



Section One – Signature/Cover Page:

Organization Name: _____

Contact Person: _____

Mailing Address: _____

E-mail: _____ Website: _____

Phone: _____ Fax: _____

Program Name: _____

Program Focus Area: (Please select the primary focus area that your program will address.)

Education — HELPING INDIVIDUALS ACHIEVE THEIR POTENTIAL

- Improving access to and providing quality, affordable child care.
- Partnering with schools and parents to improve graduation rates.
- Providing before and after-school care, recreation and mentoring programs for at-risk youth.
- Program that will enhance people’s education to help obtain employment.
- Alternative education program for youth to prevent unhealthy behaviors during unsupervised times.
- Program providing parenting skills or parent education.
- Program to engage youth to develop good work ethic.
- _____

Income — HELPING FAMILIES BECOME STABLE AND INDEPENDENT

- Supporting basic/emergency needs (housing, financial & utility assistance, food/nutrition, and clothing).
- Increase access to services, support coordination of care through Information & Referral.
- Helping hardworking people obtain job training, placement and family-sustaining wages.
- Increasing affordable housing for seniors and families.
- Program on financial education/budgeting.
- Program providing access to employment; i.e. transportation.
- Program to help people get all the tax credits they’re entitled to without paying high fees.
- _____

Health — IMPROVING PEOPLE’S HEALTH

- Increasing access to critical healthcare services.
- Reducing substance abuse, child abuse and domestic violence.
- Increasing health education and preventive care.
- Program providing access to healthcare; i.e. transportation.
- Program on cooking healthy, nutritious foods.
- Program to prevent obesity and promote health.
- _____

I affirm that I have reviewed this report and to the best of my knowledge, the information furnished is true, correct and complete.

Date: _____

Name of Board Chair

Signature of Board Chair

Name of Executive Director

Signature of Executive Director

Section Two – General Program Information

Requested Amount:

What is the total amount requested for this specific program from the Victoria County United Way?

(A) \$ _____

Total Organizational Budget:

What is the total operating budget for the agency?

(B) \$ _____

Percentage of Program Budget to the Total Agency Operating Budget:

Please calculate the percent this program is of your total Operating Budget (Box A ÷ Box B = %).

_____ %

Fiscal Year:

Please Indicate the Fiscal Year of the Agency.

Note: Please complete all financial and program data based on your fiscal year.

Calendar Fiscal (July/June) Other please identify: _____

Agency Mission Statement

Provide the mission statement of the agency

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Use of United Way Grant

Discuss how the VCUW Grant will be used for the specific program

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Research:

Discuss the need for the program. Provide research/statistics that justify the need for the program. (refer to instructions)

Target Population:

Identify the Target Population the program will serve.

Community Building/Collaboration

Describe how the program is working with other organizations to provide services to its clients.

Future Funding

Discuss alternative funding sources for the program.

Section Three – Program Performance

<p>INPUTS</p>	<p>Describe the resources dedicated to or consumed by the program. EXAMPLES: money, staff, staff-time, volunteers, facilities, equipment, etc.</p>
<p>ACTIVITIES & SERVICES</p>	<p>Strategies, techniques, and types of treatment that comprise the program’s service methodology. Please avoid jargon that may be misunderstood or hard to interpret. EXAMPLES: sheltering & feeding, training, counseling, etc.</p>
<p>OUTPUTS</p>	<p>Volume of work accomplished. Please use an unduplicated count. EXAMPLES: number of classes taught, counseling sessions conducted, educational materials distributed, and participants served.</p>
<p>PROGRAM OUTCOMES (INTENDED RESULTS)</p>	<p>What are the intended results/outcome(s) the program will achieve? Benefits or changes for individuals or populations during or after participating in program activities. Please identify at least two (2) outcomes. EXAMPLES: initially should reflect new knowledge, attitudes or skills and ultimately, long-term meaningful changes in their lives.</p>
<p>Outcome #1</p> <p>Outcome #2</p> <p>Outcome #3</p>	
<p>Indicators</p>	<p>List the “Indicators” that have been established to measure progress towards meeting Program Outcomes. EXAMPLE: % of public school students who graduate on time</p> <p>Indicator:</p> <p>Indicator:</p>

Program Outcome Illustration

Choose one of the program's outcomes that you want to illustrate in a success story. State this outcome below as you would want it communicated to the public. Please include actual data.

Example:

Goal: Readiness to succeed in school. **Outcome (Intended Result):** Children enter school developmentally on track in the areas of literacy and social, emotional and intellectual skills. **Indicator:** % of 3 to 5 year olds with 3 of 4 school readiness skills (recognize letters, count to 20 or higher, write their names, read or pretend to read).

Outcome Success Story

Provide a success story based on the above outcome. The story should illustrate your program's effect on a **single client**. Do not use the client's real name or provide information that could identify the client. Limit your response to this page.

Contact for Success Story:

Name: _____ Phone Number: _____

Section Four – Program Financial Information (Provide the information in your Budget Year.)

Agency Name: _____

Program Name: _____

Line	Program Financial Information	Actual 2013 Program	Actual 2014 Program	2015 Proposed Budget
No.	REVENUE			
1	Victoria County United Way			
2	Other United Ways			
3	Grants - City/County			
4	Grants - Federal/State			
5	Foundations			
6	Contributions			
7	Contributions from Affiliates			
8	Fund Raising / Special Events			
9	Program Service Fees			
10	Sale of Materials			
11	Investment Income			
12	In-Kind Support			
13	Miscellaneous (please list):			
14	Total Support/Revenue			
	EXPENSES			
15	Salaries			
16	Employee Benefits			
17	Payroll Taxes			
18	Audit			
19	Contract/Professional Fees			
20	Supplies			
21	Telephone			
22	Postage & Shipping			
23	Occupancy			
24	Utilities			
25	Maintenance			
26	Rental & Maintenance of Equipment			
27	Printing & Publications			
28	Travel			
29	Conferences, Meetings, etc.			
30	Special Assistance to Individuals			
31	Membership Dues			
32	Insurance			
33	In-Kind Support			
34	Miscellaneous (please list):			
35	Total Expenses			
36	Excess of Revenues over Expenses			

Program Financial Information

Please explain significant budget increases between the 2014 Budget Year and the 2015 Proposed Budget Year.

Line Item	% Inc./Dec.	\$ Inc./Dec.	Explanation
SUPPORT/REVENUE			
Victoria County United Way			
Other United Ways			
Grants - City/County			
Grants - Federal/State			
Foundations			
Contributions			
Contributions from Affiliates			
Fund Raising / Special Events			
Program Service Fees			
Sale of Materials			
Investment Income			
In-Kind Support			
Miscellaneous (please list):			
EXPENSES			
Salaries			
Employee Benefits			
Payroll Taxes			
Audit			
Contract/Professional Fees			
Supplies			
Telephone			
Postage & Shipping			
Occupancy			
Utilities			
Maintenance			
Rental & Maintenance of Equipment			
Printing & Publications			
Travel			
Conferences, Meetings, etc.			
Special Assistance to Individuals			
Membership Dues			
Insurance			
In-Kind Support			
Miscellaneous (please list):			

Section Five – Program Service Statistics & Client Demographics

Participants Served: Indicate the number of unduplicated clients served by this program for the three year period indicated.

2013 Year (actual):	
2014 Year (current):	
2015 Year (projected):	

Program Client Demographics – 2015 Statistics: Indicate the number of unduplicated individuals projected to be served by this program in each category for the 2015/16 funding year. **Note: Totals for each category should be the same number.**

Age Group:			
	Under 5		
	6 thru 12		
	13 thru 17		
	18 thru 34		
	35 thru 54		
	55 thru 64		
	65 thru 74		
	75 thru 84		
	85 and over		
	Unknown		
TOTAL INDIVIDUALS (Unduplicated Count):			*
Gender:			
	Male		
	Female		
	Unknown		
TOTAL INDIVIDUALS (Unduplicated Count):			*
	NUMBER		NUMBER
Household Income:		Ethnic/Racial Background:	
	\$0 thru \$11,999		White
	\$12,000 thru \$14,999		Black or African American
	\$15,000 thru \$24,999		Hispanic or Latino
	\$25,000 thru \$49,999		American Indian or Alaska Native
	\$50,000 thru \$74,999		Asian
	More than \$75,000		Native Hawaiian or Pacific Islander
	Unknown		Other or Unknown
TOTAL INDIVIDUALS:		*	TOTAL INDIVIDUALS (Unduplicated Count):
			*

Geographic Service Area: Please enter the number of clients served by this program in each of the following counties.

County	2013 # of Clients Served	2014 # of Clients Served	2015 # of Clients Projected
Victoria			
Aransas			
Brazoria			
Calhoun			
Colorado			
DeWitt			
Goliad			
Gonzales			
Jackson			
Lavaca			
Matagorda			
Refugio			
Wharton			
Other or Unknown			

Unit of Service

Please define a unit of service for this program. If it is not possible to define one unit, please state why. Please remember that whatever the method of measurement, you are consistent from year to year.

Unit Cost

Compute the "Unit Cost" for the three year period indicated

Year	Individuals or Units of Service	Total Cost of Program	Unit Cost (Cost/Units)
2013 Actual			
2014 Current			
2015 Projected			

If you do not gather any of the statistics requested, please explain why

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