



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

2018 Community Innovations Application

Organization Name:	Organization EIN#:
Organization Address:	
Organization Phone No.:	
Executive Director: _____	
Signature: _____	
Board President: _____	
Signature: _____	
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: \$ _____	
Total Program Budget: \$ _____	
Do you have a sustainability plan (within two years) for this planned initiative? _____ Yes _____ No	
Please describe in detail your plan.	



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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.

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.

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
TOTAL			