



**Community Impact Response Grant
Request for Funding Proposal
For Year 2007**

PROGRAM FINANCIAL REPORT

Agency Name: _____

Program Name: _____

Support/Revenue Source	Actual Budget FY 2007	Current Operating Budget (Year to Date) For Year 2007	Proposed Budget For Year 2008
United Way of Cumberland County			
Other United Ways			
Grants – City/County			
Grants – Federal/State			
Foundations			
Contributions			
Fund Raising/Special Events			
Program Service Fees			
Sale of Materials			
Investment Income			
In-Kind Support			
Other:			
Other:			
Other:			
Total Support/Revenue			
Expenses			
Salaries			
Employee Benefits			
Payroll Taxes			
Contract/Professional Fees			
Supplies			
Telephone			
Postage & Shipping			
Occupancy			
Utilities			
Building Maintenance			
Equipment Maintenance			
Printing & Publications			
Other:			
Other:			
Other:			
Total Expenses			
Excess of Revenues over Expenses			



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DONOR RESTRICTED FUNDS

Agency Name: _____

Program Name: _____

A. Name of Restricted Fund _____ **Amount \$** _____

1. Fund Restricted by: _____

2. Source of Funds: _____

3. Purpose for which restricted: _____

Are investment earnings available for current unrestricted expenses? ____Yes or ____No
If yes, amount \$ _____

5. Date restriction became effective: _____
Expiration date: _____

B. Name of Restricted Fund _____ **Amount \$** _____

1. Fund Restricted by: _____

2. Source of Funds: _____

3. Purpose for which restricted: _____

4. Are investment earnings available for current unrestricted expenses? ____Yes or ____No
If yes, amount \$ _____

5. Date restriction became effective: _____
Expiration date: _____

C. Name of Restricted Fund _____ **Amount \$** _____

1. Fund Restricted by: _____

2. Source of Funds: _____

3. Purpose for which restricted: _____

4. Are investment earnings available for current unrestricted expenses? ____Yes or ____No
If yes, amount \$ _____

5. Date restriction became effective: _____
Expiration date: _____



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FUNDRAISING ACTIVITIES

Agency Name: _____

Program Name: _____

	#1	#2	#3
Title of Fund Raiser			
Description			
Goal Amount			
Amount Raised			
Purpose			
Solicitation Period (DATES)			
Solicitation Method			
Persons Responsible			



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AGENCY BOARD ROSTER

Agency Name: _____

Program Name: _____

Officers & Directors	Name	Place of Employment*	Mailing Address/ Phone	Term Expires	Gender	Race
President						
Vice President						
Secretary						
Treasurer						
Director						
Director						
Director						
Director						
Director						
Director						
Director						
Director						

*If retired, please note that director is retired and list the company name from which the director retired.



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PROGRAM PERFORMANCE MEASUREMENT PLAN

Agency Name: _____ Program Name _____

Outcome(s) to be measured <i>(List from previous page)</i>	INDICATORS Must be observable and measurable	TARGET(S)	BENCHMARKS/ DATA SOURCE	DATA COLLECTION METHOD



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RESULTS/FINDINGS FROM OUTCOMES

Please use the space below to discuss the results of the outcomes. Charts and graphs may be included. Discuss any program changes/modifications (if any) or lessons learned as a result. Please include influencing factors.

OUTCOMES	RESULTS/FINDINGS