

Program Application for United Way of Adams County Funds

(A separate form will need to be filled out for each program)

1. Name of Organization: _____
2. Name of Program: _____
3. Program Director: _____
4. Individual completing this form, if other than Program Director: _____
5. Contact information for Program Director: Work Telephone #: _____
6. Work Email Address: _____
7. Requested amount for this program: \$ _____
8. Amount funded by UW of Adams County **for this program** in 2015: \$ _____

PROGRAM INFORMATION:

9. Choose one Impact Area your program commonly falls under and list the United Way of Adams County outcomes (minimum of 1 is required) you will achieve with this program during this funding cycle (July 1, 2016-June 30, 2017)

Education

Outcome(s): _____, _____, _____

Financial Stability

Outcome(s): _____, _____, _____

Health

Outcome(s): _____, _____, _____

10. Explain how this program is consistent with the United Way Impact Area chosen above to include:

a. The Programs Purpose

b. Basic Services Offered

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c. Targeted Population

d. Number of People You Intend to Serve

e. Value to the Community

f. How the Program will Change Lives

11. Explain how you intend to achieve the outcomes identified.

12. List any additional outcomes your program will achieve.

- a. Other Funding Sources: List all other funding sources **for this program** from which you have requested or intend to request support both financial and in-kind for the current funding cycle. Please explain the breakdown of revenue streams (i.e. individual contributions/special events, user fees, investment income, foundation/corporate grants, government grants). Be sure to include United Way income.

Funding Source	Amount Requested	Status of Request

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13. If funding is not granted to this program at the requested level how will the program be affected in terms of the targeted outcomes above?
14. **Unduplicated** units of service in Adams County _____
15. How do you define a “Unit of Service”? _____
16. Are services to clients or units free of charge or fee based? _____
A. What percentages of clients or units receive free services? _____ %
B. If fee based: Flat Fee or Sliding Scale? _____
C. If Sliding Scale: What is the threshold for free service? _____
17. How many volunteers participated in this program in the past year? _____
18. How many hours did those volunteers contribute in the past year? _____
19. Number of referrals your program made to 2-1-1 in 2015: _____
20. Understanding that this is a competitive process and that our object is to affect our impact areas, please provide any additional information that may be important for the panel members to know when deciding on your potential funding.
21. Provide a success story within Adams County related to this program that has occurred in the past 12 months. Include how the program benefited the client(s). These stories may be used in marketing to demonstrate how donations to United Way of Adams County are used. Change names or identifying details.

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ORGANIZATION'S FINANCIAL STATUS:

1. Required Financial Attachments:

_____ Program Budget Summary Form

_____ Agency Budget Summary Form*

*For organizations housed outside of Adams County, please also provide a
County specific budget.

_____ Most recent 990

_____ Copy of Current Organizational Budget

_____ Most Recent Audit