

**2011 COMMUNITY IMPACT COMMON APPLICATION  
AGENCY COVER SHEET**



Agency Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Board President: \_\_\_\_\_

Name of the Program requesting funding: \_\_\_\_\_

Amount of funding requested: \_\_\_\_\_

Please circle: This program has/ has not been funded by UWOC in the past

Community Impact Area: Education \_\_\_\_\_ Income \_\_\_\_\_ Health \_\_\_\_\_

Target population: \_\_\_\_\_ Number served: \_\_\_\_\_

For the United Way Year  
2011 Fund Distribution Year/ 2012 Program Service Year

This request was considered and approved for submission at  
The Board of Directors Meeting

\_\_\_\_\_  
(Date of Board Meeting)

\_\_\_\_\_  
(Executive Director)

\_\_\_\_\_  
(Board President or Chairperson)

For UWOC use:

\_\_\_\_\_ This agency's certification is current and the agency is in good standing.

**PLEASE SUBMIT ONE ORIGINAL SIGNED APPLICATION PLUS 5 COPIES**

## **Application**

**This application consists of 7 pages including the cover sheet plus 7 mandatory attachments:**

Attachment A) Demographics form

Attachment B) Program budget

Attachment C) Agency budget

Attachment D1 & D2) 2011 Logic Model & Outcome Measurement Framework –  
Current Funding Year

Attachment E1 & E2) 2012 Logic Model & Outcome Measurement Framework –  
Proposed Funding Year

### **I. Agency Information**

A) Please give us your agency's mission statement. Mission statements are generally one or two sentences.

B) Please tell us the history of your agency in one paragraph.

C) Please tell us how this program supports your agency's mission. This should not be more than one page double spaced or 500 words.

## **II. Program Activities**

- A) Please use the Logic Model and Outcome Measurement Framework forms to quantify the impact this program will have in terms of measurable results. Please use these forms to show how this program impacts the community and improves the lives of Ocean County residents in the category in which you are applying (Education, Income, or Health.)

Please attach 2012 Program Year Logic Model

Please attach 2012 Program Year Outcome Measurement Framework

- B) Please attach 2011 Program Logic Model

Please attach 2011 Outcome Measurement Framework

Has this program achieved the outcomes projected for the most recent program period? If not, please explain.

- C) Please describe any significant recent changes in this program's delivery of services

### **III. Service Recipient Demographics**

- A)** Please provide data that describes your clients served on Attachment A) **Demographics Form.**
  
- B)** If statistics are not collected or are undocumented within a specific category (or categories), please give a detailed explanation as to the reason the data is not maintained.
  
  
- C)** Please explain the extent to which this program invests resources in outreach to ensure it is reaching Ocean County residents who are experiencing the most need.

### **IV. Program Evaluation and Client Feedback**

- A)** Is the program reviewed by independent evaluators? If yes, attach documentation of outcomes. (Independent evaluators are those not directly involved with program implementation. Independent evaluators may include board members who are not directly connected to the program. Independent evaluators may also be program personnel from sister agencies who are not directly associated with the program.)
  
  
- B)** List examples of feedback received from surveys, outside evaluations, and United Way. Please provide sample surveys and example evaluations. Please include tabulations of results.
  
  
- C)** Please describe changes that have been made, if any, due to feedback.

## **V. Collaboration**

A) How does this program collaborate with other agencies and or programs to deliver these services? Please use the last column to explain how the collaborations listed improve program delivery.

<u>Agency</u>	<u>Method of Collaboration</u>	<u>How has collaboration improved program</u>
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## **VI. Prevention Component**

A) To what extent does this program address root causes of the issue, and prevent future need for this service? Explain how this is accomplished.

## **VII. Mandatory Program Success Story**

A) Please describe a program success story that best illustrates your program outcomes. Choose one of the program's outcomes that you want to illustrate in a success story and provide a success story based on that outcome. The story should illustrate your program's effect on a single individual or family (no more than one page and feel free to change the names of the individuals to protect their privacy).

### **VIII. Program Costs**

A) What are the total costs and per person costs of the program?

Per person cost should equal the total program specific actual expenses divided by the number of unduplicated persons served directly by the program. If this program shares resources with other programs, please assign a percentage of the costs of shared resources and apply to specific programs total costs. You must include an explanation of the rationale behind the relative sharing of resources. For example if several programs share occupancy, the total occupancy costs should be divided according to space and time spent in programming.

If costs have increased over the previous 2 years, explain why. (Do not include persons indirectly served by the program or volunteer hours in figuring per person costs.)

In order to achieve a high score in this section, you must provide evidence of research-based comparable costs.

#### **Total Cost of Implementing this program:**

(This number should reflect the total expenses entered in the program budget form)

#### **# Of Unduplicated Persons Directly Served:**

#### **Per Person Costs:**

#### **Cost Increase over previous year:**

#### **Comparable Per Person Costs:**

Please explain the source of your comparable cost comparison

**IX. What funding sources have you applied to for funding for this program?**

A) Please list funding sources, starting with last year's United Way of Ocean County allocations if applicable. Please include only resources sought or awarded during the agency's most recent fiscal year.

<u>Funding Source</u>	<u>\$Pending</u>	<u>\$Denied</u>	<u>\$Awarded/Paid</u>
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1. United Way of Ocean County			
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Total Pending

Total Awarded/Paid

B) Please list all in-kind donations for goods and services that you would otherwise have to purchase to deliver this programming.

<u>In-Kind Goods or Services</u>	<u>Dollar value to program</u>
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