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**Human Services Agency Funding Application**  
**July 1, 2005 through June 30, 2006**

Agency Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Fax: \_\_\_\_\_ Federal ID Number: \_\_\_\_\_

Executive Director: \_\_\_\_\_

Contact Person: \_\_\_\_\_

<b>Funding Source</b>	<b>Current 04/05 Funding</b>	<b>Requested 05/06 Funding</b>
Orange County Government		
Summary:		
Town of Chapel Hill		
Summary:		
Town of Carrboro		
Summary:		

\_\_\_\_\_  
Executive Director

\_\_\_\_\_  
Board Chair

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date





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Please submit only information for the program seeking funding. If there is more than one program for which you are requesting funding, submit forms for each.

**Section II:**

**A. Program Data:**

Agency \_\_\_\_\_ Program \_\_\_\_\_

**SERVICE STATISTICS**

Define one unit of service:

**Units of Service**

**Total Program Cost**

**Unit Cost**

Units of service actual (03/04) # _____	Total cost of this service (03/04) \$ _____	Actual cost per unit \$ _____
Units of service estimated (04/05) # _____	Estimated Total cost (04/05) \$ _____	Estimated cost per unit \$ _____
Units of service proposed (05/06) # _____	Proposed Total cost (05/06) \$ _____	Proposed cost per unit \$ _____

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***B. Program Evaluation***

Program Name \_\_\_\_\_

**Goal** (Stated desired outcome or results)

**Objective** (One objective per page – include measurable expected outcome or results)

**Activities** (What will you do to achieve the expected results?)

**Evaluation Method** (Explain how you will evaluate results)

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***C. Program Results***

**ACTUAL RESULTS**

If this objective is ongoing, show the results for the previous year. If you did not meet this objective, provide an explanation in Actual Outcomes Section.

**Stated Objective(s) for 2003/04**

**Actual Outcome(s) for 2003/04**

**How can you relate outcomes/results to the total cost of this service?**

### D. Program Beneficiary Characteristics

Agency \_\_\_\_\_

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<i>Client Characteristics</i>		Actual 2003/04	Estimated 2004/05	Proposed 2005/06	<i>Client Characteristics</i>			Actual 2003/04	Estimated 2004/05	Proposed 2005/06	
1. Gender	Male				4. Geographic Location(s) Durham City Durham County Raleigh City Wake County Chapel Hill Carrboro Orange County Other (specify)						
	Female										
2. Ethnicity	African-American										
	Caucasian										
	Hispanic										
	Other										
3. Age	0-5 Years										
	6-18 Years										
	19-50 Years										
	51+ Years										
	Unknown										
Per cent of clients at, or below federal poverty level											
<b>TOTAL # OF CLIENTS SERVED</b>											

**Section III.  
Financial Data**

**A. Program Budget Information**

Please complete this section for each government from which you are requesting funding.

**Orange County:**

**Funding Request:** \_\_\_\_\_

Please explain in detail how your agency would spend Orange County funds. For which program or programs would these funds be used? For what categories of expenditures would the funds be used (staff, facility costs, supplies and equipment, etc.)? Are there any new initiatives for which Orange County funds would be used?

Has your agency/organization paid its required 3-R Fee?

(The 3-R Fee (Reduction, Reuse, Recycling) was enacted in June 2004 by the Orange County Board of Commissioners to finance the County's recycling and waste reduction programs. It will be in effect starting with the 2004 tax bill. Each improved property in Orange County will receive a fee for some of the recycling services offered by the County).



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**Town of Chapel Hill:**

**Funding Request:** \_\_\_\_\_

Please explain in detail how your agency would spend Town of Chapel Hill funds. For which program or programs would these funds be used? For what categories of expenditures would the funds be used (staff, facility costs, supplies and equipment, etc.)? Describe which area(s) of the 2005 Needs Report your agency proposes to address. (Please review the Town of Chapel Hill Human Services Advisory Board's Needs Report to the Mayor and Town Council presented January 2005.)

**Town of Carrboro:**

**Funding Request:** \_\_\_\_\_

Please explain in detail how your agency would spend Town of Carrboro funds. For which program or programs would these funds be used? For what categories of expenditures would the funds be used (staff, facility costs, supplies and equipment, etc.)?

**C. Primary Revenue**

**PRIMARY REVENUE SOURCES AND PROGRAMS THEY SUPPORT**

Include foundation, governmental entities corporate and civic group grants, large individual gifts, United Way sources: Place an asterisk (\*) next to the amount in the Estimated and Projected columns for confirmed revenue sources.

Source	Program Grant Supports	Actual 2003/04	Estimated 2004/05	Projected 2005/06
<b>Total</b>				

*Section IV: Schedule of Positions*

Agency: \_\_\_\_\_

**POSITIONS AND SALARIES SUPPORTING ACTUAL EXPENSES  
AND BUDGET ESTIMATES FOR AGENCY STAFF – ROUNDED TO NEAREST DOLLAR**

[Redacted Area]									

(14)

\*\* Full time staff will be noted as 1.00; half time as .50; quarter time as .25, etc.

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