



United Way of
Cumberland County
222 Maiden Lane
Fayetteville, NC 28301
Tel: 910-483-1179
Fax: 910-483-5913
www.unitedway-cc.org

2007 Community Impact Response Grant Request for Funding Proposal

PLEASE READ AND FOLLOW ALL PROPOSAL INSTRUCTIONS

NUMBER OF COPIES NEEDED: 10 sets, 3-hole punched, please do not bind or staple

Agency Name:	
Program Name:	
Executive Director Name:	
Physical Address:	
Mailing Address (if different from above):	
Telephone:	Fax:
E-mail Address:	
Website Address:	

PROGRAM FUNDING REQUEST INFORMATION:

Amount of program funding requested for <u>this</u> program:	\$
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CERTIFICATION:

I certify that all statements and information contained in this Request for Funding Proposal are true and complete to the best of my knowledge and belief. The fiscal year for _____ (agency name) is _____.

Executive Director (print):	Chief Volunteer Officer (print):
Signature:	Signature:
Date:	Date:

AGENCY NAME: _____

PROGRAM NAME: _____

- I. **Program Mission.** Please provide a statement of the mission (including services and activities) of the program for which you are requesting UWCC funding.

- II. **Program Cost Effectiveness.** Please discuss how UWCC's funding will be used within the program.
 - a. **Discuss why this program is needed in the community. Please cite references and sources for documentation indicating the community need.**

- III. **Alignment with UWCC's Community Impact Area.** Explain how the program's mission, goals and/or activities align with UWCC targeted impact area.

- IV. **Program Performance.**
 - a. Please complete Attachment F-1: Program Performance Model indicating goals, objectives and proposed timeline of program for which you are seeking funding. Complete Attachments F-2: Program Performance Measurement Plan and F-3: Program Performance Results and Findings.
 - b. Discuss status of program to date.
 - c. Discuss current waiting list (if applicable).
 - d. Discuss Challenges and Obstacles.

- V. **Target Population Served.**
 - a. Describe the population the program will serve. Discuss how the program will be marketed so that clients will be able to access it.
 - b. Number Served. Please indicate the number of **unduplicated** participants/clients for whom case management was completed, intake form has been filled out, and/or permanent records are maintained. If you do not collect this data, please explain why.

Year	Number Served
2004	

Year	Number Served
2005	

Year	Number Served
2006	

- c. Participant/Client Income Level. What percentage of program participants/clients is low-income? Please indicate the guidelines used to determine low-income status (i.e. HUD guidelines, federal poverty guidelines, etc.). If you do not collect this data, please explain.

Household Income: Please indicate number served in each level of income during the year 2006.

Income:	Number of Clients Served
\$0 thru \$9,999	
\$10,000 thru \$14,999	
\$15,000 thru \$19,999	
\$20,000 thru \$24,999	
\$25,000 thru \$49,999	
\$50,000 or more	
Unknown or n/a	
TOTAL	

AGENCY NAME: _____

PROGRAM NAME: _____

C. Participant/Client Demographics. Indicate the number of unduplicated individuals reached through program services and activities in each demographic category.

FY 2004

Age:	# Clients
0-5	
6-12	
13-18	
19-30	
31-54	
55+	
TOTAL	

FY 2005

Age:	# Clients
0-5	
6-12	
13-18	
19-30	
31-54	
55+	
TOTAL	

FY 2006

Age:	# Clients
0-5	
6-12	
13-18	
19-30	
31-54	
55+	
TOTAL	

FY 2004

Gender:	# Clients
Male	
Female	
TOTAL	

FY 2005

Gender:	# Clients
Male	
Female	
TOTAL	

FY 2006

Gender:	# Clients
Male	
Female	
TOTAL	

FY 2004

Ethnicity:	# Clients
Native American	
Asian/Pacific Islander	
Black/African American	
White/Euro American	
Hispanic/Latino Origin	
Other	
TOTAL	

FY 2005

Ethnicity:	# Clients
Native American	
Asian/Pacific Islander	
Black/African American	
White/Euro American	
Hispanic/Latino Origin	
Other	
TOTAL	

FY 2006

Ethnicity:	# Clients
Native American	
Asian/Pacific Islander	
Black/African American	
White/Euro American	
Hispanic/Latino Origin	
Other	
TOTAL	

FY 2004

Status:	# Clients
Active Duty	
Dependent	
Retired	
TOTAL	

FY 2005

Status:	# Clients
Active Duty	
Dependent	
Retired	
TOTAL	

FY 2006

Status:	# Clients
Active Duty	
Dependent	
Retired	
TOTAL	

VI. Community Building/Collaborations. Describe how the program is working with other organizations to provide additional services to its' clients.

VII. Future Funding: Discuss how the program will be funded in future years. Indicate sources of funding, fund-raisers, grants, foundations, etc.