



Smethport Campaign for United Way  
 PO Box 504 \* 161 Main Street  
 Bradford, PA 16701  
 814-368-6181 (p) (814) 368-5300 (f)  
[www.uwbanews.org](http://www.uwbanews.org)

## 2017 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 If it is an existing program, how long has it been underway? _____	
Has this project previously received Smethport Campaign for UW 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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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.

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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.

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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.



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Please include an itemized break-down of your anticipated supplies, materials, misc. expenses.  
Add additional sheet(s) as necessary.

Item	Anticipated Cost Per Unit	Number of Units	Total Cost



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<b>TOTAL</b>			