

2008 CURRENT PARTNER APPLICATION FORM

1.0 Information about the Applicant Organization

Organization Name:		
Street Address:		
City:	State:	Zip:
Telephone:	FAX:	
Executive Director:	Email:	
Program To Be Funded:		

- Updated Copy of IRS 990
- Board Contact List

2.0 Budget Request

Please provide your 2007-08 total operating budget and amount of funds requested from United Way with a breakdown of planned expenditures for United Way contribution.

3.0 Outcome Measurement

Please complete the LOGIC MODEL worksheet and annual outcome measurement data – Appendix B and B1.

Self-Evaluation Narrative:

Please describe your program activities over the past year including outputs/numbers served, issues addressed, successes and challenges.

Please provide United Way with 7 copies of this submission by 4:00 pm January 18, 2008.
THANK YOU for your commitment to our community!

APPENDIX B1

Outcome Measurement Data Collection Framework

Program Name:

INPUTS (Resources)	ACTIVITES (Services)	OUTPUTS (Products)	INTENDED OUTCOMES	INDICATORS	DATA SOURCE	COLLECTION METHOD	ACTUAL OUTCOME/ RESULTS (Benefits/changes from existing programs)

Appendix B

PROGRAM OUTCOME LOGIC MODEL SUMMARY

Program Name: _____

Longer-Term Outcomes:

Intermediate Outcomes:



Initial Outcomes:



Outputs:



Activities:



Inputs:


