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| **Category** | **Question** | **Character Limit** | **Description** | **Draft Response** |
| **Program Information** | Agency Mission Statement | 600 | Describe the work of your agency in a few sentences. This helps us to understand how theprogram for which you're requesting funds contributes to the work of your organization.Alternatively, if you have a brief one-page document that tells your agency's story, you canupload that here. |  |
| Request Summary | 1,000 | Give a *brief, high-level* summary of the program (Three to five sentences.)  |  |
| With which United Way focus area does this program best align? |  | Education, Financial Stability, Health (choose one) |  |
| Is the program new or existing? |  | Choose new or existing |  |
| Amount requested/ Total Cost of Program  | 20 | Specify the cost of the program for which the funds are requested. This should not represent the broad work of the agency. |  |
| **ALICE** | Impact to ALICE | 3,000 | How does this program address the needs of individuals and families living below the ALICE threshold? How do you identify ALICE in your work? |  |
| **Community Need** | Target Population | 3,000 | Describe the population that your agency serves.  |  |
| Problem Statement | 3,000 | Describe the community need your program addresses, using data to demonstrate the need. How does the problem impact the education, financial stability, or health of target population? |  |
| **Program Design** | Program Description | 3,000 | Describe the program in detail. How does the program address the need as described above? What specific activities and services will be implemented as a part of the program? |  |
| New/Existing Program Follow Up | 3,000 | **If new:** Why did your agency decide to develop this program? What informed your decision-making process? (Organization strategy, evidence of community need, gap in services provided by this program, etc.) |  |
| 3,000 | **If existing:** Share a brief history of the program. **Was this program funded by HAUW in the 2023-24 grant cycle? What outcomes came from that grant? If you have a compiled outputs/outcomes report from the 2023-24 HAUW grant cycle, we encourage you to upload it. (file size limit: 2MB)**What successes have you seen? What challenges have you faced, and how have you evolved or improved your program to achieve success? |  |
| Inputs | 3,000 | Describe the resources required for the program. Ex. Staff time, volunteer time, expertise, supplies |  |
| Outputs | 3,000 | What are the direct products, deliverables, or units of service of program activities? Ex. Number of classes taught, educational materials distributed, individuals served, etc. |  |
| Timeline | 3,000 | What is the timeline for program activities? |  |
| Evidence-Based Practices | 3,000 | To what extent is the design of your program based on evidence-based practice, or best practices in your field? |  |
| **Evidence of Impact** | Short Term Outcomes/Impact | 3,000 | Summarize the outcomes to be achieved by this program within the funding period. What immediate or near-term changes do you expect to see in the population served? Description of outcomes is most successful when it is specific and measurable, such as “X% of participants will have \_\_\_ as measured by \_\_\_.” |  |
| Anticipated Long Term Outcomes/Impact | 3,000 | What long-term outcomes can you expect as a result of your program? In other words, how do you anticipate those you serve will be better prepared for a different future after participating in your program? What research, evidence, and/or indicators do you use to predict these long-term outcomes? |  |
| Evaluation Plan | 3,000 | Describe your plan to evaluate the success of your program. What relevant indicators help you measure your success, and how do you gather evaluation data? You may upload your evaluation plan or evaluation tools if available. (file size limit: 4MB) |  |
| **Critical Success Factors** | Program Staff and Volunteers | 3,000 | How is this program staffed? How do volunteers support the work of the program staff? Describe the responsibilities of each and how they are trained and equipped to achieve the program’s outcomes. |  |
| Organizational Capacity | 3,000 | Describe how your organization is positioned to implement this program successfully. |  |
| Partnerships | 3,000 | Describe the partnerships required to facilitate this program. What are the contributions of each of your partners, and how does each partnership improve/increase the capacity of your program? |  |
| Program Sustainability | 3,000 | What is the long-term plan for this program?  |  |
| Other Sources of Funding  | 3,000 | What are your other sources of funding for this program? |  |
| **Budget** | Budget Narrative: Use of Funds and Program Outcomes | 3,000 | Share more detail about your budget and its connection to your program. How will the items in your budget contribute to achieving your projected program outcomes? |  |