

2017 PROGRAM APPLICATION

NOTE: Please leave all font properties as they are set

New Program (Due 5 PM Jan. 13, 2017) **Existing Program** (Due 5 PM Feb. 17, 2017)

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: \$

2016 Funding from UWWCE: \$

Primary Focus Area (choose one): **YOUTH** **BASIC NEEDS** **HEALTH** **SELF-SUFFICIENCY**

NOTE: Before selecting the primary focus area, review the definitions of Focus Areas in Appendix A of this form. Focus Areas may be reassigned by UWWCE as necessary for consistencies among applications. One panel will be assigned to each organization and will review all program requests submitted.

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 a representative from your organization was in attendance at _____.

Please indicate your representative (in job title) that participates on the St. Croix Area Agency Council (SCAAC) _____.

Describe how this program aligns with the selected focus area:

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

Program Reach

Geographical Area Served by this Program	Number of People Served by this Program in 2016
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	
TOTAL PEOPLE SERVED BY PROGRAM	

Program Financials

Please describe how UWWCE funding this program impacted program results, clients, and the community. (ex. increased reach, program results, community impact, improved or continued access, greater collaborations, bridged gap in unmet needs, etc.):

Program Budget

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

INCOME	Amount Rounded to the Nearest Dollar	Check if Funding is Pending
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"/>
INCOME TOTAL	\$	<input type="checkbox"/>
PROGRAM EXPENSE	\$	<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"/>
EXPENSE TOTAL	\$	<input type="checkbox"/>
EXCESS (DEFICIT)	\$	<input type="checkbox"/>

List support 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).

More about the Program

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 Target Audience

Describe the demographics of the population the program strives to serve. When possible, include gender, age, income, conditions, risk factors, and ethnic origin if data is available. How do they qualify for the program?

Demand for Program Services

Describe any changes in demand for services or the type of needs that clients are expecting in the past 12 months. Include any relevant data.

Duplicate Program

Does this program duplicate programs from any other agencies?

Collaboration

Do you collaborate with other agencies in our region? How? Who?

Testimonials/Case Studies

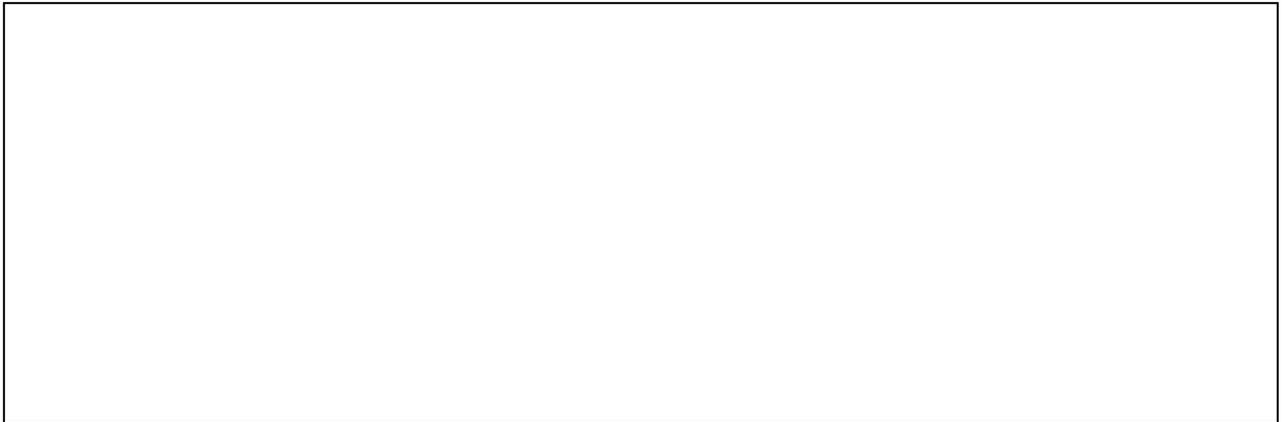
Give a specific example of how this program has benefited an individual or a family. Use fictional name(s), but give an actual account of how the program helped someone. This example may be used in United Way promotional materials.

Please attach a one page testimonial; photos of service delivery are optional, but also helpful.

A large, empty rectangular box with a thin black border, intended for a one-page testimonial or photos of service delivery.

Challenges

What are this program's biggest challenges?

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Community Needs/Issues and Prevention

Describe how this program strives to influence or resolve a specific need or issue in the community and/or how it focuses on prevention. Please include relevant community data, time frame in which an issue will be resolved, and list the source of the data when available (such as the percent of the population affected by the trends of the issue or need, or the potential impact of prevention).

Additional Information

Provide any additional information that will clarify your request, including any other observations, concerns, changes or challenges that your program is facing in 2015 and 2016. You may also attach a program brochure if desired.

UWWCE Funding

What happens if the full amount requested is not awarded?

Please attach a list of the Board of Directors and their affiliations and a brief description of key staff.

Program Goals

Objectives and desired outcomes

<i>Program Goal(s)</i>	<i>Objective(s)</i>	<i>Outcome(s)</i>	<i>Change since last year's application? (check one)</i>
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO

Comments:

Evaluation

Please describe your criteria for success. What do you want to happen as a result of your activities?

Outcome Indicators, Targets and Measures

For each program outcome that you listed above, please indicate the following:

NOTE: Definitions for the following categories are listed in Appendix B at the end of this application.

<i>Outcome</i>	<i>Outcome Indicator</i>	<i>Performance Target(s)</i>	<i>Outcome Measure(s)</i>	<i>Specific changes since last year's application (quantify when possible)</i>

Please describe how this program made measurable progress toward meeting stated goals since last year's application.

Additional Space for Answers to Narrative Questions (Please be clear which question(s) you are expanding on)

Focus Areas for United Way of Washington County-East

- 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 programs

Appendix B
Community Investment Allocation Application Definitions

Expenses:

- **Administrative expenses** are related to the overall management of the organization as defined by the IRS. An example would be wages paid to someone hired specifically to do financials for the organization and all, or a portion of an executive director's salary.
- **Direct expenses** can be easily identified as incurred for the sole benefit of a particular program. One example would be wages paid to a physical therapist working with a person recovering from a stroke.
- **Fundraising expenses** are related to soliciting support or donations for a program or organization including mailings, meetings, events and other fundraising methods as defined by the IRS. This also includes staff time dedicated to fundraising activities and all, or a portion, of an executive director's salary.
- **Indirect expenses** cannot be completely assigned to a particular program. These are usually expenses that can be assigned to more than one program and probably to overhead. One example would be rent for a building that houses programs and administrative offices. The rent should be apportioned between the various programs and overhead based on some logical, defensible method -- perhaps square footage.

Program Measures:

- **Program goals** are broad statements of desired changes or outcomes as results of the program; what the program hopes to achieve.
- **Objectives** are specific, action statements that state what the program will accomplish in the set timeframe. Objectives should be specific in terms of what they are measuring, such as behavior change, increased knowledge, increased awareness, etc.
- **Outcomes** are the benefits or changes that occur either during or because of participation in the program. Outcomes should link back to the objectives and activities of the program.
- **Outcome Indicators** are observable, measurable characteristics or changes in a person, situation, condition or group that relate to the desired outcome.
- **Performance Targets** are numerical goals for each outcome indicator. Targets are, most often, the total number of participants, the number of participants achieving the outcome and the percent of participants achieving the outcomes.
- **Outcome Measures** describe how well your program is doing in achieving the desired outcome. They specifically tell which characteristic or change will be counted in order to demonstrate the effectiveness of your program. Outcome measures could include review of records, surveys, questionnaires, and/or client interviews.
- **Program Reach** refers to how many people or families will be involved in the program.
- **Target Audience** the specific group of people that the program is focused on. Target audiences can be defined in many ways including age, gender, race, geographic location, current behaviors or beliefs, settings, risk level, education level, or other variables.