

# FY18-FY21 Request for Proposal (RFP) #7454

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## *Washtenaw Coordinated Funders*

### *General Instructions*

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#### Program Operations Funding: 2019-20 Year-End Reporting (Year 2)

Any information pre-populated below reflects the projections and measurement plans submitted by your agency as part of the Year 2 contracting process. If you have questions about any of these elements, please contact Caitlin Nagler, [naglerc@washtenaw.org](mailto:naglerc@washtenaw.org).

#### **Pitfalls to Avoid:**

- Reporting of numbers served should reflect your full program, not just CoFu dollars. We recognize that we are one piece of your program's funding, but we want to understand the full scope of how you are helping. We also recognize that not all clients will be working on all outcomes in the program.
- Unless otherwise requested, always report unduplicated individuals, not "units of service".
- Report in the unit requested (for example, do not report a percentage when a number is requested.)
- All demographic totals should add up to Total Number Served. There are "Unknown" fields for each category.
- Check that ALL Outcome Indicator fields that you have chosen to measure are completed.

#### **Helpful documents:**

- Grantee Information page to review Reporting FAQ's & Word document of Questions
- Program Strategies and Outcomes Summary Document

The data and information recorded in this report will be shared with the Washtenaw Coordinated Funders' funding partners.

## *Measurement of Impact*

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### **Program Name**

Name of Project.

*Character Limit: 250*

**Total number of (unduplicated) individuals served during the FULL grant year\***

Enter the total number of unduplicated individuals served within this program from July 1, 2019 to June 30, 2020.

*Character Limit: 20*

**Total number of (unduplicated) households served during the FULL grant year\***

Enter the total number of unduplicated households served within this program from July 1, 2019 to June 30, 2020.

*Character Limit: 20*

**Total Number of Female Headed Households served**

If you collect this, please provide for the FULL grant year.

*While this term can have different meanings, for our reporting, we mean female head of household, no spouse present, with children present.*

*Character Limit: 15*

**Total Number of Veterans Served**

If you collect this, please provide for the FULL grant year.

*Character Limit: 15*

**Total Number of Outcome Indicators Measured\***

*Character Limit: 15*

## *Priority Populations*

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*During the RFP Process, the Funders communicated a Funding Strategy (See Program Strategies & Outcomes Document, page 6) to center the work around the people being served and focus our finite community resources on those who are most vulnerable.*

*For this section, provide approximate numbers if you are able.*

*We are collecting this data to see more detailed information about these named priority populations and compare to other data sources, where possible.*

**Approx # of families served with newborns/children enrolled in Medicaid/MiChild program**

If you collect this, please provide for the FULL grant year.

*Character Limit: 250*

### Approx # of individuals OR families (incl unit) in census tracts w/low or very low oppty score

If you collect this, please provide for the FULL grant year.

This priority population refers to the Washtenaw County Opportunity Index.

*Character Limit: 250*

### Approx # of homebound seniors served

If you collect this, please provide for the FULL grant year.

*Character Limit: 20*

### Approx # of individuals OR families (include unit) experiencing chronic homelessness served

If you collect this, please provide for the FULL grant year.

*Chronic Homelessness is defined as people who have experienced **homelessness** for at least a year – or repeatedly – while struggling with a disabling condition such as a serious mental illness, substance use disorder, or physical disability.*

*Character Limit: 250*

## Geography

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### Program Demographic Instructions

Complete the following sections regarding the composition of who your program served.

**Each section should add up to the total number of unduplicated individuals served through your program for the full year grant period.** (Each section has an "Unknown" field.)

**Note:** You need not report demographic data for all individuals in a participant's household if you do not already collect this data or it is an undue burden to do so. An "Unknown" field is included in each category for this reason.

Record the total **NUMBER** of unduplicated individuals served for the full grant year residing in the following zip codes or categories.

#### Zip 48103

*Character Limit: 10*

#### Zip 48104

*Character Limit: 10*

**Zip 48105**

*Character Limit: 10*

**Zip 48106**

*Character Limit: 10*

**Zip 48107**

*Character Limit: 10*

**Zip 48108**

*Character Limit: 10*

**Zip 48109**

*Character Limit: 10*

**Zip 48113**

*Character Limit: 10*

**Zip 48115**

*Character Limit: 10*

**Zip 48118**

*Character Limit: 10*

**Zip 48130**

*Character Limit: 10*

**Zip 48158**

*Character Limit: 10*

**Zip 48160**

*Character Limit: 10*

**Zip 48168**

*Character Limit: 10*

**Zip 48170**

*Character Limit: 10*

**Zip 48175**

*Character Limit: 10*

**Zip 48176**

*Character Limit: 10*

**Zip 48178**

*Character Limit: 10*

**Zip 48189**

*Character Limit: 10*

**Zip 48190**

*Character Limit: 10*

**Zip 48191**

*Character Limit: 10*

**Zip 48197**

*Character Limit: 10*

**Zip 48198**

*Character Limit: 10*

**Other Zip Codes in Washtenaw County**

*Character Limit: 10*

**Zip Codes Outside Washtenaw County**

*Character Limit: 10*

**Zip Code Unknown**

*Character Limit: 10*

*Income*

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Please indicate the **number of households** whose household incomes fall into the categories listed below using the 2020 Department of Health and Human Services Federal Poverty Guidelines.

**Above 200% of Federal Poverty Level\***

*Character Limit: 10*

**At or Below 200% of Federal Poverty Level\***

*Character Limit: 20*

**Income Unknown**

*Character Limit: 10*

## Age

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Record the total **NUMBER** of (unduplicated) individuals served in the following age categories. These data points should reflect the age of the individual at the time of program entry.

Note: You need not report demographic data for all individuals in a participant's household if you do not already collect this data/it is an undue burden to do so. An "Unknown" field is included in each category for this reason.

### Under 5 years of age\*

*Character Limit: 10*

### Age 5-17\*

*Character Limit: 10*

### Age 18-34\*

*Character Limit: 10*

### Age 35-64\*

*Character Limit: 10*

### Age 65 years and older\*

*Character Limit: 10*

### Age Unknown

*Character Limit: 10*

## Gender

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Record the total **NUMBER** of (unduplicated) individuals served who identify with the following gender categories. These data points should reflect the gender identified by the individual at the time of program entry.

Note: You need not report demographic data for all individuals in a participant's household if you do not already collect this data/it is an undue burden to do so. An "Unknown" field is included in each category for this reason.

*Cisgender definition: A person whose sense of personal identity and gender corresponds with their birth sex.*

*Transgender definition: A person whose sense of personal identity and gender does not correspond with their birth sex.*

**Female-Cisgender\****Character Limit: 10***Male-Cisgender\****Character Limit: 10***Female-Transgender***Character Limit: 10***Male-Transgender***Character Limit: 10***Gender Nonconforming***Character Limit: 10***Gender Unknown***Character Limit: 10*

## *Race & Ethnicity*

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Record the total **NUMBER** of (unduplicated) individuals served who identify with the following race and ethnicity categories. Remember, race is not the same as ethnicity. For example, a white person will also either be non-Hispanic or Hispanic. The same is true for all races.

Note: You need not report demographic data for all individuals in a participant's household if you do not already collect this data/it is an undue burden to do so. An "Unknown" field is included in each category for this reason.

**White\****Character Limit: 10***Black or African-American\****Character Limit: 10***Asian\****Character Limit: 10***American Indian/Alaskan Native\****Character Limit: 10***Native Hawaiian/Pacific Islander\****Character Limit: 10*

**Middle Eastern/North African**

*Character Limit: 10*

**Multi-Racial\***

*Character Limit: 10*

**Race Unknown**

*Character Limit: 10*

**Hispanic/Latinx\***

*Character Limit: 10*

**Non-Hispanic/Latinx\***

*Character Limit: 10*

**Ethnicity Unknown**

*Character Limit: 10*

## *Leveraged Funding*

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List any public (state or federal) or private funding that was secured during this grant period (July 1, 2019-June 30, 2020), as a result of utilizing Coordinated Funding awards as match.

The OCED uses these elements when reporting to the community about the impact of Washtenaw County's human services funding and the nonprofit sector. Other funders are required to report leveraged funds to other bodies.

**Funder Name 1**

*Character Limit: 250*

**Amount Received 1**

*Character Limit: 20*

**Fiscal Year 1**

Indicate the fiscal year in which your agency received the funding.

*Character Limit: 20*

**Amount Received 2**

*Character Limit: 20*

**Funder Name 2**

*Character Limit: 250*



**Fiscal Year 2**

Indicate the fiscal year in which your agency received the funding.

*Character Limit: 250*

**Funder Name 3**

*Character Limit: 250*

**Amount Received 3**

*Character Limit: 20*

**Fiscal Year 3**

Indicate the fiscal year in which your agency received the funding.

*Character Limit: 250*

**Funder Name 4**

*Character Limit: 250*

**Amount Received 4**

*Character Limit: 20*

**Fiscal Year 4**

Indicate the fiscal year in which your agency received the funding.

*Character Limit: 25*

**Funder Name 5**

*Character Limit: 250*

**Amount Received 5**

*Character Limit: 20*

**Fiscal Year 5**

Indicate the fiscal year in which your agency received the funding.

*Character Limit: 25*

## *Additional Information*

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**Most Significant Change\***

Reflecting back on the last year, what was the most significant change people experienced as a result of participating in your program?

*Character Limit: 10000*

**COVID-19 Impact\***

What is important for us to know about how your organization and clients are faring in the wake of COVID-19?

*Character Limit: 10000*

**Racial Equity\***

What actions did you take to address racial equity in your funded program or in your organizational operations?

*Character Limit: 10000*

**Story**

Please tell us a success story about one of your clients that benefitted from the program you provided as a result of Coordinated Funding.

Use the spaces below to share your story. *(Please note: Content need not be a polished finished product. We can handle the word-smithing. Just share the details below, if you prefer.)*

**Describe Client\***

*Character Limit: 3000*

**Describe Crisis\***

*Character Limit: 3000*

**Describe Intervention\***

*Character Limit: 3000*

**Describe Outcome\***

*Character Limit: 3000*

**Anything extraordinary about this situation?**

*Character Limit: 3000*

**Permission to Share Story\***

By selecting "Yes", I grant the Washtenaw Coordinated Funders (individually or collectively) permission to share the story provided above in online or print materials, with donors, board members, and community members.

**Choices**

Yes, I grant permission.

No, I do not grant permission.

**Funder Staff Comments**

Space to record anything of note related to this report, or any follow-up steps necessary.

*Character Limit: 10000*

