

United Way of Canadian County
New Program Application Form from Current Partner Agency

For complete directions, see the "Instructions" page.

Part I - Agency Information

Date of application (00/00/0000): _____

Agency Name: _____
 Agency's Physical Address: _____
 Agency Phone Number: _____ Fax: _____
 CEO Name & Title: _____
 CEO's Email Address: _____
 Contact (if other than CEO): _____
 Contact's Email Address: _____
 Agency's Website Address: _____
 Year agency established in Canadian County: _____ Year agency became a 501(C)3: _____

Does the agency have a strategic plan? ____
 If yes; when was it last updated? _____
 If recently updated, what are some of the key changes?

If no, describe the strategy to develop one.

If you have a strategic plan, is it reviewed annually? _____

Agency Mission Statement:

How many individuals are employed by the agency?

Full-time	Part-time	Total

Management	Program	Support	Total

How many unduplicated volunteers serve at your agency on an annual basis?

List all agency programs and approximate number of unduplicated participants/clients in each (7/1/14-6/30/15).

Program	# of Clients

Program	# of Clients

What percentage of the Board of Directors annually contributes financial support to the agency? _____%
 How often does the Board of Directors meet? _____

Part II - Program Information

1. Program Name: _____

Amount of Request: \$_____

2. Please describe the program for which you are requesting funding.

3. Which of the following areas best aligns with the program for which you are requesting funding?

- Successful Kids-ensuring children succeed in school, develop life skills, and become productive citizens.
- Strong Families-providing resources to achieve financial stability as well as access to counseling, debt management, education, job training and housing
- Healthy Citizens-offering access to physical and mental healthcare and encouraging healthy lifestyles.
- Independent Living-engaging older adults and the disabled with access to independent living, job skills, volunteer possibilities, and dynamic relationships while their primary caregivers receive respite and support.
- Community Preparedness-securing our readiness to respond to individual and community emergencies.

4. For the specific program for which you are requesting funding, what are your core strengths? What does your organization do especially well?

5. What have you achieved in the past three years for persons previously served by this program?

6. Which organizations do you partner with in delivering this program?

7. In your geographic area, what agencies operate similar programs? What differentiates your program from theirs?

8. What problem does this program address?

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8a) How many individuals within your focus area are affected by the problem you are addressing? List the source of this information about this problem. Where did the data come from? _____

8b) Of this total, how many individuals will participate in the program? _____

9. What are the characteristics of the people who will be included in this program and how are they different from the full set of people who have the problem within your geographic area?

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10. If the first year of **this program**, explain what makes this agency best suited to address the need? How does the program fit the agency mission? If not first year, still explain how the program fits with the agency's mission.

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11. Please enter program client demographics, in the following categories, from your most recently completed service year. If you do not track this particular set of demographics for this program, enter the total number of clients in "Unknown."

Total number of clients served by this program during the past service year? _____

Client Age

Children (0-12)	
Young Adults (13-21)	
Adults (22-54)	
Older Adults (55+)	
Unknown	

Client Race/Ethnicity

White	
Black/African American	
Hispanic	
Asian Indian	
Other	
Unknown	

Client Sex

Female	
Male	
Unknown	

Geographic cities

Bethany		Edmond		Meridian		Piedmont	
Calumet		El Reno		Midwest City		Shawnee	
Cashion		Guthrie		Moore		Spencer	
Concho		Harrah		Mulhall		Union City	
Coyle		Jones		Mustang		Welston	
Crescent		Kingfisher		Nicoma Park		Yukon	
Cedar Lake		Langston		Norman		Other	
Choctaw		Luther		Oklahoma City		Unknown	
Del City		Marshall		Orlando			

Past Year Client Income Data

< 80% HUD LIL Family 4	
> 80% HUD LIL Family 4	
Unknown	

Please use this opportunity to explain any “Unknown” demographics. Why are there unknowns, or why is a particular demographic category not tracked? Please specify the demographic category(ies) you wish to address in your explanation.

12. What results are you committed to achieving – meaning outcomes from services?

12a) How many participants will successfully achieve these results as described above within the funded year? _____

13. How do the intended results compare with what would have happened without the program?

13a) How many people would achieve the stated results if the program did not exist? _____

14. In greater detail, describe the approach that will be used to achieve the stated results.

15. Is the program's approach backed by evidence of success? If so, what is it?

16. Halfway through the grant year, how will you know if participants served by this program are on course to achieve results with the time and money remaining?

17. What information will be used to measure success and make corrections in your program over the coming year?

18. How will you know the program results have been achieved? How will success be verified?

19. What did you learn from this program, either good or bad? What changes will be made to improve the program?

20. Please explain specifically how United Way funds will be used for this program.

21. If your agency does not receive the full amount requested by this United Way, what will be cut from the proposed budget and how would this affect our community, specifically how much money and from what line item(s)?

22. Are clients in this program charged? If yes, what arrangements are made for clients who cannot pay?

23. If you applied to United Way for funding of this program previously, what if any changes have been made due to the United Way's feedback concerning why it wasn't funded?

24. Use this space to provide additional information about this program (e.g. statistics to support your request)

25. Please use this opportunity to share with us a client success story. Names may be changed to protect confidentiality.