



2023 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:

\$

2022 Funding from UWWCE:

\$

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

YOUTH BASIC NEEDS HEALTH SELF-SUFFICIENCY

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 _____.
Did your organization run an internal UWWCE Campaign? _____

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?) *Maximum Characters 1,250

Program Reach

Geographical Area Served by this Program	Number of People Served by this Program in 2022 (if applicable)
Residents of the Stillwater Area Public School District (<i>zip codes 55082, 55001, 55003, 55042, 55043, 55047, 55125, 55129</i>)	
Residents of Washington County, MN	
Residents of other MN Counties	
Residents of Wisconsin	
TOTAL PEOPLE SERVED BY PROGRAM	

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

***Maximum Characters 500**

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). ***Maximum Characters 500**

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. ***Maximum Characters 1,250**

Program exclusivity

How is your program unique amongst others providing the same or similar service? ***Maximum Characters 750**

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. ***Maximum Characters 750**

Partners: Who are the partners who have a role in your success? ***Maximum Characters 1,000**

Diversity, Equity and Inclusion (DEI)

United Way of Washington County East Equity statement: Equity is the foundation of our work, from our engagement with donors to our investment of community resources to our interactions with our community. Our commitment to diversity and inclusion means a commitment to equity as a core value and practice to advance our mission of connecting people to local resources and creating opportunities for each person to build a better life. Does your organization have a DEI statement? Yes No

*How will the funding received by UWWCE impact your work to advance DEI in your organization and how will that work impact your effectiveness to serve a diverse population? ***Maximum Characters 500***

*Explain the work you are doing to advance equity within our community? If no activity, what support do you need to increase your capacity and or awareness around DEI? ***Maximum Characters 500***

*Will the dollars requested decrease disparities and/or advance equity? ***Maximum Characters 500***

*What is the demographics composition of the population you serve, include as much detail as possible including; Race, Ethnicity, Gender, Age, Sexual Orientation, and Disability. ***Maximum Characters 500***

*Please provide us with a demographic summary of your board and employees, include as much detail as possible including; Race, Ethnicity, Gender, Age, Sexual Orientation, and Disability. ***Maximum Characters 500***

Strategy: What do you propose to do?

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

<i>Program activities (What 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 success?</i>

Success: If your agency was funded in 2022, list 2022 program activity goals and if they were met.

***Maximum Characters 500**

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.

***Maximum Characters 2,000**

Challenges/Opportunities for improvement

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

***Maximum Characters 1,750**

Site Visit instruction

*Additional Notes (Site visit instructions, visit availability times, locations, ect...) *Maximum Characters 1,750*

