

APPLICATION FOR PROGRAM FUNDING 2011

I. Information:
Agency Name: _____
We are requesting funds for _____ Programs. List them separately.

Program Category: United Way Worldwide is focusing on these three areas: Education, Income and Health.

Program Title: _____
Education, Income , Health (circle one) **Amount Requested \$** _____

Program Title: _____
Education, Income or Health (Circle One) **Amount Requested\$** _____

Program Title: _____
Education, Income, Health (Circle One) Amount Requested \$ _____

TOTAL REQUESTED \$ _____

Contact Information:

Mailing Address _____
 City/ State/Zip _____
 Telephone _____ Fax _____
 E-mail _____

Personnel/Volunteers:

Total paid employees: _____ (Full Time ___ Part Time ___)

Budget Information for year in which you seek support:

Fiscal year begins _____ Agency operating budget _____
 Program budget _____

I understand that all requests for funding from Batavia United Way must be complete upon submission. By my signature on this application, I acknowledge that all required components of the application are included

Agency Executive Director _____
 Program Director _____
 Print Name: _____

Print Name: _____
 Signature: _____ Signature: _____
 Date: _____ Date: _____

II. PROGRAM NARRATIVE (One-page limit and Outcome Measurement Form (Attachment A))

- Please describe the program for which you are seeking renewed support and how it responds to a community need.
- What were the program outcomes for the past year and the evaluative methods used to measure progress towards achieving these outcomes? This should be a **CONCISE** narrative that explains program resources (inputs), how clients gain access to program services (activities) and the products (outputs) delivered that lead to direct benefit for the client (client outcomes).
- What setbacks or challenges prohibited accomplishing the program outcomes described above?
- What if any program enhancements or changes are planned for the upcoming year?

III. CLIENT POPULATION AND CONDITIONS (One page limit)

- Describe why the community should be compelled to invest in this program. Clearly describe the clients that are served by the program and the general conditions they experience (demographics and other pertinent facts for this target population). Further describe the specific condition(s) and/or behavior(s) clients experience that call for intervention and the scope of the problem(s) this program seeks to address.

IV. CLIENT SUCCESS STORY (One page limit)

- Please share a specific story of client success. The story should be outcome-based and clearly convey the change in behavior, skills, knowledge, conditions and/or status that led to improvement in the client's life. Include details about the challenge(s) faced, intervention required, period of time needed, and current status of client.

(PLEASE MAINTAIN CONFIDENTIALITY – DO NOT USE CLIENT NAMES.)

V. BUDGET INFORMATION

- Using **attachment B**, provide the agency operating budget and the program budget for the year for which you are seeking support.

VI. BUDGET NARRATIVE

- Provide narrative explanations for significant increases in program related revenue and expenditures and itemize significant (over \$1000) miscellaneous/other expenditures. Explain any material changes in revenue, expenses, or United Way request. Include any comments that would explain specific line item information listed for the program budget. If United Way investment is used to leverage additional funds, please specify which funding source and how it is matched. Outline consequences for the program in event of inadequate funding. Include contingency plans. Include A list of funding obtained or requested for the program and from whom, including amounts requested, the status of the requests and amounts obtained.

VII DEMOGRAPHIC PROFILE

- Using **attachment C**, provide demographic information for the program for which you are seeking support, including Service Statistics on page 2 of the attachment.

VIII. BOARD OF DIRECTOR LISTING

- Include names, addresses, phone numbers and officers. Indicate the month and year of election and date terms expire.

(The items shown below require only the original copy returned with the application. No additional copies are required.)

IX. SIGNED AGENCY AGREEMENT

- Important information regarding fundraising and black-out periods is included in this document. The Board President and Agency Executive Director must both sign which indicates that you have read and agree to this Agreement.

X. ANTI-TERRORISM COMPLIANCE FORM

- Anti-Terrorism Compliance Measures must be signed by the Agency's Executive Director.

XI. AUDIT AND MANAGEMENT LETTER

- Include a copy of your most recent audit along with the management letter.

XII. FORM 990

- A copy of form 990 must be included.