



## PROGRAM INFORMATION SECTION

Program # \_\_\_\_ of \_\_\_\_

Please complete this section for EACH program for which funding is requested.

**Agency:** \_\_\_\_\_ **PROGRAM NAME:** \_\_\_\_\_

|   |           |
|---|-----------|
| 1. Amount Requested for this program in 2010:                 | \$        |
| 2. Is this a new program for your agency?                     | Yes / No: |
| 3. How many years has your organization operated the program? |           |
| 4. How many years has United Way funded this program?         |           |

### Increased Program Funding Request

Is increased funding being requested (over previous year approved) for this?      Yes      No

If, yes:

| Prior Year Program Funding (\$) | Current Year Program Request (\$) | Requested Increase Amount (\$) | (%) Increase Over Prior Year |
|---------------------------------|-----------------------------------|--------------------------------|------------------------------|
|                                 |                                   |                                |                              |

### **Program Description**

*Please keep your descriptions simple and brief.*

1) Provide a brief description of the program and outline its purpose.

2) How does this program fit with your agency's mission statement?

### **3) Program Need**

a) What local need is being addressed by this program?

b) Briefly describe any local research or background rationale that supports this need in KFL&A. Please include research documents if available.

c) Briefly explain how clients and other stakeholders are involved in program development, delivery and evaluation.

d) Has this program identified any significant new emerging needs or trends?      Yes      No  
If yes, briefly explain how you have addressed these?

**4) Program Partnerships**

a) Does this program work in partnership with any other organization(s)?      Yes      No  
If yes, please explain their role.

a) How does this benefit program service delivery?

**5) Program Inputs / Resources**

a) How many Full Time Equivalent employees (FTEs) are used to deliver this program?

b) Does the agency use volunteers in the delivery of this program?      Yes      No  
i) If yes, how many during the past fiscal year?      \_\_\_\_\_  
ii) If no, briefly explain the barriers that prevent this?

c) Please identify other key resources (inputs) necessary to run this program:

# Need for United Way Funding

1) Why does this program need United Way funding?

2) What other sources of funding have you secured or requested specifically for this program?

**3) Increased Funding Request:**

a) If the agency has requested increased funding for this program, please explain how these additional funds will be used? (i.e.) staffing, equipment, etc.

b) Please identify any additional services/outputs (for example, additional workshops, increased number of clients, etc.) that will result from this increased funding.

## Statistical Information

1) Using the chart below, please provide statistical information about the individuals served by this program.

|                            |               |            |
|----------------------------|---------------|------------|
|                            | Month/Year TO | Month/Year |
| 12 month Reporting Period: |               |            |

| Clients Served           |                     | Age Groups<br>(if you track by different age groups, please change accordingly) |                      |                         |                           |                           |
|--------------------------|---------------------|---|----------------------|-------------------------|---------------------------|---------------------------|
| Geographical Area Served | Total # Individuals | Children<br>0-6 yrs   | Children<br>7-12 yrs | Youth<br>(13 to __ yrs) | Adults<br>( __ to __ yrs) | Seniors<br>(__ to __ yrs) |
| Kingston                 |                     |   |                      |                         |                           |                           |
| Frontenac County         |                     |   |                      |                         |                           |                           |
| L&A County               |                     |   |                      |                         |                           |                           |
| Others                   |                     |   |                      |                         |                           |                           |

2) Has the number of clients served increased from the previous year reported?      Yes                      No  
Please explain the increase or decrease and any factors that you believe may have contributed to this.