



United Way of the Bradford Area, Inc.

PO Box 504 | 161 Main Street | Bradford, PA 16701

P: 814.368.6181 | F: 814.368.5300

www.uwbanews.org

2020 Community Impact Application

Organization Name:		Organization EIN#:
Organization Address:		
Organization Phone No.:		
Executive Director:		

Signature: _____		Date: _____
Board President:		

Signature: _____		Date: _____
Total Agency Operating Budget This Fiscal Year:		\$ _____
Program For Which You Are Requesting Funding:		
Program Name:		
Program Contact's Name and Title:		Phone:
		Email:
Requested Funding (not to exceed \$1,500): \$ _____		
Total Program Budget: \$ _____		
Is this a new or existing program? _____ New _____ Existing If it is an existing program, how long has it been underway? _____		
Has this project previously received UWBA funding? _____ Yes _____ No If yes, when was it funded, and how much? _____		
What other sources of funding (e.g. grants, endowment earnings, fees, etc.) do you have to support this program? Please include the type of activity and the net dollar result.		



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Program Overview: What specific services or activities will be delivered by this program? Please include a description of your plans for outreach to the target population, as well as a detail of how your program collaborates with other agencies to address this specific need.

Targeted Outcomes: What are the expected individual outcomes for participants in this program? These are the outcomes that you will track and report. Additionally, briefly describe your plan to measure individual participants' progress on the outcome(s). Will you use a standardized assessment, a survey, case notes, observation, etc.? When and how often will assessments take place and who will collect the data and evaluate progress? Identify if and how program participants and members of the community will be supported to participate in the outcome evaluation activities.

