Community Impact Fund Program Investments


Application Status: Submitted

Application Submission Details
Grant Submitter: Elizabeth Fitzgerald

Submission Confirmation Email Sent To: elizabethhigginsfitzgerald@gmail.com

Submitted By: Liz Fitzgerald on 8/30/2022 at 7:05 PM (CST)

Fitzgerald Test Agency 1

Agency Mission

What is Your Agency Mission & Vision?

Enter your agency’s official mission and vision statements if you have an official statement otherwise, describe your mission and vision in not more than 3 sentences each.

Agency Mission and Vision
DGSDLKS;LDKMA;LDKmslk'aldma;dlmsdlkmsdndsmdnsdkmnS;dlmSDas;ldk

What efforts is your agency making around Diversity Equity and Inclusion?

Describe your agency's policy on Diversity Equity and Inclusion. Include if your board has approved a DEI and/or Antiracist policy, training expectations for staff and board, challenges or barriers to being more inclusive in your program service delivery. You may attach any formal documents if available in the agency attachments section. If you do not have an official policy or it is a work in progress for your agency, simply describe your current status and practices.

What efforts will you take to reach underserved demographics and ensure equity in achieving your mission?

sdlsmd;lkdm;lakd;akdn;adkna;dnad;kma;ssd;lkad;lkasdkvandkanedknsd
Fitzgerald Test Agency 1 - Liz's Program

United Way Program Proposal 2022-25

Please make sure you select the attachments tab for both the agency-level and program-level attachments required for this application. Once you have completed this page and are satisfied with the content, click the link marked "SAVE MY WORK AND MARK AS COMPLETED" *** YOU MAY SAVE YOUR WORK AT ANY TIME *** Once you have completed all sections of the proposal you need to click on the "SUBMIT" button each program proposal

Requested Amount:

Enter the annual dollar amount you are requesting for this specific program from UWGN. This is a three year grant you will be eligible for your grant to renew annually for up to 3 years without re-applying. For the purposes of the application and periodic reporting please use the annual amount.

Amount Requested: 10,000.00

Program Title Liz's Program
Impact Area Education

Program Description

Briefly describe the program, including major activities.

What is the purpose of the program? How will the program address an identified community need?

Describe your organization’s capacity to carry out the work described successfully.

Describe how your organization cooperates/collaborates with others in the community.

S:dlkn;dknad;knas;kd
Describe your Target Audience

Who do you intend to serve with this program? Include specific demographic criteria such as (age, race, ethnicity, gender, income-level, region/neighborhood and towns) If the program is specifically restricted to any specific demographic criteria, please include that detail as well.

Describe Your target audience for this program.

How do you reach under-served community members within your target audience and ensure equity in your program delivery?
Describe Your Program Logic Model

Logic Models are a way to graphically represent the cause-effect relationship between the activities and resources applied to a program and the anticipated positive changes that will result for the clients and the community. Please describe your logic model below.

Describe the inputs you plan for this program
CM;LM;SLDMA;DKS

Describe the activities of this program. What will clients and staff specifically do?
zsdm;sldms;dма;dkn

Describe Your output measures. What indicators of success will you use to measure your program success?
asdk'sldkma;ldma;ldk

Describe the anticipated outcomes of this program. Include the anticipated successful completion of the program for the clients you will serve and also the positive change you anticipate at the community level. Once your program is completed...what will be different or better? You could also describe the change as a from - to relationship by describing the current state and then describing the desired state you wish to achieve through this grant.

What Community Level Outcomes Does This Program Contribute toward?

Select no more than 2 outcomes that your program addresses. We know that it is not always possible to track outcomes at the program level. We will ask you to measure key indicators of success but we would like to know what outcomes you feel your program has the most influence on.

- Individuals gain access to care (physical, dental, behavioral) (8145)
- Individuals eliminate /manage pain and symptoms due to chronic disease (8146)
- Individuals that decrease substance misuse (8147)
- Individuals reduce high risk behaviors (8176)
- Individuals maintain/achieve independance and feel safe and empowered and free from violence or isolation (8148)
# domestic abuse survivors reduce exposure to violence (8174)

# older adults remain independent (8175)

Individuals become engaged in civic life (8177)

Children enter school prepared to learn and succeed (8150)

Children are ready for kindergarten by regional standards (8143)

Children meet 3rd/4th Grade reading proficiency standards (8152)

Children Meet 3rd/4th Grade Math Proficiency Standards (8153)

Youth gain the knowledge, skills and credentials to obtain family sustaining employment (8154)

Youth gain the knowledge, skills and credentials to obtain family-sustaining employment (8144)

#/% 16-24 year olds employed and/or attending school (8155)

#/% 16-24 year olds employed and/or attending school (8156)
% improvement in number of students earning a post secondary degree or credential within 100-150 % of scheduled time (8157)

% Improvement in High School Graduation Rate (8158)

Individuals and families achieve financial stability and have the opportunity to improve their socioeconomic status. (8165)

Individuals gain jobs (8166)

Individual complete job skills training, entrepreneurship training programs, internships, or apprenticeships (8167)

Individuals improve financial strength (8168)

individuals increase income, benefits, reduce costs or improve access to resources (8169)

Other Outcome

What Indicators of Success Will You Measure for this program?

This measure focuses on your "outputs" Please select no more than 3 measures that will indicate successful participation in your program for your clients.

# of clients that avoid high risk behaviors

# eat healthy

# exercise 60 minutes per day

# infants born greater than 5.5 lbs

# reduce or eliminate tobacco use

# clients that substantially reduce mentally unhealthy days
# of clients reduce or eliminate exposure to violence

# of students improve performance on state/national/academic school readiness assessments

# of students that improve primary school performance per academic course grades

# improve primary school performance per attendance

# improve proficiency on reading assessments (3rd/4th grades)

# improve math proficiency on math assessments (3rd/4th grade)

# of children that meet keep developmental milestones (0-5 years)

# graduate secondary school on time (high school)

# gain jobs (type, wage level)

# graduate secondary school on time (high school)

# graduate within 100 and 150% of scheduled time (college)

# improve performance on "soft skills" (e.g. task persistence, time management, organization, problem solving, communication)
# improve performance on academic course grades
# improve school performance on state and/or national assessments
# matriculating (without remediation)
Amount $ savings in healthcare costs, family productivity gains
# of families supporting their children's success in school
# achieving on-time grade/school transitions
# achieve financial stability (agreed upon local standard)
# attaining family sustaining wages
# gain substantial increase in benefits/income
# gain upward mobility (promotion, wage increase, additional hours)
# leverage financial products (saving incentives, low cost loans)
# retain job for six months
# substantially improve financial strength by improving credit score
# substantially improve financial strength by spending less than 30% on housing
that complete job skills, entrepreneurship training programs, internships, apprenticeships (type and sector)

# of families achieve self-sufficiency (no longer require public assistance benefits)

# substantially improve financial strength by reducing debt

# that complete job skills, entrepreneurship training programs, internships, apprenticeships.

If you program does not measure any of the standard indicators listed, please describe how you will measure the success of this program. Grant recipients are required to measure at least 1 and no more than 3 indicators of success.

Program Model

Does your program use evidence-based strategies? No

What is the evidence-based program model you are using?
Fitzgerald Test Agency 1 - Liz's Program

Program Budget Narrative 2022-25 Proposal

Please attach a copy of your complete program budget current and prior year in the attachments section and then complete this budget narrative to provide budget justification and any other facts about the budget that UWGN investment panel and staff should know about.

Budget Justification Comments
ADM;Lkdm;LKDA;LDKNA;SDKNA;S

How will United Way Greater Nashua Funds be used to support this program

Describe how United Way funds will be used to specifically support this program such as general operating, capacity building, staffing, training, program materials, supplies and equipment, meeting space, marketing/outreach, etc.

Describe How United Way Funds will support this program.
zmx;slm;sldm

Describe what you would do if UWGN can only fund a portion of this request.
zasdISMD,smd;LENKGM
What are the primary sources of funding for this program.

<table>
<thead>
<tr>
<th>Funding Source</th>
<th>Amount</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>eENTERPRISE BANK GRANT</td>
<td>$10,000.00</td>
<td>PENDING</td>
</tr>
</tbody>
</table>

Total Amount: $10,000.00
Fitzgerald Test Agency 1 - Liz's Program

Units of Service

*Please describe your Unit of Service Measurements. Provide an estimate of the number of units of service to be provided with United Way Funds.*

<table>
<thead>
<tr>
<th>Unit of Service</th>
<th>Description</th>
<th>Unit Cost of Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHILDREN</td>
<td></td>
<td>250.00</td>
</tr>
</tbody>
</table>

What is the total unit(s) of service to be delivered through this program? 30

What is the number of units of service you will be able to provide with the requested UW grant? 10