Date Submitted	
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Project Start Date_____



VENTURE/SUSTAINABILITY GRANT APPLICATION United Way of the Brown County Area, Inc.

APPLICATION FOR FUNDING

Sponsor/Agency		
Address		
Contact	Title	
Telephone Number	email	

QUALIFYING INFORMATION

(If you can't answer yes to ALL of the following questions, you are not eligible for funding)

YES	NO	
		1. Are you a 501 (c)(3) or governmental agency addressing human service needs?
		2. Have you been in operation for at least 3 years?
		3. Will your program serve the same area as defined by the United Way of the Brown County Area, Inc.?
		4. Do you have bylaws that clearly define the agency's purpose, functions, organization and lines of authority?
		5. Do you have a printed Policy of Non-discrimination for employees, volunteers & clients?
		6. Are you governed by a volunteer board of directors existing of at least 5 members who meet at least quarterly?

AGENCY INFORMATION

1. Briefly outline agency's mission, current programs, and governing body. Provide a list of board members

2. Agency's total 20___budget \$____. List agency's two largest sources of revenue and approximate percent of budget:

PROPOSED PROJECT INFORMATION

1. Amount of funding requested.

2. Specific target population.

3. Description of proposed project (include project goals and objectives, methodology, and staffing).

4. Expected date of project completion (if applicable)

5. Has this project been funded previously? Yes_____ No_____ If yes, by whom?

6. Specifically, who and how many people will benefit from this project? (Include how number was determined, method for identifying persons in need of service, and any documentation).

7. Why does this target population need the benefits of this project at this time?

8. Will the success of this project depend upon the cooperation of, or coordination with, other agencies?

9. Please list the innovative, creative and/or non-traditional characteristics of this project?

10. Is another agency currently providing the proposed services?

11. Explain why the population in need does not receive these services from other agencies or organizations.

12. <u>Specifically</u>, how will Venture Grant funds be used. Please itemize all expenses and funding sources. (Attach separate budget, if necessary).

13. How does the potential impact of this project justify its cost?

14. If this project is to be continued beyond initial funding period, specifically identify how the project will be funded.

15. Specifically, how will this program be assessed for effectiveness? (E.g. consumer feedback mechanism, periodic reporting, surveys, etc.)