

NEW PROGRAM 2008 REQUEST FOR FUNDING

1.0 Information about the Applicant Organization

Organization Name:		
Street Address:		
City:	State:	Zip:
Telephone:	FAX:	
Executive Director:	Email:	
Contact:	Email:	

- IRS 990 Form
- Board of Directors Contact List

- a. Mission/Mandate of your organization:
- b. Suitability for Sponsoring Proposed Activity
Please outline your organization's capacity and infrastructure to carry out this activity.
- c. Funding Requested:

What is the funding amount requested of United Way: \$_____ /yr

- d. Community Impact Focus Area(s):
 - Education
 - Access to Health Care
 - Strengthening Neighborhoods
 - Strengthening Youth & Families
 - Assisting Individuals & Families in Crisis

1.1 Information About the Proposed Activity

Title/Name of Program: _____

- a. *What are the objectives of your proposed activity?*
- b. *Provide a detailed description for each of the proposed activity(ies) for which funding is being requested.*

1.2 Rationale / Need for This Activity

- a. *Why is this proposed activity needed? How did your organization identify the need for this activity? State the PROBLEM or ISSUE you address through this program and cite any relevant documents or studies that identify the problem or issue in our area.*
- b. *Why do you believe this proposed activity will address the need you have identified?*

1.3 Information about the Strategic Partnership(s)

What other organizations will be involved in this proposed activity and what role will each partner play? How does this strategic partnership enhance your ability to develop and deliver the proposed activity? How will this collaboration lead to the sustainability of the activity in the community? (If the proposed program is collaborative in nature, attach signed letters from each partner organization in support of this activity.)

1.4 Information about how the Proposed Activity Meets the Eligibility Requirements

- a. *How is this activity consistent with one or more of the specific community impact focus areas described in the Community Impact Agenda Guidelines?*
- b. *What is the potential impact of this activity?*

1.5 Primary Targeted Population

- a. *Who is the intended target population for this activity (include expected numbers and how you selected this group)? How will they benefit? To what extent have the intended target populations been consulted about this activity?*
- b. *Describe the outreach efforts that occur to ensure the targeted population is aware of the service.*
- c. *Describe what qualifies a candidate for service.*

1.6 Services Offered

Please describe the services offered through this program: staffing required, involvement of volunteers, etc. (These are more detailed descriptions of ACTIVITIES conducted and INPUTS required.)

2.0 Budget

Please provide your organization's total operating budget and outline the amount of funds requested from the United Way with a breakdown of planned expenditures for United Way contribution.

Please indicate other funding sources, in-kind resources and plans for financial viability of the activity.

3.0 Units of Service

How many units of service were provided over this past year? Were these numbers an increase or decrease over the previous fiscal year? What was the reason for this increase/decrease? What is the cost per unit of service? (NOTE: These will provide a basis to determine the OUTPUTS produced by your program)

If this is a new venture, please provide projected numbers and anticipated cost per unit of service.

4.0 Outcome Measurement

- a. *Describe your anticipated outcomes in terms of how the clients that participate in the program experience short-term, intermediate and long-term benefits. These outcomes should be measurable and should address the program effects on the clients' knowledge, skills, attitudes, behaviors, condition or status. (NOTE: Actual results/outcomes for existing programs may also be reported here).*
- b. *Please complete the LOGIC MODEL worksheet enclosed – Please see Appendix B and B1.*

Please provide **7 copies** of this submission to United Way by 4:00 pm Jan. 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:


