



**Please submit a separate application for each program.**

Organization: \_\_\_\_\_

Program: \_\_\_\_\_

Percentage of service to Holmes County: \_\_\_\_\_

Percentage of services to Wayne County: \_\_\_\_\_

**Part I: Program Overview**

**Which objective(s) will your program meet? (Check all that apply)**

**Help target population upgrade or obtain employment.** \_\_\_\_\_

**Decrease preventable job loss.** \_\_\_\_\_

**Address educational and skill barriers.** \_\_\_\_\_

1. Does your program serve low income residents in Wayne or Holmes County?
2. What percentage of clients are at/below 200% of Federal Poverty limit? \_\_\_\_\_
3. Are you able to clearly track your client's progress?
4. Are you able to provide annual reporting of clients and services provided?
5. Do you utilize life mentors and individual development plans?
6. Please describe your program in detail.



**7. Please list the type of services your program provides.**

***Example:***

- ***Soft skill training***
- ***Transportation assistance***

**8. What needs are being met or addressed through this program?**

**9. Please describe the outreach efforts currently used to identify the people in need.**

**10. How does this program help develop relationships between the client and the life mentor?**

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11. Please describe this program’s greatest challenge.

**Part II: Key Performance Indicators**

Use this table:

2019 (12 months of data using your fiscal calendar)

2020 (projected)

Type of Service	Number of Services		Number of Households		Number of Individuals (unduplicated)		Number of Collaborations		Number of Referrals	
	2019	2020	2019	2020	2019	2020	2019	2020	2019	2020
<b>Transportation assistance</b>	42	50	20	25	40	49	1	1	15	20

**KPI Descriptions:**

**Type of service:** *What service are you providing? (Make sure this list matches your answer in Q7)*

**Number of services:** *How many rides to work did you provide?*

**Number of households:** *How many households did you serve?*

**Number of individuals:** *How many individuals did you serve? If one person had 4 rides, only count the person once and the actual trips 4 times.*

**Number of collaborations:** *How many organizations do you partner with for this service?*

**Number of referrals:** *How many referrals were given to UWWH or other organizations due to this service?*

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### **Part III: Program Reporting and Evaluation**

**Please explain:**

**How does this program define success?**

**How do you track a client's progress towards self sufficiency?**

**How often and to whom are you reporting number of clients and services rendered?**

**How many individuals do you anticipate will attain more credentials?**

**How many individuals do you expect to experience growth in income?**

**How is this program utilizing life mentors?**

**How many life mentors does this program use?**

**What tools or processes do you use to evaluate the success of the program?**

**How often do you perform a program evaluation?**

### **Part IV: United Way Promotional Section**

**If the program was previously funded, please provide a detailed example of a program success or needs story which we can use for publication.**

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## **Part V: Fundraising Events**

**Please list all fundraising events that you have planned for 2020: date and description.**

## **Part VI: Budget Information**

**Please Use This Program Budget Template and attach separate pdf form**

Item Description	Justification	Item Cost (Total)	Amount Requested from UWWH	Matched Amount	Amount Ratio	
					UWWH	MATCH
<i>Cab vouchers</i>	<i>We use cab vouchers to get people to and from work.</i>	<i>\$200.00</i>	<i>\$200.00</i>	<i>\$0</i>	<i>100%</i>	<i>0%</i>
<i>PT Driver</i>	<i>We need to hire a PT driver to transport people to work \$10 per hour x 10 hours per week x 52 weeks.</i>	<i>\$5,200.00</i>	<i>\$3,000.00</i>	<i>\$2,200.00</i>	<i>57%</i>	<i>43%</i>
	<b>Total Cost:</b>	<b>\$5,400.00</b>	<b>\$3,200.00</b>	<b>\$2,200.00</b>	<b>59%</b>	<b>41%</b>

**Please complete a program budget for each independent program request.**

**Additionally, we require a budget narrative which addresses all or some of the following as applicable: (limit 200 words)**

- 1. Item description is "miscellaneous" and the total cost is greater than \$1,000.00**
- 2. What would happen to this program if you did not receive United Way funding?**
- 3. Total amount ratio is showing UWWH portion higher than 75%. Specifically, please explain the sustainability of the program if you do not receive funding from UWWH.**

**Additional questions regarding finances and financial documentation may be requested before final awards are announced. Please be prepared to answer additional questions and provide additional documentation.**

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