2018-2019 Community Application

Program Name

[   ]

Funding Cycle

[   ]

Program Description

[   ]

Is this a new program administered by your organization?

○ Yes

○ No

Has this program received prior UW funding?

○ Yes

○ No

Amount of previous grant:

[   ]

Impact Area:

○ Education

○ Income

○ Health

○ Veterans

Priority Area:

○ Education - Parent/Caregiver Support

○ Education - A Community Effort to Learning

○ Income - Crisis Intervention

○ Income - Long Term Capacity Building

○ Health - Nutrition and Physical Activity

○ Health - Building Resiliency

○ Veterans - Housing Assistance

○ Veterans - Legal Assistance

○ Veterans - Employment-related education and training

Total Requested Funding:

For previously funded programs, maximum request of $50,000.For programs<u>not</u> previously funded, maximum of $10,000.

Narrative Responses

Instructions: Each narrative response should be brief and clearly written so as to be understood by the volunteer review panels. Because the persons reviewing the proposals change from year to year, please respond as if the reviewer has no knowledge of your program.

Provide a brief statement of the issue being addressed by this program.

Describe the recent data used to identify and document this issue. Please provide citation where appropriate.

Description of Program Services: Define this program. (Include service site and other relevant program and service delivery information.)

[ ]

Please indicate the level of evidence of effectiveness of this program.

○ Evidence-Based Program

○ Evidence-Based Practice

○ Evidence-Informed Practice

○ N/A

Activities: Provide a detailed overview of the program service(s) and the specific activities to be provided to your clients.

Bullet points would be appreciated.

[ ]

Inputs: List the resources dedicated to the program. Be specific. Number of staff and volunteers and volunteers, staff and volunteer time, other funding sources, facilities, equipment, supplies, and any collaboration with other agencies.

Bullet points would be appreciated.

[ ]

Identify and describe the best practices and/or evidence based strategies used in providing the program services.

[ ]

Please describe any community collaboratives with other agencies or organizations that you are involved in that will directly enhance the quality of the service delivered.

[ ]

Please provide a detailed outline of the timeline for program planning, implementation, and achieving outcomes.

How will you inform prospective clients on the availability of services?

Target Population:Who will be served by this program? Include a description of the characteristics/demographics of your client population.

Are there any unintended recipients who will be served? (i.e.: children of parents enrolled)

Fee Schedule:What evidence demonstrates why this population should be served?

Does your program utilize a fee schedule (e.g. sliding fee scale, fee for service, etc.)?

○ Yes

○ No

○ N/A

Describe any significant trends, specific issues or changes affecting your program's client population during the current year or anticipated next year.

Program Service Need: State the reason why your particular program is needed in the community.

[ ]

Is this program service provided by other agencies/organizations in the community?

○ Yes

○ No

Please list the program(s) and state the reason(s) why your program service is not duplicative in nature.

[ ]

Funding Justification: What other sources of funding are currently addressing this need?

[ ]

How will the program revise its objectives/program if United Way approves funding that is less than requested?

[ ]

Program Requirements: Describe any specific program requirements (e.g. accreditation, licensing, minimum standards, etc.) required in order to provide program services.

[ ]

Program Use of Volunteers: Describe volunteer participation: Please include number and hours of volunteers, and their job responsibilities. (Please Note: this does not include board meetings or activities).

[ ]

Volunteer Hours: Please list the approximate number of hours provided by volunteers in support of the program.

[ ]

Collaborative Proposals

Instructions: If you are applying as a collaborative proposals with partner organizations please complete the following section.

Please provide an outline of how each partner will contribute to the program's success.

[ ]

Please outline the structure in which your collaboration will operate. Will there be a fiscal conduit? Will one organization serve as the collaborative lead? Please be as specific as possible.

[ ]

Client Demographics

Instructions: Demographics should indicate the number of unduplicated clients served by the applying program not the organization as a whole.

Unduplicated Individuals Served by Residence

Program Service Area
- ○ Dutchess County
- ○ Orange County
- ○ Dutchess-Orange Region

Unduplicated Individuals Served by Gender

Male

Female

Non-Binary

Total

Unduplicated Individuals Served by Age

0-8 years

9-18 years

19-60 years

61 years and over

Unknown age

Total

Unduplicated Individuals Served by Income

Use the 2017 Federal Poverty Level as a resource.

At or below 100% of FPL (Federal Poverty Level)

100% - 200% of FPL

Over 200% of FPL

Income Unknown

Total

Unduplicated Individuals Served by Veteran Status

Male

Female

Unknown

Success Stories: Please provide a client success story of how your program has positively impacted the community.

Success Story #1

Success Story #2