



Community Impact Funding Outcome Framework

Outputs are about **what is produced** or delivered (e.g., services, products), while **outcomes** are about the **difference those outputs make** in the real world (e.g., improved skills, better health).

To achieve the outcomes outlined in the Community Impact Funding Outcome Framework, United Way of Greater Nashville (UWGN) is focusing its resources on a specific set of long-term funding priorities that align with the organization's strategic plan. These **funding priorities** represent the long-term individual or family-level outcomes UWGN will invest in and support throughout its 9-county footprint.

1. **Building Strong, Healthy Communities**
2. **Helping Kids Learn & Succeed**
3. **Breaking the Cycle of Poverty**
4. **Meeting Our Neighbors' Basic Needs**

This funding strategy also aligns shorter-term outcomes to these longer-term outcomes and emphasizes the relationships across the work areas of agencies, reflecting the reality that more than one outcome and method of achieving success for a client are at times necessary to move an individual or family out of poverty. When choosing outcomes, agencies should keep in mind that grantees who are awarded funding will submit a mid-year report (due January 30 annually) and a year-end report (due July 30 annually) in eImpact, which will require agencies to report on each of the outcomes that were selected during the initial application.

UWGN Outcome Framework:

The Outcome Framework outlines the UWGN funding priorities of the 2025-2027 Community Impact Funding cycle. Agencies are **REQUIRED** to select outcomes from the framework when applying for CIF.

All four UWGN funding priorities (Building Strong, Healthy Communities; Helping Kids Learn & Succeed; Breaking the Cycle of Poverty; Meeting Our Neighbors' Basic Needs) are listed in the Outcomes Framework chart in separate sections. Under each priority is a list of outcomes from which an agency can choose. Each outcome will include a definition, recommended method(s) for data collection, and details for eImpact reporting requirements. A list of paths that agencies can choose for achieving that outcome will be listed underneath.

Outcome Definitions

Outcome definitions are intentionally broad. Each agency will need to further define how their work targets a specific outcome and how 'success' is defined. The outcome chosen should be based on the specific context in which the agency works.

Please note - The only exception in the framework to choosing outcomes falls under the funding priority Meeting Our Neighbors' Basic Needs (See "Exceptions Within the Outcome Framework" below).

Measuring Outcomes – Data Collection Methods

Guidance is provided on appropriate ways to measure outcomes based on good evaluation practices. Each agency’s evaluation strategy will vary based on their services, populations, and resources.

For some outcomes, a standardized assessment is recommended. This means an assessment that is completed by agency staff the same way every time it is completed (as opposed to a semi-structured or unstructured interview, or observation). Standardized assessments can be developed in-house or adopted from other reputable sources.

- **Examples:** Surveys or questionnaires, structured interviews, structured observations, or focus groups.

For other outcomes, a validated assessment is recommended. This means research was conducted on the assessment itself to ensure it takes a reliable measurement of the concepts it is measuring. All validated assessments are standardized, but not all standardized assessments are validated.

- **Example:** Literacy assessments for children are well-researched and score against national benchmarks.

eCImpact Reporting on # Served vs. # Achieved:

Agencies are REQUIRED to report on both # Served AND # Achieved for each outcome selected. The number of individuals who achieved an outcome should not exceed the number of individuals served and requires assessment data to validate achievement of the outcome. All numbers should represent *unduplicated* clients.

Exceptions within the Outcome Framework:

Meeting Our Neighbors’ Basic Needs is the only UWGN funding priority with exceptions to the above.

1. **Outputs vs. Outcomes** – Services that agencies render under this funding priority are considered **outputs** – not outcomes. An explanation and examples of outputs can be found in the CIF Application Manual.
2. **# Served vs. # Achieved** – Tracked numbers for outputs will always be equal (once a client has received the services, they are counted as “achieved”). As such, agencies will not utilize any assessment tools. All numbers should reflect *unduplicated* clients.

Please note – In this document, the chart for Meeting Our Neighbors’ Basic Needs will reflect the “Output” language. However, in eCImpact (where agencies will apply for funding and submit mid- and year-end reports), the language will say “Outcome” throughout, even under this area.

Navigating the Outcome Framework:

1. Choose the UWGN funding priority that applies to your agency’s work.
2. Review the list of outcomes within the funding area chosen, including how UWGN defines each outcome and recommended measuring tools (standardized or validated assessment). Then choose the outcome(s) that apply to your agency’s work.
3. Determine the data collection process (standardized or validated assessment) your agency will use to measure and demonstrate achievement of success for each outcome chosen.
4. Understand how to report the *unduplicated* number of individuals **served** vs. *unduplicated* number of individuals **achieved**.

Building Strong, Healthy Communities

Outcome	Definition	Data Collection	eImpact Outcomes Reporting	
			# Unduplicated Served	# Unduplicated Achieved
1.01 Improving key physical, behavioral, mental health indicators	Individual has shown improvement in any of the below areas once enrolled in your program/services	Standard or validated assessments should be used to show individual baseline when entering services and progress throughout the year	# of individuals receiving services focused on physical, behavioral, or mental health indicators	# of individuals who improved their physical, behavioral, or mental health indicators

Paths to achieve Outcome 1.01

- **Individuals improve physical health:**
Encompasses all physical health indicators, excluding oral and mental health indicators. Examples include A1C, blood pressure, cholesterol, physical activity, etc. Grantees specify the specific health indicators targeted by their programming in their grant application.
- **Individuals improve oral health:**
Encompasses all oral health indicators. Examples include tooth loss, gum disease severity, cavities, etc.
- **Individuals improve eye health:**
Encompasses all eye health indicators. Examples include vision impairment, cataracts, etc.
- **Individuals improve mental health:**
Encompasses all mental and behavioral health. Achievement is defined by the measurable decrease in symptoms or change in behavior.
- **Individuals decrease substance use (alcohol, drugs, prescription drugs, etc.):**
Encompasses alcohol, drugs, prescription drugs, and other substances. Achievement is defined by the measurable decline of usage from baseline to follow-up.
- **Individuals increase social-emotional skills such as distress tolerance, emotional regulation, etc.:**
Grantees specify in their application what social emotional skills their services focus on increasing among individuals. Achievement is defined by measurable change in behavior/ skills from baseline to follow-up.

1.02 Improving social capital and connections to community	Individual has shown improvement in any of the below areas once enrolled in your program/services	Standard or validated assessments should be used to show individual baseline when entering services and progress throughout the year	# of individuals receiving services focused on improving social capital and connections to community	# of individuals who improved their social capital and connections to community
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Paths to achieve Outcome 1.02

- **Individuals increase trusting relationships and/or connections to others**
- **Individuals increase or maintain formal participation or roles in community organizations**
- **Individuals increase positive beliefs about the future**
- **Individuals improve/maintain connections to community through training opportunities, employment, social activities, etc.**
- **Individuals increase leadership skills**

1.03 Obtaining / maintaining stable housing in the community	"Stable" housing is housing that the client can pay to stay in for more than 90 days	Client self-report of housing status or verified housing status during reporting period.	# of individuals receiving services to support housing needs	# of individuals in each household that were served and housed
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Paths to achieve Outcome 1.03

- Individuals/Households obtain permanent housing that is NOT transitional or shelter:**
 Permanent housing refers to shelter; not transitional or temporary. This would include housing that an individual or household can obtain/plans to maintain for more than 90 days.
- Individuals/Households maintain their housing by providing supportive services to help them remain stable:**
 Support services are provided such as ongoing case management, rehab, energy efficiencies, or partial payments during transitions.

1.04 Improving food security	Food security refers to a family's ability to regularly access healthy foods	Client self-report assessment measuring regular access to healthy food from baseline to follow up. This can be a pre and post assessment or a retrospective pre-post.	# of individuals receiving services that target long term food security during the reporting period	# of individuals who reported an increase in food security during the reporting period
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Path to achieve Outcome 1.04

- Individual improves food security by consistently having access to healthy foods:**
 This could include connection to SNAP benefits, providing daily meals, establishing community gardens, etc.

1.05 Increasing individuals' health knowledge	Grantees determine what specific health knowledge they seek to increase for participants in their grant application.	Client self-report standardized assessment measuring the specific health knowledge targeted by the grantee's services or programming from baseline to follow up. This can be a pre- and post-assessment or a retrospective pre-post.	# of individuals receiving services that target health knowledge during the reporting period	# of individuals who report increased health knowledge through self-reported measures from baseline to follow-up
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Path to achieve Outcome 1.05

- Individuals increase health knowledge through training or counseling on substance use, personal hygiene, physical or mental health outreach or awareness, SEL, ACEs, Trauma Informed Care practices, etc.**

Helping Kids Learn & Succeed				
Outcome	Definition	Data Collection	eImpact Outcomes Reporting	
			# Unduplicated Served	# Unduplicated Achieved
2.01 Improving youth literacy and numeracy skills	Individual growth from baseline to follow up on literacy and or numeracy skills. (Pre-K – 12)	Validated assessment to measure literacy and/or numeracy skills from baseline to follow up point(s). Assessments must be appropriate for the age group participating in the proposed services. Whenever possible, utilize standardized assessments that align with or are part of the curriculum used in the program.	# of individuals who received services focused on improving literacy and/or numeracy during the reporting period	# of individuals who demonstrated an increase in literacy and/or numeracy skills from baseline to follow-up during the reporting period
Path to achieve Outcome 2.01 <ul style="list-style-type: none"> • Individuals increase literacy and numeracy skills 				
2.02 Improve Student Success	Individual holistic growth from baseline to follow up on incremental successes leading to overall student success. (Pre-K – 12)	Standardized assessment to capture incremental growth from baseline to follow up point(s).	# of individuals who received a service focused on improving student success during the reporting period	# of individuals who demonstrated incremental growth leading to overall student success
Path to achieve Outcome 2.02 <ul style="list-style-type: none"> • Improve classroom engagement and attendance relevant to students' academic performance through mentoring, intervention, case management, therapy, etc. • Improve academic performance/incremental growth through tutoring, intervention, etc. • Increase student exposure to career pathways and skills, promoting secondary education and career development 				
2.03 Improving grade level promotion	Students identified as being at risk for academic delay related to grade promotion will move to the next grade level with the support of coaching/mentoring, out-of-school activities or tutoring in academics.	Student attendance records and report cards, along with self-report pre/post assessment from baseline to follow-up. Records alone without support of pre/post will not determine results are due to program efforts.	# of students at risk that receive coaching, mentoring, or tutoring focused on improving academic performance during reporting period	# of students promoted to the next grade level due to engagement in coaching, mentoring, or tutoring

Paths to achieve Outcome 2.03

- **Individuals at risk are promoted on time while engaged in mentoring, out of school activities, and/or tutoring supporting attendance and academic performance**
- **Individuals at risk are promoted on time while engaged in mentoring or out of school activities focused on engagement, building character, and social capital**
- **Individuals successfully graduate from high school while engaged in mentoring, out of school activities, and/or tutoring supports**

<p>2.04 Increasing parent / caregiver engagement in their child's education</p>	<p>Increase engagement through education and skill building related to education, development, behavior, etc.</p>	<p>Assessments that measure the targeted parenting skills over time. Because this outcome focuses on behaviors, observations pre- and post-training are an option for data capture. Other options include pre- and post- or retrospective pre/post self-assessments. Whenever possible, utilize standardized assessments that align with or are part of the parenting skills curriculum used in the program.</p>	<p># of individuals who participated in programming focused on improving parenting skills and engagement</p>	<p># of individuals who demonstrated improvement in parenting skills and engagement, assessment from baseline to follow-up</p>
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Paths to achieve Outcome 2.04

- **Individuals improve parenting skills related to educational boundaries, homework, grades, and goal setting with youth**
- **Individuals increase knowledge in developmentally appropriate practice**

Breaking the Cycle of Poverty				
Outcome	Definition	Data Collection	eImpact Outcomes Reporting	
			# Unduplicated Served	# Unduplicated Achieved
3.01 Improving adult literacy and numeracy skills	Individual growth from baseline to follow up on literacy and or numeracy skills for adults	Validated assessment to measure literacy and/or numeracy skills from baseline to follow up point(s). Assessments must be appropriate for the age group participating in the proposed services. Whenever possible, utilize standardized assessments that align with or are part of the curriculum used in the program.	# of individuals who received services focused on improving literacy and/or numeracy during the reporting period	# of individuals who demonstrated an increase in literacy and/or numeracy skills from baseline to follow-up during the reporting period
Paths to achieve Outcome 3.01 <ul style="list-style-type: none"> • Individuals increase literacy and numeracy skills • Individuals use literacy/ numeracy skills to complete a personal goal (obtain driver's license, communicate with school, obtain citizenship, etc.) 				
3.02 Increasing the number of individuals prepared for the workforce	Individuals will be equipped for the workforce through education, mentoring, coaching, intervention, internships, job skills training, etc.	Appropriate data collection methods may vary based on the skills targeted by services. Standardized pre- and post- or retrospective pre/post assessments capture changes in knowledge and skills. Observation checklists pre- and post-assessment capture changes in behavior.	# of individuals who received services to support entering the workforce	# of individuals who successfully completed program services and entered the workforce
Paths to achieve Outcome 3.02 <ul style="list-style-type: none"> • Individuals complete / graduate from post-secondary education with intervention, coaching, or mentoring: Includes high school, HSE and all post-secondary formal education types. Includes job skills certifications that are linked to formal education institutions such as TCAT. Individuals can attain this outcome multiple times during the reporting period; however, report the number of individuals, not the number of achievements. • Individuals complete/ graduate from technical or industry-recognized credentialing program with intervention, coaching, mentoring • Individuals complete on-the-job training, (pre)apprenticeships, internships or work-based learning • Individuals complete workforce soft skills and/or workforce readiness programs • Individuals obtain certifications (includes OSHA, forklift, food service, etc.) • Individuals complete HISET, GED or state approved alternative pathway to HSE • Individuals complete testing for career placement (YouScience, ASVAB, TABE, etc.) 				

3.03 Improving wages for the unemployed and underemployed	This outcome includes education to increase workforce engagement, increase of wages, and ability to launch/grow a small business.	Employment status verification and/or wages verification, from baseline to follow-up.	# of individuals receiving support leading to employment, wage increase, and/or launch/growth of small business	# of individuals who obtain employment, increase wages, and/or launch/grow a small business
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Paths to achieve Outcome 3.03

- **Individuals engaged in career/educational services obtain employment upon program completion**
- **Employed individuals engaged in career/ educational services achieve upward mobility by increased wages or increased hours at employer**
- **Individuals previously engaged in career/educational services maintain employment for at least 90 days by providing wrap around support services (benefits cliff assistance)**
- **Individual launched a small business**
- **Individuals grow a small business exponentially:**
Individuals or families expand an existing small business. “Expansion” can be defined by the grantee.

3.04 Individuals achieve household self-sufficiency (refer to ALICE Research on website)	Household expenses vary depending on size and life factors. Using the ALICE threshold tool can assist in determining the goal for a household’s earnings.	Clients self-report on their earnings, determining if their wages are at or above the household’s monthly needs	# of individuals receiving services to support a living wage based on household needs	# of individuals who report wages are adequately meeting household needs
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Path to achieve Outcome 3.04

- **Households are earning a wage that supports their monthly household needs as documented by meeting the ALICE threshold - <https://www.unitedforalice.org/household-budgets-mobile/tennessee>**

3.05 Building financial capacity	Individuals improve financial behaviors and/or purchase an asset allowing for financial growth	Data collection methods vary based on the financial behaviors targeted by the program. The time between pre- and post-assessment will also vary and should be set by the grantee.	# of individuals receiving services that target their financial behaviors, as defined by the grantee.	# of individuals who demonstrated improvement in the targeted financial behaviors based on relevant measures.
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Paths to achieve Outcome 3.05

- **Individuals improve financial behaviors (increased savings / decreased debt / established banking relationship / maintains a budget):**
In the initial application, grantees must specify what financial behaviors the proposed services target by selecting from this list (select all that apply):
 - Increase savings
 - Decrease debt
 - Increase credit score
 - Established bank accounts
 - Increased financial knowledge (youth only)
- **Individuals purchase an asset (Home, vehicle, post-secondary / computer)**

Please Note – Meeting Our Neighbors’ Basic Needs is the only funding priority where services rendered by an agency are considered **outputs**. Therefore, no standardized or validated assessments are needed for measuring, and the unduplicated number served vs. unduplicated number achieved are always equal.

Meeting our Neighbors’ Basic Needs			
Output	Definition	Data Collection	eCImpact Outcomes Reporting
			# Unduplicated Served = # Unduplicated Achieved
4.01 Output – Providing financial assistance	Financial assistance is provided to meet an emergent need through paying an individual’s home, transportation, or pharmaceutical costs. This is meant to keep families housed. Payments may be partial or full.	All clients served can be counted as achieved for basic needs services	# of individuals who received emergency financial assistance
<ul style="list-style-type: none"> • Individuals have their rent, mortgage, and/or utility paid • Individuals have their transportation repaired or pharmaceutical need paid 			
4.02 Output - Providing short term shelter (including hotels & motels)	Any emergency shelter provided to individual or household, including hotels and motels, short term.	All clients served can be counted as achieved for basic needs services.	# of individuals who received short term emergency shelter.
<ul style="list-style-type: none"> • Individual receives shelter 			
4.03 Output - Providing food	Providing food boxes, meals, or access to food pantries.	All clients served can be counted as achieved for basic needs services.	# of individuals who received emergency food assistance.
<ul style="list-style-type: none"> • Individual receives food from a food box, food pantry, fresh groceries, fresh fruits or vegetables • Individual receives a served meal 			
4.04 Output - Providing basic household / individual items	Providing items that allow an individual to be healthy, clean, and successful in various aspects of life. Examples include personal hygiene kits, clothing, uniforms, school items, etc.	All clients served can be counted as achieved for basic needs services.	# of individuals who receive necessary personal items.
<ul style="list-style-type: none"> • Individuals receive necessary items to be successful: personal hygiene kits, clothing, school uniforms • Households receive necessary items to maintain a functional home: cleaning supplies, kitchen essentials, bedding supplies 			
4.05 Output - Providing legal / mediation services	Any legal aid or Aptos (Body) mediation that supports individuals navigating the justice system, government benefits, eviction, etc.	All clients served can be counted as achieved for basic needs services.	# of individuals receiving legal services.

- **Individuals with an inability to pay receive legal services to assist with benefits access, court proceedings, etc.**
- **Individuals resolve legal situations through professional mediation services**

4.06 Output - Providing health crisis intervention	Individuals receive specialty healthcare services determined by their emergent needs. This is achieved when the client has received necessary health care intervention in a crisis.	All clients served can be counted as achieved for basic needs services.	# of individuals receiving emergency health care in crisis situations.
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- **Individuals receive health crisis intervention services (not outreach/ education)**