

**United Way
of Otter Tail County
2010 Community
Investment Application**



Name of organization:

Federal Tax ID # (EIN):

Name of program applying for funds:

Amount Requested:

We have read the guidelines for United Way of Otter Tail County funding and agree our program matches the criteria.

Name of Executive Director

Signature of Executive Director

Date

Name of Authorized Officer of the Board

Signature

Date

United Way Office Use Only:

- New Program
- Office Volunteer
- Business Blitz Volunteer
- Support of United Way Activities
- Other _____

Program Description

1. Please give a description of the program/project applying for United Way funds including what the funds will be used for.

2. What are the needs of the community your proposal addresses?

3. How does your program address the needs?

United Way of Otter Tail County

Outcome Measurement Program Logic Model

Program:

Program Summary:

Please use the 2010 Outcomes Model as a reference guide

Inputs Resources a program uses to achieve program objectives	Activities Services a program provides to fulfill its mission	Outputs Products of a program's activities (units of service)	Outcomes Benefits for participants during or after their involvement in a program		
			Initial 1 st Year	Intermediate 2-4 Years	Long-term 5 & Over

Evaluation

1. Please describe your criteria for success.

2. What will you do with your evaluation results?

Funding

1. When does your funding cycle run? _____

2. What other funding sources does your program utilize?

3. Describe your program/project's long term funding plan?

Population Served

(Please only count an individual once regardless of frequency or type of service provided)

1. How many people (unduplicated) did you serve in Otter Tail County this past year?
2. How many people (unduplicated) do you plan to serve in Otter Tail County in the upcoming year?

Commitment to Partnership with United Way

1. How do community members know United Way of Otter Tail County funds your program? *Programs who are currently not funded by United Way of Otter Tail County, please describe how you would communicate to community members you are funded by United Way.*

2. What does your program do in regards to a year round commitment to partnership with United Way of Otter Tail County? *Programs who are currently not funded by United Way of Otter Tail County, please describe your plan for partnership.*