United Way of Cass-Clay Notice of Funds Available

United Way of Cass-Clay (United Way) makes investments in measureable progress toward increasing access and reducing barriers for underserved, at-risk, and vulnerable individuals to achieve our Bold Community Goals:

- Reduce Hunger and Homelessness
- Prepare Children to Succeed
- Help People Be Independent

Ultimately, these goals will collectively help to lift families out of poverty.

United Way announces grant funding available for a three-year cycle (2022, 2023, and 2024) that focuses on investing to help people be independent.

United Way is seeking to make measurable investments to ensure progress to:

- Increase employment and income to family-sustaining levels*, focused on targeted populations through:
  - Increasing worker employability* through skill development
  - Increasing worker employability* through supportive services* to ensure they are able to maintain long-term employment
  - Increasing income to family-sustaining levels* through partnerships with companies that have high-demand employment opportunities in our community

- Increase family and social support necessary to maintain independence, focused on targeted populations through:
  - Ensuring access to counseling, home visiting programs, and support services* for families to maintain independence
  - Increasing social connectedness and social capital* for families to maintain independence through activities and programs such as peer support, empowerment programs, coaching models, and learning communities
  - Building social capital* within specific neighborhoods through community participation opportunities

Additionally, based on research provided below, priority will be given to proposals that adhere to the core principals of the two-generational (2Gen) approach*, trauma-informed approach*, and client-centered care.*

By taking an equity approach to our investment strategy, we are looking to target families who have historically been underserved and do not have the means to develop well-being and supports on their own.

United Way will accept proposals that do not specifically target the populations included in the investment strategies listed in this notice, primarily low-income* and historically underserved...
and marginalized families*. All proposals must clearly define need and ability to measure impact and meet thresholds as defined in this notice.

Furthermore, we recognize we are currently going through an unprecedented time. We may not yet know the full scope of the long-lasting impact this will have on our community and individual families. It will take all of us, working together, to overcome new barriers and shortfalls that will surface as we work toward a better future. While we are in a time of great uncertainty, United Way is focused and remains clear on our mission to improve lives by activating resources to solve complex community issues and create lasting social change.

One thing is for certain — everyone is and will continue to be impacted by these crises. We know many families that were already underserved and living with low-income will be impacted far greater. While we may not have all of the answers related to our current situations, we do know what it will take to create better opportunities and to improve lives in our community. These solutions are outlined in this framework as we move forward in redefining what it means for us to help people be independent.

RESEARCH/STRATEGY
United Way has taken great strides to understand national and local research and best practices in the areas of family stability and determinants of health. This research has allowed us to reexamine our Bold Community Goals and work to become more focused on specific areas and on services that have proven to create lasting social change and help families to reach their full potential in our community.

The County Health Rankings (Rankings) are published annually by Robert Wood Johnson Foundation (RWJF). Below is the Rankings model that illustrates the factors communities can change to improve overall health and the relating contributors of each factor.¹

*Specific definitions and terms can be found in the glossary of terms in Appendix A.
Looking at this model, we see 80% of what makes us healthy is:  

- Living and working conditions  
- Income, education level, access to social support, exposure to crime and violence, and health behaviors  
- Availability of safe and affordable housing, quality jobs, transportation options, and opportunities for recreation

According to RWJF, “Disparities emerge when some groups benefit from consistently better access to opportunities and resources over a lifetime and across generations. For example, when children live in families with higher incomes, they typically experience stable housing in safer neighborhoods, have access to better-resourced and higher-quality schools, and are better prepared for living-wage jobs. When children live in families with lower incomes and do not have access to opportunities, they face challenges to gaining a foothold on the ladder to economic security and better health that helps them thrive.”

Essentially, to create a healthy community and to achieve our Bold Community Goals, we need to **lift people out of poverty**. Previously, this has been a separate goal with a separate investment strategy. However, we recognize that reducing poverty truly encompasses all that we are trying to achieve.

Under the Affordable Care Act, nonprofit community hospitals are required to conduct community health assessments (CHA) every three years. A community health needs assessment helps the community build capacity to support policy, systems, environmental changes and community health improvement.

Locally, data is available from the most recent study conducted by Essentia Health, Sanford, ND Public Health Association, Fargo Cass Public Health, Family Health Care, Clay County Public Health, and many other community organizations and partners, including United Way of Cass-Clay. Following this study, Essentia Health, Sanford, and Fargo Cass Public Health each published reports that detail themes and key findings as to the highest community priorities. This study included two surveys: one with key stakeholders and one with metro residents.

*Specific definitions and terms can be found in the glossary of terms in Appendix A.*
The survey with key stakeholders asked them to rank key indicators on a Likert scale with 1 meaning no attention needed and 5 meaning critical attention needed. Below are the needs that ranked 3.5 or above and are considered a priority:

- **Economic Well-Being:**
  - Need for housing that accepts people with chemical dependency, mental health problems, criminal history or victims of domestic violence (ranking 4.22)
  - Affordable housing (4.21)
  - High concern for homelessness (3.88)
  - Hunger (3.64)

- **Transportation:**
  - Need for door-to-door transportation for community members who do not drive (3.55)

- **Children and Youth:**
  - Availability and cost of services for at-risk youth (4.11)
  - Cost and availability of quality child care (4.08)
  - Substance abuse by youth (3.89)
  - Teen suicide (3.89)
  - Childhood obesity (3.86)
  - Bullying (3.65)

- **Aging Population:**
  - Cost of long-term care and memory care (4.15)
  - Cost of in-home services (3.83)
  - Availability of resources for family and friends caring for elders (3.58)
  - Availability of resources to help the elderly stay safe in their homes (3.52)

- **Safety:**
  - Abuse of prescription drugs (4.15)
  - A culture of excessive and binge drinking (3.81)
  - Domestic violence (3.80)
  - Child abuse and neglect (3.68)
  - Sex trafficking (3.59)
  - Presence of street drugs (3.55)

- **Health Care Access:**
  - Availability of mental health providers (4.28)
  - Availability of behavioral health (substance abuse) providers (4.21)
  - Access to affordable health insurance (4.05)
  - Access to affordable health care (4.01)
  - Access to affordable prescription drugs (3.91)
  - Access to affordable dental insurance (3.82)
  - Availability of non-traditional hours (3.63)
  - Access to affordable vision insurance (3.58)
  - Use of emergency room services for primary health care (3.53)
  - Availability of health care services for Native American people (3.50)
  - Coordination of care between providers and services (3.50)
• Mental Health and Substance Abuse:
  o Drug use and abuse (4.40)
  o Alcohol use and abuse (4.15)
  o Depression (4.10)
  o Suicide (4.01)
  o Stress (3.81)
  o Dementia and Alzheimer's (3.61)

Key findings from the residents’ survey show survey participants are facing the following issues at high rates: 4

• 66% report that they are overweight or obese
• 50% self-report binge drinking at least once per month
• 46% have been diagnosed with anxiety
• 40% have been diagnosed with depression
• 35% worried whether food would run out before they got money to buy more (sometimes, often true)
• 30% report running out of food before having money to buy more
• 30% have not visited a dentist in more than a year

Overall, the residents surveyed saw the most important community issues as: 4

• Health care costs 43%
• Other 16%
• Health care access 15%
• Substance abuse 13%

Following this study, each health organization identified prioritizes, goals, and strategies they will commit to working on over the next three years based on this study.

• Essentia has identified their focus as mental health and youth and young adult substance abuse.5
• Fargo Cass Public Health has identified their focus as drug/substance abuse.3
• Sanford has identified their focus as health care access and mental health and substance abuse.4

By nature of their missions and armed with new local data, our community’s health care partners are focused on health factors of Health Behaviors and Clinical Care for all in our community (see page 2 for Rankings model).

We feel United Way’s role in creating a healthy, vibrant community, where everyone has the opportunity to thrive, lays in focusing on the health factors of Social and Economic Factors and part of Physical Environment (specifically with our work to reduce homelessness and to ensure families have the support in maintaining safe, stable housing). These factors equate to 50% of what makes us healthy.
Having a poverty focus across all of United Way’s investment strategies naturally leads to the combination of investment strategies under Bold Goal #3, *Help People be Independent*, and Bold Goal #4, *Lift People out of Poverty*. In transition for the 2022-2024 investment cycle, we are looking to focus on the health factors not included in our other two Bold Community Goals of Reducing Hunger and Homelessness and Preparing Children to Succeed, mainly:

- **Employment and Income:** As income increase or decreases, so does health. Employment provides income that shapes choices about housing, education, child care, food, medical care, and more. Employment also often includes benefits that can support healthy lifestyle choices, such as health insurance. Unemployment and underemployment limit these choices and the ability to accumulate savings and assets that can help cushion in times of economic distress.

- **Family and Social Support:** People with greater social support, less isolation, and greater interpersonal trust live longer and healthier lives than those who are socially isolated. Neighborhoods richer in social connections provide residents with greater access to support and resources than those that are less tightly knit.

According to the research conducted by RWJF, we know what works to improve these specific health factors:

- **Employment and Income:**
  - Increase worker employability
  - Create supportive work environments
  - Increase or supplement income
  - Support asset development

- **Family and Social Support:**
  - Ensure access to counseling and support
  - Increase social connectedness
  - Build social capital within communities
  - Build social capital within families

As the Rankings point out, “We all want to live in a place where everyone is treated fairly, where all people have a voice in the decisions that affect them, and where we all have an opportunity to succeed. When communities adopt strategies that ensure safe drinking water, provide early childhood education, improve neighborhood safety, or reduce obesity rates, we all benefit. This is an equity-focused vision of health — one where all members of a community have ample opportunity to access what they need to thrive.”

This is why we see fully adopting a Two Generational Model (2Gen) as being the key in advancing this investment strategy. By supporting the entire family from the start, together we build a family’s capacity for sustained stability. We are moving forward with partnerships that enable better coordination of high-quality and well-timed services, with the focus of identifying gaps in services or problems that are blocking equitable access to essential resources and services families in our community need to thrive.
According to The Aspen Institute, there are five key components of the 2Gen Approach:  
1) Postsecondary Education and Employment Pathways
2) Early Childhood Education and Development
3) Economic Assets
4) Health and Well-Being
5) Social Capital

Their research shows a $3,000 difference in a parent’s income when their child is young is associated with a 17% increase in the child’s future earnings. This relatively small increase in a household’s income can have a significant impact on the life of that child.

Additionally, social capital is a key success factor of the 2Gen Approach. According to The Aspen Institute, research has shown that social capital manifests as peer support; contact with family, friends, and neighbors; participation in community and faith-based organizations; school and workplace contacts; leadership and empowerment programs; use of case managers or career coaches; social networks, such as cohort models and learning communities; and mental health services. As they state, “Social capital builds on the strength and resilience of families, bolstering the aspirations parents have for their children and for themselves. It is a powerful component in programs that help move families beyond poverty.”

**EVALUATION/SELECTION PROCESS**

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

United Way requires all interested applicants to submit an email with intent to apply to Megan Jenson, Senior Community Impact Manager, at mjenson@unitedwaycassclay.org.

Starting Monday, August 31, following receipt of your agency’s email with intent to apply, a link to the electronic Letter of Intent (LOI) will be made available to the primary contact person listed within two business days. All LOIs will be due by 11:59 p.m. on Friday, October 30, 2020. The online platform will automatically lock down, and LOIs will not be accepted following this deadline.

All submitted LOIs will be reviewed by the volunteer Community Investment Committee (CIC). Each LOI is vetted utilizing an evaluation rubric to guide the reviews in ensuring that applicants 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. Along with reviewing each submitted LOI, the CIC will conduct on-site visits with each organization. The evaluation rubric is available in Appendix D on page 21-22.
The CIC will invite select applicants to submit a full Request for Proposal (RFP) based on eligibility criteria, alignment with United Way’s goals and strategies, and their demonstrated ability to measure performance indicators.

NOTE: Not all applicants that submit an LOI will be invited to submit a full RFP.

By Wednesday, December 16, selected applicants will be notified of acceptance and receive a link to the electronic RFP. All RFPs will be due by 11:59 p.m. on Friday, February 5, 2021. The online platform will automatically lock down, and RFPs will not be accepted following this deadline.

Once applicants have submitted the RFP, United Way will organize volunteers to conduct a panel review where volunteers review proposals, tour applicants’ facilities, and gain further information and perspective on the specific programming. These volunteers will make an initial funding recommendation based on their review of the proposals utilizing an evaluation rubric to guide scoring of RFPs and the conducted site visits. 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 submitted RFPs, the CIC will convene to review all individual panel recommendations and make a final funding recommendation to the Board of Trustees. The process concludes with the Board of Trustees, which makes final funding decisions.

For a complete timeline, please see Investment Timeline on page 15.

Our evaluation process is subject to change, as we follow state and federal guidelines and recommendations related to COVID-19 as applicable. Any changes will be communicated with applicants as decided, including but not limited to, conducting site visits virtually using an online platform or delays in our decision process as meetings may be rescheduled.

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

- Funding from this proposal will be used to serve residents of Cass County, North Dakota, and/or Clay County, Minnesota. Applicants 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 nonprofit private organizations, both secular and faith-based, which serve individuals in Cass County,
North Dakota, and/or 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 anti-discrimination, equal opportunity, 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 programs and services through measurable outcomes.

Per our guidelines, United Way does not fund the following agencies or activities:

- Fraternal organizations, merchant associations, chamber memberships or programs, or 501(c)(4) or (6) organizations
- Section 509(a)(3) – Type III supporting organizations
- Private foundations
- Endowments or memorial campaigns
- Capital campaigns
- Fundraising events or sponsorships
- Programs operated by religious organizations for religious purposes
- Political organizations or organizations designed primarily to lobby
- Individuals, including those seeking scholarships or fellowship assistance
- Travel and related expenses including student trips and tours
- Deficit reduction
- Sporting events, organizations, or teams

PROPOSAL THRESHOLD
Proposals must meet the following threshold to be considered to move forward in this grant review cycle:

- Able to clearly identify population that will be targeted through the proposal
- Be willing to collaborate with other Community Partners to ensure no duplication services and appropriate coverage of our service area

*Specific definitions and terms can be found in the glossary of terms in Appendix A.*
Priorities will be given to proposals that:

- Adhere to the core principles of the 2Gen Approach*
- Adhere to the core principles of trauma-informed approach*
- Adhere to the core principles of client-centered care care*

United Way may request additional information to verify proposal thresholds are being met; although, we encourage each proposal to provide detailed information as part of the LOI to illustrate how the proposal meets these requirements.

TARGET POPULATIONS

As of 2018, according the US Census Bureau’s 5-year estimates, in Cass and Clay counties, 10.9% of the population live below the poverty level — this is almost 26,000 individuals in our community. In 2020, the poverty guideline was set as a family of four living on less than $26,200 a year. Moreover, 13% of children under the age of 5 live in poverty, and 17.7% of 18 to 34 year olds live in poverty. This illustrates that young families struggle the most in our community.

Furthermore, when we considered race, ethnicity, and nativity (if an individual was born inside or outside of the United States) of those living in poverty, we see people of color and those who are born outside of the nation struggle at an even higher rate in our community:

- 8.8% of individuals who identify as White alone live in poverty
- 37.9% of individuals who identify as Black or African American alone live in poverty
- 30.3% of individuals who identify as American Indian and Alaska Native alone live in poverty
- 19.9% of individuals who identify as Asian alone live in poverty
- 18.8% of individuals who identify as Hispanic live in poverty
- 25.6% of individuals who are Foreign-Born live in poverty

In total, 5.9% of households live below the poverty level in our community. This jumps to 11.9% of families with children under 5 and 15.2% of families with children under 5 and ages 5 to 17.

- 4.4% of households who identify as White alone, not Hispanic, live in poverty
- 27.1% of households who identify as Black or African American alone live in poverty
- 30.6% of households who identify as American Indian and Alaska Native alone live in poverty
- 10.8% of households who identify as Asian alone live in poverty
- 21.6% of households who identify as Hispanic live in poverty
- 21.3% of households who are Foreign-Born live in poverty

*Specific definitions and terms can be found in the glossary of terms in Appendix A.
According to this same data set, 74.4% of the total population over the age of 16 participates in our community’s labor force with only a 2.8% unemployment rate. This varies slightly based on race, ethnicity, and nativity:  
- 74.3% of individuals who identify as White alone over the age 16 participate in the labor force with a 2.3% unemployment rate  
- 74.8% of individuals who identify as Black or African American alone over the age 16 participate in the labor force with a 13% unemployment rate  
- 59.3% of individuals who identify as American Indian alone over the age 16 participate in the labor force with a 2.7% unemployment rate  
- 74.7% of individuals who identify as Asian alone over the age 16 participate in the labor force with a 1.1% unemployment rate  
- 76.6% of individuals who identify as Hispanic over the age 16 participate in the labor force with a 4.8% unemployment rate  
- 74.6% of individuals who are Foreign-Born over the age 16 participate in the labor force with a 4.6% unemployment rate

According to this same data set, the median household income for our community is $62,832. This drastically varies based on race, ethnicity, and nativity:  
- $65,485 for households who identify as White alone  
- $30,960 for households who identify as Black or African American alone  
- $61,505 for households who identify as Asian alone  
- $39,000 for households who identify as Hispanic  
- No data is available for our community on Native American households  
- $40,047 for households who are Foreign-Born

Additionally, female head of households with no husband present have a median income of only $39,267 compared to male head of households with no wife present at $51,495.

The extreme result in a lack of independence for a household is homelessness. When looking at data published in the State of Homelessness Report, in 2019, 3,322 individual received homelessness services either in Cass County or Clay County. Of those, only 49% identify as White. Again, as of 2018, Census estimates show 87.1% of the total population in the FM Metro identify as White alone. With 19% of the homeless population identifying as Black or African American and 20% identifying as American Indian, we see significant racial disparities as these populations are overrepresented compared to the general population. The Census estimates show only 6.1% of the general population identify as Black or African American alone and 1.4% as American Indian and Alaska Native alone.

This data reinforces that these families are often marginalized and do not have the same access to earn family-sustaining wages. By taking an equity approach to our investment strategy, we would look to target families who have historically been underserved and do not have the means to develop their well-being and supports on own.
PERFORMANCE MEASUREMENT

The goal of Help People Be Independent is specifically to:

- Increase employment and income to family-sustaining levels, focused on targeted populations through
- Increase family and social support necessary to maintain independence, focused on targeted populations

In order to demonstrate progress toward 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 reporting will be entered into the secure online application on a semi-annual basis.

Applicants must be able to reasonably and accurately describe how the population they seek to impact through services is in line with our target population listed above. Using local data and statistics to support data collection methods and program services from non-partisan sources is advised and preferred. Definitions for key terms and references are provided in Appendix A on page 16-18. Examples of sources for data collection, local statistics, and key populations can be found in Appendix B, found on page 19.

1) **Demographic information:** Throughout United Way’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. Generally, economically disadvantaged is considered an income at or below 200% of the set poverty guideline; refer to Appendix C on page 20 for more details.

While we will continue to fund programs that serve individuals from all economic backgrounds, we will focus a heavier percentage of resources on those who are economically disadvantaged and underserved. 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 unduplicated clients served in each of the following categories:

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

*Specific definitions and terms can be found in the glossary of terms in Appendix A.*
2) **Shared performance measures:** All applicants must agree to participate in the shared performance measures effort. We feel the indicators included under each strategy below are predictive of family success in achieving the overall goals laid out in this notice.

The indicators listed below are a potential pool of shared performance measures that will be collected as part of this shared performance measures effort on an annual basis through the duration of the three-year grant cycle. Programs will be asked to select one of the two strategies and will need to demonstrate how the program can measure the indicators within that strategy.

a) Increase employment and income to family-sustaining levels, focused on targeted populations (STRATEGY 1)

**Long-Term Outcomes**
- Decrease in the percentage of families experiencing poverty
- Reduce the percentage of individuals who are unemployment or underemployed
- Increase in the percentage of families earning living wages

**Interim Outcomes**
- Number of individuals who obtain living-wage employment
- Number of individuals who maintain living-wage employment

**Outputs**
- Number of individuals who earn certificates/degrees/credentials needed to obtain living-wage employment
- Number of individuals who receive supportive services to assist in obtaining and maintaining living-wage employment

b) Increase family and social support necessary to maintain independence, focused on targeted populations (STRATEGY 2)

**Long-Term Outcomes**
- Decrease in the percentage of families experiencing poverty
- Increase social connection and social capital for targeted families
- Increase well-being of targeted families

**Interim Outcomes**
- Number of families able to maintain independence through supportive services
- Percentage of families able to grow social capital through supportive services
Outputs

- Number of families served by being connected to services to support social connection, social capital, and independence
- Number of families enrolled in quality home visiting program to support independence, social connections, and social capital
- Number of families who access counseling or peer support to help support independence, social connections, and social capital
- Number of families who access learning communities such as empowerment programs or coaching models to help support independence, social connections, and social capital

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

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<tr>
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<th>Event</th>
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<tr>
<td>October 30, 2020</td>
<td>Electronic LOI due to United Way for consideration</td>
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<tr>
<td>November 11-25, 2020</td>
<td>Initial on-site visits conducted by CIC for organizations that have applied</td>
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<tr>
<td>December 16, 2020</td>
<td>Organizations will be notified of acceptance to submit RFP</td>
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<tr>
<td>February 5, 2021</td>
<td>Electronic RFP due to United Way for consideration</td>
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<tr>
<td>March 1-18, 2021</td>
<td>On-site visits conducted by volunteers for organizations that have applied</td>
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<tr>
<td>June 2021</td>
<td>Notification to applicants of Board of Trustees funding decisions</td>
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<tr>
<td>January 1, 2022</td>
<td>Funding begins for three-year grant cycle</td>
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OPEN OFFICE HOURS – INDIVIDUAL MEETINGS

United Way will hold open office hours to offer community members and agencies an opportunity to ask questions and learn more about this new effort on an individual or collaborative basis. These meetings will be held throughout the month of September at United Way, located at 219 7th St S, Fargo, or online via GoToMeeting. To schedule a time to meet with United Way to discuss your potential proposal as an individual agency or as a collaborative, click this link and select a time slot that works best for you: [https://calendly.com/mjenson/bold-goal-3-grant-meeting](https://calendly.com/mjenson/bold-goal-3-grant-meeting).

LOI TRAINING SESSIONS

United Way will hold four training sessions on how to complete the online LOI to be considered for this upcoming grant cycle. This is a great opportunity to have any questions answered prior to submitting your LOI for consideration. These sessions will be held at United Way, located at 219 7th St S, Fargo, or online via GoToMeeting.

The sessions will be held on:

- **Monday, September 21** 2-3:30 p.m. United Way/Online
- **Wednesday, September 30** 2-3:30 p.m. United Way/Online
- **Thursday, October 15** 9-10:30 a.m. United Way/Online
- **Tuesday, October 20** 9-10:30 a.m. United Way/Online

Please email Megan Jenson at [mjenson@unitedwaycassclay.org](mailto:mjenson@unitedwaycassclay.org) to RSVP for one of these training sessions.

For any questions, please contact

- **Thomas Hill** at [thill@unitedwaycassclay.org](mailto:thill@unitedwaycassclay.org) or call 701-237-5050
- **Megan Jenson** at [mjenson@unitedwaycassclay.org](mailto:mjenson@unitedwaycassclay.org) or call 701-237-5050
- **Ahmed Shiil** at [ashiil@unitedwaycassclay.org](mailto:ashiil@unitedwaycassclay.org) or call 701-237-5050

*Specific definitions and terms can be found in the glossary of terms in Appendix A.*
APPENDIX A

The following are how we define key terms included in our investment strategy:

**2Gen (Two-Generation) Approach** builds family well-being by intentionally and simultaneously working with children and the adults in their lives together. The approach recognizes that families come in all different shapes and sizes and that families should define themselves.
Reference: [The Aspen Institute](https://www.aspeninstitute.org)

**Client-Centered Care (also known as person-centered care or patient-centered care)** is focusing on the needs of the person rather than the needs of the service. Providing care or service that is respectful and responsive to individual preferences, needs and values, and ensuring that individual values guide all decision on care and services.
Reference: [Health Leads](https://www.healthleadsusa.org)

**Family-Sustaining Levels** is the hourly rate an individual, in a household, must earn to support themselves and their family within our community. It is not a set hourly wage; rather, this level is determined based on household size and cost of living in our community.
Reference: [MIT Living Wage Calculator](https://web.mit.edu/livingwage/www)

**Historically Underserved and Marginalized Families** can include many communities — people of color, low-income, new Americans, women, and so on. For the purpose of this proposal, we are asking programs to define how their target populations are considered historically underserved and marginalized.

**Low-income (or economically disadvantaged)** is generally considered to include household income at or below 200% of the set poverty guideline; refer to Appendix C on page 20 for more details.

**Supportive Services** are inclusive of all additional services that will help individuals become self-sustaining or have the ability to be lead a stable life, specifically when it comes to gaining and maintaining livable-wage employment and safe, stable housing.

**Social Capital** revolves around three dimensions: interconnected networks of relationships between individuals and groups (social ties or social participation), levels of trust that characterize these ties, and resources or benefits that are both gained and transferred by virtue of social ties and social participation.
Reference: [Encyclopedia Britannica](https://www.britannica.com)
**Trauma-Informed Approach** includes programs, organizations, or systems that realize the widespread impact of trauma and understand potential paths for recovery; recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system; and responds by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively resist re-traumatization.
Reference: [Substance Abuse and Mental Health Services Administration (SAMHSA)](https://www.samhsa.gov)

**Well-Being** includes the presence of positive emotions and moods (e.g., contentment, happiness), the absence of negative emotions (e.g., depression, anxiety), satisfaction with life, fulfillment and positive functioning. It is dependent upon good health, positive social relationships, and availability and access to basic resources.
Reference: [Centers for Disease Control and Prevention](https://www.cdc.gov)

**Worker Employability** refers to skills and attributes of an individual that helps them to be able to gain and maintain employment.

The following resources were used to formulate our investment strategy:

*Specific definitions and terms can be found in the glossary of terms in Appendix A.*
APPENDIX B

Below are 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.

- 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.
  - https://www.countyhealthrankings.org/

- Minnesota Compass
  - A social indicators project that measures progress in the state of Minnesota, 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 North Dakota, 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.

- United States Census Bureau, Explore Census Data
  - Provides access to data about the United States, Puerto Rico, and the Island Areas. The data comes from several censuses and surveys including the decennial census, the American Community Survey, the American Housing Survey, and the Economic Census.
  - https://data.census.gov/cedsci/
APPENDIX C

2020 U.S. Department of Health and Human Services
Poverty Guidelines for the 48 Contiguous States and the District of Columbia

<table>
<thead>
<tr>
<th>Household Size</th>
<th>100%</th>
<th>125%</th>
<th>150%</th>
<th>185%</th>
<th>200%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$12,760</td>
<td>$15,950</td>
<td>$19,140</td>
<td>$23,606</td>
<td>$25,520</td>
</tr>
<tr>
<td>2</td>
<td>$17,240</td>
<td>$21,550</td>
<td>$25,860</td>
<td>$31,894</td>
<td>$34,480</td>
</tr>
<tr>
<td>3</td>
<td>$21,720</td>
<td>$27,150</td>
<td>$32,580</td>
<td>$40,182</td>
<td>$43,440</td>
</tr>
<tr>
<td>4</td>
<td>$26,200</td>
<td>$32,750</td>
<td>$39,300</td>
<td>$48,470</td>
<td>$52,400</td>
</tr>
<tr>
<td>5</td>
<td>$30,680</td>
<td>$38,350</td>
<td>$46,020</td>
<td>$56,758</td>
<td>$61,360</td>
</tr>
<tr>
<td>6</td>
<td>$35,160</td>
<td>$43,950</td>
<td>$52,740</td>
<td>$65,046</td>
<td>$70,320</td>
</tr>
<tr>
<td>7</td>
<td>$39,640</td>
<td>$49,550</td>
<td>$59,460</td>
<td>$73,334</td>
<td>$79,280</td>
</tr>
<tr>
<td>8</td>
<td>$44,120</td>
<td>$55,150</td>
<td>$66,180</td>
<td>$81,622</td>
<td>$88,240</td>
</tr>
</tbody>
</table>

For families/households with more than 8 persons, add $4,480 for each additional person.

SOURCE: U.S. Department of Health & Human Services | U.S. Federal Poverty Guidelines Used to Determine Financial Eligibility for Certain Federal Programs:
https://aspe.hhs.gov/poverty-guidelines
APPENDIX D
Help People be Independent – LOI Review Form

Agency Name: 

Program Name: 

1) Are there any concerns with the portion of the agency’s or program’s budget that will be made of UWCC funding?  
   □ Yes (2 pts)  
   □ No

2) Are there any concerns with the agency’s audit findings provided?  
   □ Yes (2 pts)  
   □ No

3) Does this proposal leverage any additional funding?  
   □ Yes (1 pts)  
   □ No

4) Has the program received UWCC funding in the past?  
   □ Yes  
   □ No

Points Possible: 5 (6% of total)  
Points Awarded (this does not get revised):

<table>
<thead>
<tr>
<th>Section 2: Review LOI and indicate how well the program meets the following criteria:</th>
<th>Meets All Criteria (5 pts.)</th>
<th>Meets Some Criteria (3 pts.)</th>
<th>Unclear/ Could Meet Criteria (1 pt.)</th>
<th>Does Not Meet Criteria (0 pts.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Proposal clearly describes need for program:</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>2) Proposal describes how the specific amount requested would be used and there is logical reasoning to support that amount requested:</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>3) Program is adequately staffed with dedicated staff and there is an appropriate client to staff ratio or caseload for services being offered:</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>4) Program is able and clearly identifies a target population for its services:</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

List Program’s identified target population:  

Does the program specifically seek to serve low-income and/or historically underserved families?  
   □ Yes (3 points)  
   □ No

Points Possible: 23 (26% of total)

Initial Points Awarded:  
Revised Points Awarded:

*Specific definitions and terms can be found in the glossary of terms in Appendix A.*
### Section 3:
**Review LOI and indicate how well the program meets the following criteria:**

<table>
<thead>
<tr>
<th></th>
<th>Meets All Criteria (7 pts.)</th>
<th>Meets Some Criteria (5 pts.)</th>
<th>Unclear/Could Meet Criteria (3 pts.)</th>
<th>Does Not Meet Criteria (0 pts.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>5) Program operates using industry best practices or research-informed approach(es) that are appropriate for the services being provided along with a focus on the 2Gen Approach:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6) Program adheres to the core principles of trauma-informed and client-centered care approaches:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7) Program collaborates or plans to collaborate with other entities to increase the number of clients served or improve services provided in our community, along with ensuring no duplication of services and appropriate coverage of our service area:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Points Possible: 30 (34% of total)**

**Initial Points Awarded:**

**Revised Points Awarded:**

---

### Section 4:
**Review LOI and indicate how well the program meets the following criteria:**

<table>
<thead>
<tr>
<th></th>
<th>Meets All Criteria (7 pts.)</th>
<th>Meets Some Criteria (5 pts.)</th>
<th>Unclear/Could Meet Criteria (3 pts.)</th>
<th>Does Not Meet Criteria (0 pts.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>8) Program seeks to increase supportive services to ensure clients are able to increase employment and income OR family and social support:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9) Program manages client and program data effectively and currently or plans to use data as a performance indicator:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10) Proposal demonstrates a high correlation to being able to make measurable progress to increasing family independence through targeted interventions:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Points Possible: 30 (34% of total)**

**Initial Points Awarded:**

**Revised Points Awarded:**

---

**Total Points Possible: 88**

**Initial Points Awarded:**

**Revised Points Awarded:**