



Request for Program Funding

I. Basic Information:

Organization Name: _____

Mailing Address: _____

Contact, Title: : _____

Contact Email: _____

Phone: _____

Website: _____

| |
|--|
| Program Name: _____ |
| Is this a new or continuing program? _____ |
| Amount Requested: \$ _____ |

Organization Service Statistics:

How many total **unduplicated** individuals were served last year in **the above named program**: _____

How many are proposed to be served in 2018-19: _____

How many of these totals are residents of Watauga County _____

Avery County _____ Mitchell County _____

II. Community Impact or Need area your proposal is designed to meet

1. Application for Funding in (*check which priority area*)

Education: We envision a community where everyone has the opportunity for education, social, and emotional growth throughout their lives.

___ Fund evidence based, sustainable initiatives targeting at-risk populations that support early childhood education with specific focus on early literacy outreach

___ Fund non-traditional programs for elementary, middle, high school, and adult aged individuals that will enable them to become high school completers and/or obtain employability skills through certification.

Income: We envision a thriving community working together, fulfilling basic needs and creating economic opportunity for all.

___ Fund initiatives to procure and maintain housing for individuals for which expenses do not exceed 30% or less of income; including increasing work force & low income housing.

___ Fund programs for skill development/training initiatives for better employment opportunities.

___ Fund initiatives that facilitate employees successfully maintaining employment (Includes: affordable healthcare, flexible and affordable child care and transportation services. Also includes support for offenders and those dealing with substance abuse/addiction)

Health: We envision an engaged, thriving community where the easy choice is the healthy choice, health is cornerstone for community decisions, and health needs are met locally and affordably.

___ Fund evidence based programs that provide integrated behavioral health and substance use prevention and treatment.

___ Fund evidence based programs that create and sustain healthy environments by increasing access to healthy foods & physical activity.

___ Fund evidence based programs that increase access/reduce barriers to medical, dental and behavioral health care for the most vulnerable populations.

Needs: We envision a community working together to provide for its citizens unmet basic and emergency needs.

___ Fund basic human needs such as food, housing, clothing, etc.

___ Fund emergency needs encompassing safety, shelter, fuel, electricity, etc.

(If you checked more than one area please submit a separate application for each.)

III. Program Narrative:

This section of the application requires a description of the proposed program or intervention for which you are seeking funding. Please be specific and concise. Use verifiable data to support your answers.

1. Please describe the program or intervention and why it is important - **limit 300 words:**

2. Given your proposed program budget, how will your program achieve the stated outcomes? (give examples of prior success, best practices and/or research that show these services and strategies are likely to achieve results) – **limit 150 words**
3. How would your outcomes be affected if the program is not fully funded (be as specific as you can)?
4. Are there similar programs existing in the High Country area? If so, how does this program enhance those programs or how is it unique? Is there, or will there be (if this is a new program) collaboration with other similar programs?
5. Should your program be funded provide what you envision a participant success story would look like– **limit 150 words.**

IV. Outcomes and Evaluations

1. What **outcomes(s)** will your program achieve in support of the Priority area in which you are applying (Education/Income/Health/Unmet needs)? *Outcomes refer to the changes in the behaviors or conditions of the participants based on what you offered to them. Please do not focus on activities, programs implemented or levels of participation satisfaction, rather the impact that the program makes on the lives of participants.*
2. What **methods of evaluation** will be used to measure progress towards the outcomes listed above (be specific)? *Please explain how the program will determine whether intended outcomes were achieved. Describe (a) what indicators will be measured to indicate program success, (b) what specific measures (e.g., behavioral, self-report) will be used to assess each of these outcome indicators, (c) at what point(s) in time these data will be collected, (d) and how the data will be analyzed and interpreted to assess the success of the program. Include information on the validity of the outcome measurement tools and procedures if available (i.e., evidence that the proposed measures actually reflect changes in the outcome of interest), such as examples of their use in the evaluation of other programs.*
3. *What, if any, Community Conditions will change as a result of this program?*
4. *A mid-year evaluation report will be supplied by High Country United Way to gauge the short-term outcomes achieved to date and any proposed changes needed to enhance the program's effectiveness.*

V. Collaboration & Sustainability: Working jointly to accomplish a shared vision and mission using joint resources

1. Describe how the organization/program collaborates with other community organizations *(Please detail how resources are shared among partners, how information is shared system among partners, how collaborative project planning and coordination is implemented.)*

2. Describe how the organization will leverage other financial resources in order to meet the selected objectives and, if applicable, the amount of those resources. Please limit responses to no more than 200 words.
3. Describe the long-term strategy and plan for sustainability of the outcomes of this program. Limit to 100 words.

VI. Other Information:

Please share any other information you want us to know about this program – Limit 100 words:

VII. Program Budget:

Operating Year: Fiscal or Calendar (circle one)

If your operating year is:

| | | |
|-----------|---------------|----------------------------|
| Fiscal: | Last year: | Year end June 30, 2018 |
| | Current year: | July 1, 2018-June 30, 2019 |
| Calendar: | Last year: | 2018 |
| | Current year: | 2019 |

Program Revenue

| Revenue Source | Last Year* | Current Year** |
|-----------------------|-------------------|-----------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total | | |

**Proposed if new program*

Program Expense

*Under **expense**, please include descriptions of each line item includes. For example: Personnel – 1 FTE program manager, 1 PTE program staff.*

| Expense | Last Year* | Current Year** |
|------------------------------|-------------------|-----------------------|
| <i>Personnel</i> | | |
| <i>Program Supplies</i> | | |
| <i>Other program costs</i> | | |
| <i>Training</i> | | |
| <i>Travel/Mileage</i> | | |
| <i>Printing</i> | | |
| <i>Occupancy</i> | | |
| <i>Other Occupancy costs</i> | | |
| <i>Technology</i> | | |
| <i>Other</i> | | |
| Total | | |

**If operated, but no HCUW funding last year*

***Proposed if new program*

Additional Budget Narrative:

Please include any specific information about funding sources. Any funding source that is multi-year, please include what years are covered. Also include in-kind contributions for the program. Denote grants that are not yet awarded and indicate when you expect to be notified.

The undersigned hereby certify:

The information contained in this application, and various attachments, is accurate and correct to the best of my knowledge.

I further certify that our Board of Directors endorses this funding application and agrees to the requirements set forth in the Standards of Participation.

Executive Director (please print)

Board Chair (please print)

Signature

Signature

Date

Date

email address

email address

Deadline for submission for all materials: Tuesday, April 24, 2018

**Mail one hard copy to High Country United Way at PO Box 247, Boone, NC 28607, or,
Bring a hard copy by the High Country United Office on the 4th floor (Suite 400) of
the Life Store, 1675 Blowing Rock Road, Boone, NC 28607**