

Part 2 - Narrative
Agency & Program

Application due in United Way of Rhea County office no later than
Friday, February 17th, 2017 by 3PM.

HEADER

Agency Name	
Program Name	
Executive Director/Head Staff	
Agency Phone No.	
FAX No.	
Email Address	
Web Site URL	
Street Address	
City, State Zip	
PO Box	
EIN/Tax ID No.	
Board Chairperson	

AGENCY MISSION STATEMENT (For example: *Starbucks Mission Statement. Our mission: to inspire and nurture the human spirit - one person, one cup and one neighborhood at a time.*)

PROGRAM(s) NEEDING FUNDING

Program 1

Name of Program	
Program Contact Person	
Location(s) program is offered by zip code	
Select the United Way goal this program supports.	
In 25 words or less describe how your program supports basic needs, financial stability, education or healthy lives.	
Funding Request from United Way	
Percentage of program requested	

Program 2

Name of Program	
Program Contact Person	
Location(s) program is offered by zip code	
Select the United Way goal this program supports.	
In 25 words or less describe how your program supports basic needs, financial stability, education or healthy lives.	
Funding Request from United Way	
Percentage of program requested	

Program 3

Name of Program	
Program Contact Person	
Location(s) program is offered by zip code	
Select the United Way goal this program supports.	
In 25 words or less describe how your program supports basic needs, financial stability, education or healthy lives.	
Funding Request from United Way	
Percentage of program requested	

Agency and Program

NARRATIVE EXPLANATION for any part of the Agency and Program application you choose to provide additional information. Be sure to indicate in your comments which program the information is being provided.

GEOGRAPHIC SERVICE AREAS & DEMOGRAPHIC INFORMATION

The demographic data should relate directly to the program(s) for which United Way of Rhea County dollars are utilized.

CITIES	ZIPCODES	NUMBER OF PERSONS Calendar Year 2016	NUMBER OF PERSONS PROJECTED 2017	NUMBER OF PERSONS PROJECTED 2018
Spring City	37337/37381			
Grandview	37337			
Watts Bar Dam	37381			
Evansville	37332			
Dayton	37321			
Graysville	37338			
Other				

AGE	NUMBER OF PERSONS Calendar Year 2016	NUMBER OF PERSONS PROJECTED 2017	NUMBER OF PERSONS PROJECTED 2018
0-13			
14-18			
19-30			
31-65			
65 plus			

EHTNICITY	NUMBER OF PERSONS Calendar Year 2016	NUMBER OF PERSONS PROJECTED 2017	NUMBER OF PERSONS PROJECTED 2018
White, Non-Hispanic			
Native American			
African-American			
Asian/Pacific Islander			
Latino			
Mixed			
Other			

Missing Links

Describe gaps in the community that if solved would be strengthened as a results of your program.

Partnerships/Collaborations

Describe how the proposed program would increase community capacity through new, existing, or expanded cooperation with other agencies. Include Memorandums of Understanding (MOU) for major partners, specifying what the partner commits by signature to do for the program.

SIGNATURES

Authorized Signatures

Organization Executive Director: _____

Organization Chairperson, Board of Directors _____

Date: _____