

CHILDREN'S SERVICES COUNCIL/UNITED WAY CONTINUOUS IMPROVEMENT INITIATIVE APPLICATION

CONTACT INFORMATION

Agency:	Contact:
E-mail:	Title:
Address:	Phone: ()
City:	State: Zip:

CURRENT REQUEST

Which Category of Assistance are you requesting?

Organization Development Supports
 IT Infrastructure
 Agency Accreditation (Nonprofits First)

What is your agency's operating budget? \$	Amount Requested: \$
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REQUEST HISTORY

Have you received a Continuous Improvement Initiative grant in the past two years? Yes No

If yes, please answer the following questions:

What category(ies) of assistance?	Date of Award Letter(s)?
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SPONSOR AFFILIATION

Who provides funding to your agency? CSC United Way Both

CSC Funded Agencies: Name of Program Officer(s) or Lead Agency (if subcontractor)

United Way Funded Agencies: Name of Community Impact Staff

APPLICATION CHECKLIST

REMINDER! Applications must be complete and include all requested information in order to be considered.

- Application Cover Page
- Application Questions

Applications for the following categories of assistance must also include the following:

- Organization Development Supports: See Section 4A of the guidelines for required attachments
- Agency Accreditation: See Section 4B of the guideline for required attachments
- IT Infrastructure: See Section 4C of the guideline for required attachments

SIGNATURE

The CEO/Executive Director's signature below indicates the organization's commitment to following the guidelines, purchasing the resources requested in this application, and providing a Project Completion Report:

Name: _____

Signature: _____

Date: _____

SUBMISSION INSTRUCTIONS

Application and attachments must be submitted as a single PDF document.

Email completed application to:
 Tamara Worley, United Way's Contracts & Initiatives Manager at TamaraWorley@unitedwaypbc.org

Subject line of the email should read:
 Continuous Improvement Initiative Application – Name of Your Organization

DIRECTIONS: Answer the following questions and be as specific and succinct as possible. All questions must be answered regardless of category of assistance. Please reference the guide for eligible and ineligible expenses by category of assistance before submitting your application.

1. Provide: (A) a brief overview of the supports/resources needed, (B) why you believe these supports/resources are needed and (C) indicate any efforts your organization has already made in this area.

2. Describe (A) the anticipated impact of requested supports/resources identified in question 1 and (B) the staff that will benefit from these supports/resources.

4. In the narrative (A), describe how the agency will fund the difference for any request greater than the maximum funding allowed for that category of assistance and/or how the agency will cover the cost of any annual subscription beyond year one. Provide a budget for the requested resources, using the table (B) below. For more information on how to complete this question and the required attachments see the following sections of the guidelines: Organization Development Supports - Section 4A; Agency Accreditation - Section 4B; IT Infrastructure - Section 4C.

A) Narrative:

