

United Way of Washington County East  
Community Investment Allocation Application

**2019 PROGRAM APPLICATION**

**NOTE: Please leave all font properties as they are set**

New Program  Existing Program

**Program Information**

Program Name

Organization Name

Contact Person & Title (Please indicate if contact person is different for site visit)

Telephone (XXX) XXX-XXXX

Email

Amount Requested: \$

2018 Funding from UWWCE: \$

**Primary Focus Area** (choose one and see descriptions below):

YOUTH  BASIC NEEDS  HEALTH  SELF-SUFFICENCY

If this is an existing program that has been previously funded by the UWWCE please indicate how many St. Croix Area Agency Council (SCAAC) meetings in the past 12 months, were attended\_\_\_\_\_.

Please indicate your representatives (and job title) that participates on the St. Croix Area Agency Council (SCAAC)\_\_\_\_\_.

**United Way of Washington Count East  
Impact and funding focus areas**

**1. BASIC NEEDS:** Provide basic needs and financial stability resources including:

- Food assistance
- Emergency Financial Assistance
- Financial education and counseling
- Vocational and Jobs programs
- Housing programs
- Shelter and support

**2. YOUTH:** Promote thriving children, youth, and families by helping develop skills, self-esteem, health, and resilience to become healthy adults and productive citizens including:

- Development and enrichment programs
- Interventions for at-risk youth

- Youth-specific health, mental health, and wellness programs and services
- Services to strengthen families
- School readiness and early childhood education

**3. HEALTH:** Improve health for low income individuals, elders and those with disabilities through:

- Access to affordable healthcare, mental health services and medication
- Health, mental health, and wellness programs and services for adults
- Rehabilitation services
- Caregiver support, respite, and hospice
- Resources for those with disabilities and chronic health issues

**4. SELF-SUFFICIENCY:** Support self-sufficiency, restore independence, and connect people to services they need including:

- Services to help elders live independently
- Advocacy services
- Crisis support services
- Services for victims of violence
- Legal services
- Transportation to access resources
- Resource listings, phone lines, and web resources (211)
- Volunteer program

***Describe how this program contributes to advancing the selected impact and funding focus area:***

*(What are you trying to achieve with your program and why is it important?)*

**Program Reach**

<b>Geographical Area Served by this Program</b>	<b>Number of People Served by this Program in 2018 (if applicable)</b>
Residents of the Stillwater Area Public School District (zip codes 55082, 55001, 55003, 55042, 55043, 55047, 55125, 55129)	
Residents of Washington County, MN	
Residents of other MN Counties	
Residents of Wisconsin	
<b>TOTAL PEOPLE SERVED BY PROGRAM</b>	

**Program Budget**

Please provide the following information for the **specific program or service** described in this application.

<b>INCOME</b>	<b>Amount Rounded to the Nearest Dollar</b>	<b>Check if Funding is Pending</b>
Support requested from UWWCE	\$	<input type="checkbox"/>
Support requested from other United Ways (list UWS below)	\$	<input type="checkbox"/>
Support requested from foundations (list below)	\$	<input type="checkbox"/>
Support from individuals and corporations	\$	<input type="checkbox"/>
Support and grants from governmental agencies (list below)	\$	<input type="checkbox"/>
Program service fees	\$	<input type="checkbox"/>
<b>INCOME TOTAL</b>	\$	<input type="checkbox"/>
<b>PROGRAM EXPENSE</b>	\$	<input type="checkbox"/>
Direct expenses associated with delivery of this program or service	\$	<input type="checkbox"/>
Indirect expenses associated with delivery of this program or service	\$	<input type="checkbox"/>
Administrative expenses	\$	<input type="checkbox"/>
Fundraising expenses	\$	<input type="checkbox"/>
<b>EXPENSE TOTAL</b>	\$	<input type="checkbox"/>
<b>EXCESS (DEFICIT)</b>	\$	<input type="checkbox"/>

List support (including amounts) from other United Ways, foundations, and governmental agencies:

What is the estimated annual cost of this program per participant?

\$

Please explain the factors used to calculate this estimate (should be consistent with the Program Budget and Reach in this application).

**Performance Accountability**

**Program Staffing**

Describe how staff, board, and volunteers play a role in your organization's delivery of services. Estimate the total number of FTEs, active volunteers, and board members dedicated to this program.

**Program exclusivity**

*How is your program unique amongst others providing the same or similar service?*

**Performance Measurement**

**Population:** What population are you serving?

*The population can be described as the children, adults, and families in the communities served by your program.*

**Partners:** Who are the partners who have a role in your success?

**Strategy:** What do you propose to do?

*A strategy is feasible, high-impact actions with specific timelines and deliverables.*

<i>Program activities (How much will you do)</i>	<i>How will you measure the activity</i>	<i>Target goal (list a target for each activity)</i>	<i>How will you measure if your client is better off</i>

**Tell your story**

*Give a specific example of how this program benefits individuals or a family. Use fictional name(s), but give a specific and recent example. This may be used in United Way promotional materials. Please attached any photos, quotes, etc.*

**Challenges/Opportunities for improvement**

*What are this program's biggest challenges? And how do you plan to overcome those challenges?*

**Site Visit instruction**

*Additional Notes (Site visit instructions, visit availability times, locations, ect...)*

