

## Program Funding Request Application Guidelines United Way of Sampson County



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**Funding Request Due: January 17, 2025**

### INTRODUCTION

Funds allocated to programs, and their sponsoring agencies, by United Way of Sampson County are contributed dollars. Full and fair disclosure is required in the completion of all budget forms and agency/program information. In public financial reporting, full and fair disclosure principles are well established.

**One (1) original copy of the signed application (unstapled and three-hole-punched) by the stated deadline to the United Way office located at 118 East Elizabeth Street, Clinton, NC,28328.**

Funding Requests which are incorrect, incomplete or submitted after due date, will not be accepted.

Funding Requests must be compliant with the guideline instructions, complete, and presented in order. Responses must be brief and concise with clarity and limited to the spaces provided.

Do not use technical terms, agency terminology, acronyms, etc..

If questions arise, please contact Linda Jewell Carr, Executive Director at 592-4263 or [unitedsampson@intrstar.net](mailto:unitedsampson@intrstar.net).

### CRITERIA FOR SUBMITTED FUNDING REQUESTS

1. United Way of Sampson County does not fund:

- Capital improvement cost
- Direct influencing of legislation
- Expenses already incurred
- Religious programming
- Support of political activities
- Lost funding from any source of any type
- Endowments

Capital campaigns

- Fundraising events

- Scholarship funds – unless restricted by United Way

2. The program for which funding is requested must only provide services within Sampson County.

3. All financial information must be rounded to the nearest dollar.

4. Loss of program licensure [local, state, or federal] will result in immediate termination of funding.

## Organization's Governance & Oversight

Organizations *not currently* receiving UWSC funding *must* complete the following.

### Board Meetings

1. How many meetings were scheduled during the last fiscal year?
2. How many times did the Board meet during the last fiscal year?
3. At how many of the Board meetings did you have a quorum during the last fiscal year?
4. Are detailed reports of agency activities provided to the board on a regular basis? (Y/N)

### Current Demographics of Board of Directors

Male \_\_\_\_\_ Black \_\_\_\_\_ White \_\_\_\_\_ Hispanic \_\_\_\_\_ Other \_\_\_\_\_

Female \_\_\_\_\_ Black \_\_\_\_\_ White \_\_\_\_\_ Hispanic \_\_\_\_\_ Other \_\_\_\_\_

### Fiscal Oversight

1. Briefly describe the system used for safeguarding against unauthorized or improper disbursement of funds, (i.e. two signatures required on checks).

### National/State Affiliations

1. Are you nationally and/or state affiliated? (Y / N)?
2. Does the organization adhere to national standards?

NO  
NO

Please briefly describe those national standards.

## ORGANIZATION OVERVIEW

Organizations *not currently* receiving UWSC funding *must* complete the following.

1. Describe the organization's mission.

2. List any organizations or programs with whom your organization has collaborated to provide joint programming, and briefly describe the type(s) of collaboration ( co-sponsorship of events, seminars, community issues, etc.) and the results of those collaborations.

5. Does the organization employ paid staff?      YES \_\_\_\_\_      NO \_\_\_\_\_

6. Does the organization have job descriptions for all staff?      YES \_\_\_\_\_      NO \_\_\_\_\_

## **PROGRAM OVERVIEW**

**Program Name:**

**Program Director's name:**

1. Provide a *brief* program description and goals.
2. What social/human welfare issue(s) does this program address?
3. What is the program's targeted population, capacity, and number of people to served? Is it at capacity?
4. Do you have a waiting list for this program? If so, how many are on the waiting list, and what is the expected waiting time before your program will be able to provide services to them?

5. What are the eligibility requirements for participating in this program?
  
  
  
  
  
  
  
  
  
  
6. What fees are paid for services, what percentage of the fees are charged to participants?
  
  
  
  
  
  
  
  
  
  
7. What is the long-range plan for insuring financial stability for the program?
  
  
  
  
  
  
  
  
  
  
8. What impact would UWSC funding have on this program's outcomes?
  
  
  
  
  
  
  
  
  
  
9. To what extent are volunteers utilized in this program?
  
  
  
  
  
  
  
  
  
  
10. Are reference/background checks complete on all volunteers?      YES \_\_\_\_\_ NO \_\_\_\_\_
  
  
  
  
  
  
  
  
  
  
11. What type of training do volunteers receive? Are they evaluated on a regular basis?



# MEASURING PROGRAM EFFECTIVENESS OUTCOMES LOGIC MODEL PROGRAM

NAME \_\_\_\_\_

Please submit a logic model for the program for which UWSC funding is being requested. **Do Not** report on program outcomes in this model. Present in narrative format.

INPUTS	ACTIVITIES	OUTPUTS
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**MEASURING PROGRAM EFFECTIVENESS  
OUTCOMES FRAMEWORK**

**PROGRAM  
NAME:**

Complete an outcome measurement framework for the program for which UWSC funding is being requested.

<b>OUTCOMES</b>	<b>INDICATORS</b>	<b>DATA SOURCE</b>	<b>DATA COLLECTION METHOD</b>
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## OUTCOMES MEASUREMENT RESULTS

### Program Name:

1. Viewing your outcomes as your program's goals, how many participants do you estimate will achieve the outcome results that you have targeted for the funding cycle requested?
2. How often do you measure this program's outcome results? (Daily, Monthly, Quarterly, Semi-Annually, etc)
3. Who is responsible for implementing, collecting, and reviewing the outcomes/program effectiveness information for this program? (i.e. Committee, individuals with specific responsibilities, etc.)
4. What level of involvement does the Board of Directors have in the process of program outcome measurements and implementation?
5. What changes have been planned or made to the program as a result of the outcome measurements?









