



United Way  
Metro Chicago

## Health and Wellness Allocation Process Frequently Asked Questions (FAQs)

**Q: At the RFI Training it was stated that programs that address each Outcome in their impact area (Prevention, Response, or Access) would be more competitive, but that addressing more than one indicator for each Outcome would *not* increase a program's competitiveness. Is this true? (added)**

A: It is correct that addressing more than one indicator for each outcome would not *necessarily* increase a program's competitiveness. As you will note, the indicators within the Response and Access impact areas are meant to measure different types of work. So, those agencies that can deliver on both of the individual outcomes and the community outcome (and report on at least one indicator for each) will be competitive in the process. UWMC welcomes applications that can deliver on all of the indicators within each of the outcome areas, but only if the program is comprehensive enough to deliver the services to achieve each one. When applicants stretch to report on outcomes and indicators that are not adequately addressed by their program, it shows through very clearly in their applications. So, we would ask that you select all indicators that you will address and can reasonably expect to report over the program year.

**Q: To what degree should we measure community level impact? For instance, if we host a townhall of community residents, which results in a community action, are we expected to survey them? (added)**

A: At the RFI, you will only need to select the indicator and be thinking about how you propose to measure community level change. In the application, we will ask you to identify actual indicators and methods/timing of data collection to measure change. The quality of those responses will help us identify which programs to fund. However, when we make the final selections for funding, we will work together with all of the funded parties (using their ideas) to come up with common indicators.

When hosting a town hall meeting, you could measure change by "increasing awareness of issues" or "making changes in community conditions" or "changing public policy". Whichever way you go, you will just need to identify concrete ways to measure it. For example, if you elected to measure "increasing awareness of issues", you might measure/report on how many people receive a set presentation or package of material that includes key pieces of information, as determined by the organization. For example, "\_\_\_ people will participate in a town hall about X issue, and \_\_\_ people will receive basic information about the problem, information about who is affected, resources for help, and ways to be a part of the solution".

**Q: What is the difference between a coalition and a joint application? (added)**

A: UWMC is happy to consider applications from coalitions or joint applications, in addition to applications from single agencies. *Coalitions* are groups of organizations and/or community leaders that have come together to achieve common goals. A RFI/application is submitted by one lead agency and the program submitted should address the goals of the entire coalition, rather than simply those goals of the applicant agency. *Joint applications* are submitted by one lead agency and at least one partner agency. As distinct from a coalition application, a joint application would include programs and services that address the goals of the two applicant agencies, rather than those of an entire coalition. In general, each of the applicants included in a joint application would receive part of the grant funding through the lead agency (as a subcontract). In contrast,

the lead agencies applying for a coalition would likely retain the grant funding to work on behalf of the coalition.

**Q: What is UW's definition of "behavioral health"? How does this differ from mental health? (added)**

A: In this funding cycle, "behavioral health" is equated to "mental health services", the definition for which is included in the plan under working definitions. This definition includes a variety of mental health and substance abuse services.

**Q: This question is about the outcomes section/Community Level Change indicators: Do we need to provide our own indicators for this now (at the RFI stage)? Should we discuss this in the narrative? (added)**

A: At the RFI, you need to select this indicator and be thinking about how you propose to measure community level change. In the application, we will ask you to identify actual indicators and methods/timing of data collection to measure change. The quality of those responses will help us identify which programs to fund. However, when we make the final selections for funding, we will work together with all of the funded parties (using their ideas) to come up with common indicators.

**Q: This question is about Demographics and Community Data: Should we report for ALL clients served by each program, or just those in the communities that fall under the member UWs that we're applying to? In other words, should the total number of clients served in the Demographics section match the total number of clients in the Communities section? (added)**

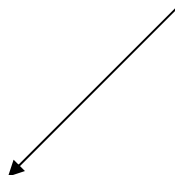
A: You should plan to include the demographics and results for the entire program and should fill out community estimates for the entire UWMC region, regardless of whether or not they are asking for funding from a specific MUW. However, because some programs serve participants outside of the Chicago metro region, we expect that this may be an issue for some. Pull out the clients that are outside the UWMC footprint in both sections. Since UWMC funding is meant only for clients in our region, we are asking for information exclusively for those clients.

**Q: In the Community Impact section/Characteristics that apply to a program population: Do individual characteristics need to apply to all or the majority of clients in order to check a box? For example, not all clients in the domestic violence/sexual assault program will have substance abuse issues, but some will. Can we check the box? (added)**

A: Check those boxes that describe the main populations served or services provided vs. checking the box if one or two of the participants served fit a characteristic listed. UWMC wants to capture the predominant populations served and services offered.

**Q: I am finished with my RFI. How do I submit it? (added)**

A: When you have completed your program's RFI and you are ready to submit it to United Way, please click the "Submit Application" button. Do not click this until you are absolutely ready to submit your RFI. Once it has been submitted, we cannot un-submit your RFI.



**Grant Application**

Status: **Not Yet Submitted**

Instructions

Print Application

**Submit Application**

View Doc Folder

**Application Forms**

Show All Forms

Program Profile

RFI - Health and Wellness

Projected Demographics

Projected Communities Served

**All Application Forms**

▼ Create New Browse

Program Profile	
Health Program	<a href="#">Edit</a>

RFI - Health and Wellness	
Response Access	<a href="#">Edit</a>

Projected Demographics	
FY 11	<a href="#">Edit</a>

Projected Communities Served	
FY 11	<a href="#">Edit</a>

\* Indicates required fields are missing

After you click the “Submit Application” button, you will receive an email confirmation of the submission, and the status of your RFI change to “Initial Review.” This means that we have received your program’s RFI.

**Grant Application**

Status: **Initial Review**

Instructions

Print Application

Re-Open Application

View Doc Folder

**Application Forms**

Show All Forms

Program Profile

RFI - Health and Wellness

Projected Demographics

Projected Communities Served

▼ Change Status

**All Application Forms**

▼ Create New Browse

Your application has been submitted. You will not be able to edit your application any further. If you need to edit your application, please contact the application support staff for this funder.

Program Profile	
Health Program	<a href="#">Edit</a>

RFI - Health and Wellness	
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**Q: Can my agency apply for more than 1 program?**

A: Yes, although no agency may submit more than 3 applications/programs per agency per Member United Way office. Complete a separate RFI for each program.

Please be aware that each Member United Way has unique funding limits related to program request and combined agency request. These vary by Member. Consult the Health and Wellness Community Impact Plan for specific guidelines according to each Member United Way office.

**Q: How do I determine my funding request?**

A: Your program’s funding request should make sense in the context of your program’s activities. UWMC cannot account for more than 40% of a program’s budget. Your program also needs to have at least 2 other funding sources in addition to United Way to be considered for funding. These sources can include individual gifts, foundation/corporation grants, and/or government funding, to name a few. These additional sources communicate the stability of your program and the ability to continue program delivery in the absence of United Way funds.

Please be aware that each United Way has unique funding limits related to program request and combined agency request. These vary by Member. Consult the Health and Wellness Community Impact Plan for specific guidelines according to each Member United Way.

**Q: I am applying to multiple Member United Ways within United Way of Metropolitan Chicago. How do I do this? What are the funding request guidelines when applying to multiple Member United Ways?**

A: You will complete one RFI for each program. If that program is seeking funding from multiple Member United Ways (MUWs) in the UWMC region, you will select the appropriate MUW(s) and indicate the funding request from each MUW.

There is a minimum request of \$10,000 *per* Member United Way *per* program. That is, the program request must be at least \$10,000 from *each* Member United Way that is indicated in your RFI.

Each United Way has unique funding limits related to program request and combined agency request. These vary by Member United Way. Consult the Health and Wellness Community Impact Plan for specific guidelines according to each Member United Way.

**Q: My program is already receiving funds in the Financial Stability issue area. Can this program also receive Health and Wellness funding?**

A: No. The same program cannot receive funding from multiple funding allocation pools. The same program can only receive funds from one of the 3 issue areas (Financial Stability, Health and Wellness, OR Education). An *agency* can potentially have individual programs funded in multiple issue areas. If you have a holistic program that fits in multiple issue areas, please contact staff at your local United Way to discuss.

**Q: UWMC categorized my already-funded program as a Health program and I don't "fit" into the Health and Wellness framework. What do I do?**

A: UWMC's framework is meant to be inclusive and to encompass mental, behavioral, and physical health. If, however, your program does not have the capacity to measure at least one of the outcomes in the framework, it may indeed not be a fit. Please contact UWMC staff to confirm whether your program fits with our model, and to discuss your options.

As United Way moves toward its community impact model, we are becoming more focused with our funding. We do anticipate that some programs will not be able to deliver the measurable results for our impact areas. While we regret losing any of our agency partners, we will continue on this path to focused, measurable impact.

**Q: How do I determine which Member United Ways could potentially fund my program? How many of my clients have to reside in that Member United Way's service area for consideration?**

A: You may apply to any Member United Way office in whose geographic area you have substantial services. While we do not put limits on the number of clients who must be reached in a Member United Way service area, it is unlikely a Member United Way will consider your program for funding if only a few of your clients are seen in their geographic area. To conserve your time and resources as well as ours, we strongly recommend you apply only to those Member United Ways to whom you can make a strong case for substantial and impactful services within their geography.

**Q: I am applying for funding for a new program (a program that does not currently exist, but will be in operation July 1, 2010). Can I apply? Anything I need to know?**

A: Yes. This process is open for new programs to apply for funding. Indicate the history of your program in the Executive Summary section of the RFI. Ensure that it is clear that your program is new throughout the application and provide evidence indicating why your organization is implementing this program in FY11.

**Q: If we currently have a respite and a case management program, do we apply into this new Health & Wellness cycle?**

A: Yes, Health & Wellness funding encompasses those programs that are currently categorized as **Health** or **Crisis/Safetynet** programs. We also welcome new programs to apply.

Please keep in mind that UWMC is promoting linkage to long-term support in the Response impact area and the integration of mental, physical, and social health in the Access impact area. So, those programs that are effective at meeting the outcomes through service delivery will be the most competitive.

**Q: My program already does a lot of these outcomes, but we don't have formal ways of measuring them. How will I know how to report back on them?**

A: Please consult the Measurement Framework definitions and suggested methods for collecting your data. This is the best document to examine for your program's ability to fit in the UWMC model. We do require all programs applying to us to report on some combination of the outcomes and indicators in this framework.

**Q: Can you offer guidance about what types of programs will fit with the UWMC model?**

A: The first step is to consult the Health and Wellness Community Impact Plan and Measurement Framework. These documents really summarize our thinking and guidance for any program considering submitting an RFI.

We also offer limited trainings across the region, and this is another opportunity to ask specific questions of UWMC staff members.

If neither of these options answers your question, then please do consult UWMC staff members for advice about your program's fit.

**Q: Is a program that works to prevent violence a Prevention program?**

A: Realizing that there are, of course, many types of prevention programs that are important, UWMC has a relatively small amount of resources in Prevention. In order to achieve an impact, it was necessary to focus this funding in a way that would move the needle on Health for our priority population. UWMC has determined that the primary prevention of chronic diseases—heart disease, stroke, and cancer—presents the best opportunity to improve the long term health outcomes of those most at risk of poor health. Therefore, the Prevention impact area will not provide funding for other types of prevention activities.

**Q: How are your Member United Ways' geographies determined (zip code, county, etc.)?**

A: MUW service areas are broken down by community and the map of the UWMC footprint is available on the website at [www.uw-mc.org](http://www.uw-mc.org)

**Q: What is the average grant award in health?**

A: The average HW grant in FY10 is approximately \$50,000-60,000 per year. There will be a ceiling for all grant requests, though, which can be found in the Health and Wellness Community Impact Plan, by geographic region. Additionally, organizations must request at least \$10,000 per program, by Member United Way (\$10,000 from Chicago, \$10,000 from DuPage, etc.).

**Q: Does physical health include dental health?**

A: Yes- please see the "working definitions" section of the HW impact plan for the full UWMC definition.

**Q: Can we apply for agency staff wellness programs?**

A: No, these types of programs do not fit our priority population, since we are trying to focus scarce resources in prevention on those underserved communities and populations detailed in the Health and Wellness Community Impact Plan.

**Q: Will you continue to evaluate how well the Health & Well-Being framework fits after it's finalized?**

A: Yes. We will periodically bring our H&W programs together to discuss improvements to the framework.

**Q: What do you consider "social health"?**

A: Social health services are those supportive services that ensure well-being, adjustment, and social functioning, which can include case management, respite, social supports, crisis services, etc.

**Q: What is the funding period?**

A: Funding is awarded generally for a three-year period. We consider this "high risk, high reward," because if you succeed in receiving program funding, you're set for three years. However, if your program is not funded, you have to wait three more years to reapply.

**Q: Where do mental health and substance abuse programs fit in this model?**

A: Our Access area includes access to mental health and substance abuse services. Additionally, Response can include mental health and substance abuse programs that work with a client at the point of crisis. Finally, mental health and substance abuse programs that also work to deter the impact of chronic disease can apply under our Prevention impact area.

**Q: Is mental health funding moving towards case management programs?**

A: UWMC is committed to funding program service delivery in behavioral or mental health. UWMC has developed a flexible framework and application system that is inclusive of a variety of services and programs.

However, UWMC is also interested in encouraging access to integrated care, as it yields better outcomes for people with serious behavioral health problems. Therefore, UWMC will fund mental health services that are working to identify and address barriers to health services, integrating services or connecting participants to other necessary care in physical/social health, and that are active in community-level activities to integrate/improve service delivery for mental health consumers. We want to promote connecting services, so while we will still fund program delivery, we also want programs to connect people to other resources.

**Q: Have you defined the Education issue area yet?**

A: Not entirely; we are just beginning work on our upcoming Education cycle. We are anticipating a focus on kindergarten readiness and high school graduation.

**Q: Why did you eliminate your previous method of funding a wider range of programs and now seem to focus on certain kinds of programs?**

A: UWMC has experienced dramatically declining fundraising campaigns over the last ten years. One of the reasons for that is that our previous funding processes did not identify measurable outcomes. So, even though UWMC was supporting a broad array of quality programs, we were not able to take the outcomes of those programs and roll them up across the region to effectively demonstrate impact.

Therefore, UWMC is moving toward funding programs that not only deliver direct services but also are integrated in the community and can connect clients to other programs and services for a more comprehensive client experience. We are not focusing on certain kinds of programs—we are focusing on certain kinds of *outcomes*. Any previously funded program may apply in for funding as long as they are able to meet basic needs, connect people with integrated health services, or offer prevention programming. In this way, we *will* be able to measure our impact across a broad regional footprint, and make the case to our donors that their dollars have made a difference.