https://www.cdc.gov/aging/index.html>

² The Patient Protection and Affordable Care Act - <https://www.gpo.gov/fdsys/pkg/PLAW-111publ148/pdf/PLAW-111publ148.pdf>

³ NGO Committee for Social Development | Social Integration in Action: Stories from the Grassroots https://www.ifa-fiv.org/wp-content/uploads/2012/12/059_January-10-Report-of-NGO-Committee-on-Social-Integration.pdf

⁴ Health Resources & Services Administration | Medically Underserved Areas and Populations (MUA/Ps) - <https://bhw.hrsa.gov/shortage-designation/maup>

⁵ Dictionary.com | <http://www.dictionary.com/browse/vocational>

⁶ The American Journal of Managed Care | Vulnerable Population: Who Are They? -

<http://www.ajmc.com/journals/supplement/2006/2006-11-vol12-n13suppl/nov06-2390ps348-s352>

Appendix B

Examples of data collection sites to obtain population level data, statistics, and community needs:

****NOTE**:** This is not intended to be an exhaustive list, but does provide links to generally accepted non-partisan sites for data collection, population statistics, and demonstration of needs and issues.

- Anne E Casey Foundation, KIDS COUNT
 - Project of the Annie E. Casey Foundation and a premier source of data on children and families.
 - <http://datacenter.kidscount.org/>
- Center for Disease Control, Healthy Aging
 - Provides materials designed to assist health professionals in learning about and engaging in activities of CDC's Healthy Aging Program and The Healthy Brain Initiative to promote independence and wellbeing.
 - <https://www.cdc.gov/aging/index.html>
- Center for Disease Control, Mental Health
 - Provides basic public health information on mental health, research publications, data and statistics, and materials aimed to foster collaboration and advancement in the field of mental health in support of CDC's public health mission.
 - <https://www.cdc.gov/mentalhealth/>
- Community Health Needs Assessments
 - The purpose of the community health needs assessment is to develop a global view of the population's health and the prevalence of disease and health issues within our community. A community health needs assessment helps the community build capacity to support policy, systems, environmental changes and community health improvement.
 - Clay County Public Health - <http://claycountymn.gov/DocumentCenter/Home/View/5993>
 - Fargo/Cass County Public Health - http://download.fargond.gov/0/2016_fargo_cass_public_health_cha.pdf
 - Sanford Health - <http://www.sanfordhealth.org/about/community-health-needs-assessment>
 - Essentia Health - <http://www.essentiahealth.org/main/community-benefit-chna.aspx>
- Minnesota Compass
 - A social indicators project that measures progress in the state of MN, its seven regions, 87 counties and larger cities. Compass tracks trends in topic areas such as education, economy and workforce, health, housing, public safety, and a host of others
 - <http://www.mncompass.org/>
- North Dakota Compass
 - A social indicators project that measures progress in the state of ND, its eight regions, 53 counties, four Native American reservations, and larger cities. Compass tracks trends in topic areas such as children and youth, economy, health, housing, and workforce
 - <http://www.ndcompass.org/index.php>
- Robert Wood Johnson Foundation, County Health Rankings & Roadmaps
 - The annual rankings provide a revealing snapshot of how health is influenced by where we live, learn, work and play. They provide a starting point for change in communities.
 - <http://www.countyhealthrankings.org/>
- United States Census Bureau, American Fact Finder
 - Provides access to data about the United States, Puerto Rico, and the Island Areas. The data in AFF come from several censuses and surveys including the decennial census, the American Community Survey, the American Housing Survey, and the Economic Census.
 - <https://factfinder.census.gov/faces/nav/jsf/pages/searchresults.xhtml>

Appendix C

2017 U.S. Department of Health and Human Services
Poverty Guidelines for the 48 Contiguous States and the District of Columbia

Household Size	100%	125%	150%	185%	200%
1	\$12,060	\$15,075	\$18,090	\$22,311	\$24,120
2	\$16,240	\$20,300	\$24,360	\$30,044	\$32,480
3	\$20,420	\$25,525	\$30,630	\$37,777	\$40,840
4	\$24,600	\$30,750	\$36,900	\$45,510	\$49,200
5	\$28,780	\$35,975	\$43,170	\$53,243	\$57,560
6	\$32,960	\$41,200	\$49,440	\$60,976	\$65,920
7	\$37,140	\$46,425	\$55,710	\$68,709	\$74,280
8	\$41,320	\$51,650	\$61,980	\$76,442	\$82,640

For families/households with more than 8 persons, add \$4,180 for each additional person.

FAQ

What are the differences between the poverty guidelines and the poverty thresholds?

Poverty thresholds are used for calculating all official poverty population statistics — for instance, figures on the number of Americans in poverty each year. They are updated each year by the **Census Bureau**. [Poverty thresholds since 1973 \(and for selected earlier years\)](#) and [weighted average poverty thresholds since 1959](#) are available on the Census Bureau’s web site. For poverty thresholds before 1980, contact the Census Bureau at 1-800-923-8282. For an example of how the Census Bureau applies the thresholds to a family’s income to determine its poverty status, see [“How the Census Bureau Measures Poverty”](#) on the Census Bureau’s web site.

The **poverty guidelines** are a simplified version of the federal poverty thresholds used for **administrative** purposes — for instance, determining financial eligibility for certain federal programs. They are issued each year in the Federal Register by the **Department of Health and Human Services** (HHS).

What programs use the poverty guidelines?

The HHS poverty guidelines, or percentage multiples of them (such as 125 percent, 150 percent, or 185 percent), are used as an eligibility criterion by a number of federal programs, including those listed below. For examples of major means-tested programs that do not use the poverty guidelines, see the end of this response.

- Department of Health and Human Services:
 - Community Services Block Grant
 - Head Start
 - Low-Income Home Energy Assistance Program (LIHEAP)
 - PARTS of Medicaid (31 percent of eligible in Fiscal Year 2004)
 - Hill-Burton Uncompensated Services Program
 - AIDS Drug Assistance Program
 - Children’s Health Insurance Program
 - Medicare – Prescription Drug Coverage (subsidized portion only)
 - Community Health Centers
 - Migrant Health Centers
 - Family Planning Services
 - Health Professions Student Loans — Loans for Disadvantaged Students
 - Health Careers Opportunity Program
 - Scholarships for Health Professions Students from Disadvantaged Backgrounds
 - Job Opportunities for Low-Income Individuals
 - Assets for Independence Demonstration Program
- Department of Agriculture:

- Supplemental Nutrition Assistance Program (SNAP) (formerly Food Stamp Program)
- Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
- National School Lunch Program (for free and reduced-price meals only)
- School Breakfast Program (for free and reduced-price meals only)
- Child and Adult Care Food Program (for free and reduced-price meals only)
- Expanded Food and Nutrition Education Program
- Department of Energy:
 - Weatherization Assistance for Low-Income Persons
- Department of Labor:
 - Job Corps
 - National Farmworker Jobs Program
 - Senior Community Service Employment Program
 - Workforce Investment Act Youth Activities
- Department of the Treasury:
 - Low-Income Taxpayer Clinics
- Corporation for National and Community Service:
 - Foster Grandparent Program
 - Senior Companion Program
- Legal Services Corporation:
 - Legal Services for the Poor

Most of these programs are non-open-ended programs — that is, programs for which a fixed amount of money is appropriated each year. A few open-ended or “entitlement” programs that use the poverty guidelines for eligibility are the Supplemental Nutrition Assistance Program (formerly Food Stamps), the National School Lunch Program, certain parts of Medicaid, and the subsidized portion of Medicare – Prescription Drug Coverage.

Some state and local governments have chosen to use the federal poverty guidelines in some of their own programs and activities. Examples include financial guidelines for child support enforcement and determination of legal indigence for court purposes. Some private companies (such as utilities, telephone companies, and pharmaceutical companies) and some charitable agencies also use the guidelines in setting eligibility for their services to low-income persons.

Major means-tested programs that do not use the poverty guidelines in determining eligibility include the following:

- Supplemental Security Income (SSI)
- Earned Income Tax Credit (EITC)
- State/local-funded General Assistance (in most cases)
- Large parts of Medicaid
- Section 8 low-income housing assistance
- Low-rent public housing