ORGANIZATION: _____

PROGRAM: _____

2017/18 CORE APPLICATION TABLE OF CONTENTS

"X" the parts of grant application to indicate inclusion. Also, please put page number where the information can be located.

PROGRAM COVER PAGE

Organization Name: _____

Executive Director: _____   E-mail: _____

Address: _____   Telephone: _____

_____   Fax: _____

Program Director: _____   E-mail: _____

Address: _____   Telephone: _____

_____   Fax: _____

Program Title: _____

Priority Need Area Addressed: _____

Brief Description of the Program: _____

_____

_____

_____

_____

SUMMARY REPORT – (Enter Information In The Black Cells Only)

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**If request increased 5% or more, briefly explain why: _____

_____

_____

If these funds are being used to match another source, name the source and the $ amount: _____

_____

The Organization's Board of Directors has approved this application on (date). _____ _____

_____   _____
Name of President/Chair of the Board   **Signature**

_____   _____
Name of Executive Director/CPO   **Signature**

Edit this Header. **<u>Type</u>** the <mark>organization</mark> **<u>and</u>** <mark>program name</mark> **<u>and</u>** the <mark>funder</mark> for whom it is being completed. The page # is already set at the bottom right of every page.

3

PROPOSAL NARRATIVE

Please respond to each question in the allotted space for each section. In responding to each section of the proposal narrative, please retain the section-label and question that you are addressing. Do not change the Times New Roman 12 pt. font or other settings. Directions, such as these, may be deleted if space is needed, but again, do NOT delete the Section headers or the numbered questions

A.   ORGANIZATION CAPABILITY *(Entire Section A not to exceed one page.* <mark>*Box will expand as you type.*</mark>*)*

1. Provide the mission statement and vision of your organization.

2. Provide a brief summary of your organization including areas of expertise, accomplishments, and population served.

B.   PROGRAM NEED STATEMENT *(Entire Section B not to exceed one page. ==Box will expand as you type==)*

1.   a) <u>**What**</u> **is the unacceptable condition requiring change? b)** <u>**Who**</u> **has the need? c)** <u>**Where**</u> **do they live? d)** <u>**Provide**</u> **local, state, or national trend data, with reference source, that corroborates that this is an area of need.**

2.   a) **Identify** <u>**similar programs**</u> **that are currently serving the needs of your targeted population; b) Explain how these existing programs are under-serving the targeted population of your program.**

C.   PROGRAM DESCRIPTION *(Entire Section C, 1 – 6, not to exceed two pages. ==Box will expand as you type==)*

1. List Priority Needs area addressed.

2. Briefly describe program activities including location of services.

3. Briefly describe how your program addresses the stated need/problem. Describe how your program follows a recognized "best practice" (see definition on page 12 of the Instructions) and provide evidence that indicates proposed strategies are effective with target population.

4. List staffing needed for your program, including required experience and estimated hours per week in program for each staff member and/or volunteers (this section should conform to the information in the Position Listing on the Budget Narrative Worksheet).

5. How will the target population be made aware of the program?

6. How will the program be accessible to target population (i.e., location, transportation, hours of operation)?

D. PROGRAM OUTCOMES AND ACTIVITIES MATRIX.   <u>3 - 4 program outcomes only.</u>
   <u>One matrix table per outcome. Each matrix table must not exceed two (2) pages.</u>
   (NOTE: Boxes for Outcomes and cells in Matrix tables will expand as you type.)

   <mark>*Do not include this description page in the submitted proposal*</mark>*.*

   Outcomes: In general, a program should have 3-4 program outcomes**. The Outcome indicates the measurable impact or change the program will have on the clients its serves**. The outcome should detail the results of the services provided, not the services provided. Outcomes utilize action words such as maintain, increase, decrease, reduce, improve, raise and lower. Please incorporate the following into the outcome description:

   * Direction of change   * Time frame
   * Area of change   * As measured by
   * Target population   * Baseline: the number you will be measuring against
   * Degree of change

   Example Outcome:
   To decrease *(direction of change)* number of unexcused absences *(area of change)* of enrolled boys and girls *(target population)* by 75% *(degree of change)* in one year *(time frame)* as reported by the 2016/17 School Board attendance records *(as measured by). Baseline*: 2016/17 School Board attendance records for enrolled boys and girls.

   Activities Matrix: The matrix is designed to identify specific activities the program will provide to achieve the stated outcomes. The matrix identifies: 1) the specific activity; 2) how often the service/activity is provided; 3) who, by position, is responsible to deliver the service/activity; and 4) expected change in client from providing service/activity**. In addition, the matrix is designed to capture the evaluation of services provided:** 5) indicator or measurement of change; 6) source of measurement; and 7) how frequently it is measured.

   <u>A separate PROGRAM OUTCOMES AND ACTIVITIES MATRIX needs to be completed for each outcome.</u> Use a separate row for each activity and group activities under their related outcomes. To add more rows, if needed, simply locate the cursor at the last cell in the last row and press the "TAB" button on the keyboard. See examples provided in the instructions.

<u>IMPORTANT NOTE:</u> Keep in mind when developing PROGRAM OUTCOMES that, if funded, these will be what you are accountable to accomplish. Also, the PROGRAM OUTCOMES should reflect the information described in the PROGRAM NEED STATEMENT (B.1.).

All PROGRAM NEED STATEMENTS should flow from the MISSION & VISION. MEASURABLE OUTCOMES should be based on and measure program needs. Activities are the tasks you do to influence the outcome and impact the unacceptable condition in your PROGRAM NEED STATEMENT. (B.1.).

<mark>(Boxes will expand as you type.)</mark>

Outcome # 1:

Program Design & Task Management
(Columns 1-4)

Evaluation Design & Data Collection
(Columns 5-7)

1	2	3	4	5	6	7
Program Activities (what)	**Frequency (how often)**	**Responsible Parties (who)**	**Expected Outcomes/change (why)**	**Indicator Measurements (evidence)**	**Data Source (where)**	**Time of Measurement (when)**

(Boxes will expand as you type.)

Outcome # 2:

Program Design & Task Management
(Columns 1-4)

Evaluation Design & Data Collection
(Columns 5-7)

1	2	3	4	5	6	7
Program Activities (what)	Frequency (how often)	Responsible Parties (who)	Expected Outcomes/change (why)	Indicator Measurements (evidence)	Data Source (where)	Time of Measurement (when)

<mark>*(Boxes will expand as you type.)*</mark>

Outcome #3:

Program Design & Task Management
(Columns 1-4)

Evaluation Design & Data Collection
(Columns 5-7)

1	2	3	4	5	6	7
Program Activities (what)	**Frequency (how often)**	**Responsible Parties (who)**	**Expected Outcomes/change (why)**	**Indicator Measurements (evidence)**	**Data Source (where)**	**Time of Measurement (when)**

<mark>*(Boxes will expand as you type.)*</mark>

Outcome #4:

Program Design & Task Management
(Columns 1-4)

Evaluation Design & Data Collection
(Columns 5-7)

1	2	3	4	5	6	7
Program Activities (what)	Frequency (how often)	Responsible Parties (who)	Expected Outcomes/change (why)	Indicator Measurements (evidence)	Data Source (where)	Time of Measurement (when)

E.   **COLLABORATION** *(Entire Section E not to exceed one page)*

1. List your program's collaborative partners and the resources that they are providing to the program <u>beyond</u> referrals and support. (See individual funder requirements for inclusion of collaborative agreement letters.) **<mark>(NOTE: COLLABORATIVE AGREEMENT LETTERS ARE <u>NOT</u> REQUIRED BY ANY OF THE UNITED WAYS USING THIS CORE APPLICATION.)</mark>**	
Collaborative Agency	*Resources provided to the program*

F.　　UNDUPLICATED CLIENTS

Number of Unduplicated Clients by Age						
Location	**Last Fiscal Year Actual 2015/16**		**Current Fiscal Year Budget 2016/17**		**Next Fiscal Year Projections 2017/18**	
	Individuals	**Group**	**Individuals**	**Group**	**Individuals**	**Group**
0 to 4 - (Pre-school)	-	-	-	-	-	-
5 to 10 - (Elementary)	-	-	-	-	-	-
11 to 14 - (Middle)	-	-	-	-	-	-
15 to 18 - (High School)	-	-	-	-	-	-
Total Children	-	-	-	-	-	-
19 to 59 - (Adults)	-	-	-	-	-	-
60 + (Seniors)	-	-	-	-	-	-
Total Adults	-	-	-	-	-	-
TOTAL SERVED	**-**	**-**	**-**	**-**	**-**	**-**

G.   **FUNDER SPECIFIC REQUIREMENTS – refer to Funder Specific Request For Proposal instructions.**

H.   **BUDGET FORMS – The budget forms are in a separate Excel file named "CSAC 2017-2018 Budget Forms". Refer to Funder Specific instructions for instructions opening this file.**

In the Excel file you will find the following worksheet tabs:
1. Budget Narrative Worksheet – Part One
2. Budget Narrative Worksheet – Part Two
3. Total Agency Budget
4. Total Program Budget
5. Total Funder Specific Budget
6. Explanation for Variances

Make sure to print all the forms by going to each tab and selecting the Print icon, or click on File, Print, Entire Workbook.