



Smethport Campaign for United Way  
 PO Box 504 | 161 Main Street | Bradford, PA 16701  
 P: 814.368.6181 | F: 814.368.5300  
[www.uwbanews.org/smethport](http://www.uwbanews.org/smethport)

## 2018 SMETHPORT Impact Application

|   |                    |
|---|--------------------|
| Organization Name:  | Organization EIN#: |
| Organization Address:   |                    |
| Organization Phone No.:   |                    |
| Executive Director:   |                    |
| _____   |                    |
| Signature: _____  |                    |
| Board President:  |                    |
| _____   |                    |
| Signature: _____  |                    |
|   |                    |
| Total Agency Operating Budget This Fiscal Year:   | \$ _____           |
| <b>Program For Which You Are Requesting Funding:</b>  |                    |
| Program Name:   |                    |
| Program Contact's Name and Title:   | Phone:             |
|   | Email:             |
| Requested Funding: \$ _____   |                    |
| Total Program Budget: \$ _____  |                    |
| Is this a new or existing program?    _____ New    _____ Existing<br>If it is an existing program, how long has it been underway?    _____                                      |                    |
| Has this project previously received Smethport Campaign for UW funding?<br>_____ Yes    _____ No<br>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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Will this allocation serve as matching funds for a grant? If so, please specify what grant, and provide a copy of the documentation detailing the required matching funds.

**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.



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**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.

