



Please complete this section for EACH program for which funding is requested.

Please keep your descriptions simple and brief. The information in this application form is intended for United Way volunteers to learn about your program and make funding recommendations, i.e. what service do you provide, who are the people you serve, the reason your agency provides this service, the impact your program has in the community.

AGENCY:

PROGRAM NAME:

- i) Is this a new program for your agency? Yes___ No___
- ii) How many years has your organization operated the program? _____
- iii) Amount received from United Way for this program:
2006:7/1/06-6/30/07_____2007:7/1/07-6/30/08_____2008:7/1/08-
6/30/09_____
- iv) Amount requested from United Way for this program in 2009:7/1/2009-6/30/2010 _____
- v) Which community need does your program address (check all that apply in the vision area for this program).
 - Access to Health Care:*
 - ___Affordable health
 - ___Mental health
 - ___Dental services
 - ___Prescription medications
 - Community Basics:*
 - ___Response to individual or community crisis
 - ___Provide services that promote self sufficiency
 - ___Provide the basics of life; food, shelter, economic well-being and protection from violence
 - Youth Development:*
 - ___Youth will graduate from high school with support of family unit and the community at
large
 - ___Youth will move on to postsecondary education or employment that meets the basic needs
of the employee and his or her dependents

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1) Program

- a) Provide a brief description of the program/services and outline its purpose.
- b) How does this program or service fit with your agency's mission statement?

2) Need

- a) How does this program address the need identified in the Letter of Intent?
- b) Describe any significant changes in the evolving needs of your clients?

3) Partnerships (*Partnership means any organization/program/agency that you are working with that will better serve your clients*)

- a) Briefly describe how your program works in partnership with other organizations/programs/agencies. If there are no partnerships explain why.
- b) Are there other programs/agencies providing similar services? Describe the similarities and differences between the programs.

4) Program Resources

- a) How many staff and unduplicated volunteers did you have during the past fiscal year?
- b) Describe your expectations for staff (qualifications and/or experience) and volunteers (screening process/training).

5) Program Outcomes

Program Outcomes are benefits or changes for participants during and/or after program activities. They are influenced by program outputs and result in such things as knowledge, increased skill, changed attitudes or values, modified behavior, improved condition and altered status.

As part of our donor accountability, United Way tracks the impact of community investment through measurable outcomes/benefits individuals achieve as a result of participating in United Way funded program/services. (Complete Attachment A)

6) Program Evaluation

a) Reflect where or from whom the data collection is obtained.

Outcome	Data Source	Data Collection Method

7) Client Demographic Statistical Information

a) What is the agencies target population?

b) Complete Attachment B

8) Program Funding Sources

a) What other sources of funding have you secured or requested for this program?

9) Increased Funding Request

a) If you have requested increased funding (over last year) for this program, please explain what additional services and outcomes will be achieved or improved as a result of this funding?

10) Budget

a) Complete the Budget Form on Attachment C

Board President Signature: _____

Executive Director/CEO Signature: _____

Date: _____

Program Outcomes Worksheet-Attachment A

Inputs	Activities	Outputs	Outcome
<i>Resources dedicated to or consumed by the program</i>	<i>What the program does with the inputs to fulfill its mission</i>	<i>The direct products of program activities</i>	<i>Benefits for participants during and after program activities</i>

Client Demographics-Attachment B

If your National Affiliation does not allow you collect this information, please state the reasoning why:

<u>Target Population</u>	<u>Estimated Numbers For Current Year</u> July 1, 2007 thru June 30, 2008	<u>Proposed Numbers For Upcoming Year</u> July 1, 2008 thru June 30, 2009
AGE		
Infant/Toddler (0 – 3 Yr.)		
Pre-Schooler (4-5 Yr.)		
Child (6-12 Yr.)		
Teen (13-17 Yr.)		
Adult (18 -59Yr.)		
Senior (60+ Yr.)		
Unknown		
Total:		
Gender		
Female		
Male		
Unknown		
Total:		
Ethnicity		
Caucasian		
Hispanic		
African American		
Native American		
Asian/Pacific Islander		
Other		
Unknown		
Total:		
Income Level* refer to page 6		
Very Low Income		
Low Income		
Moderate Income		
Above Moderate Income		
Total:		

If your data collection method is not supported by the above chart, please share your target population, estimated and proposed numbers.

***2007 Median Family Income (MFI)**
adjusted according to family size

The following MFI.'s are based on statistical calculations made by HUD for the City of Decatur. The income presented at 30%, 50%, and 80% were published March 19, 2007.

	Family								
	Size	1	2	3	4	5	6	7	8
Very Low	30%	11,850	13,550	15,250	16,950	18,300	19,650	21,000	22,350
Low	50%	19,800	22,600	25,450	28,250	30,500	32,750	35,050	37,300
Moderate	80%	31,650	36,150	40,700	45,200	48,800	52,450	56,050	59,650
	100%	39,563	45,188	50,875	56,500	61,000	65,563	70,063	74,563

Updated: 3/26/07

