



**2023-2024 PACT Application**

**Organization Information**

Today’s Date:
Agency’s Name:
Street Address:
City:
State:
ZIP:
Mailing Address (if different):
Agency’s Phone Number:
Agency’s Fax Number:
Agency’s Website Address:
Number of Employees:
Agency Mission Statement:

Primary Contact’s Name:
Primary Contact’s Email:

CEO’s Name:
CEO’s Title:
CEO’s Email:

**Program Information**

Program Name

Strategy Identification – Program Goals

Explain the program goals as they relate to the strategies identified in the RFP. Cite which strategy(ies) your program addresses (using the strategy number identified in the appendices of the RFP). Applications may identify strategies across impact areas and are encouraged to cite more than one strategy when applicable.

Program Summary

Summarize your proposed solution to the community need(s) that you are addressing and identify how the solution supports UWA’s strategy map. (200 word limit)

Amount Requested

Program Rationale of Need

Outline the need that you plan to meet through your program and how that need fits within the scope of UWA’s strategy map. Describe the need for this program.

Organizational Capacity

Describe the organization’s ability to deliver the services as described.

Outreach

Describe how the organization identifies clients for this program, including any outreach methods, referral mechanisms, and screening or intake processes. This answer should also identify the target population.

Access

Describe how the organization will make this program accessible to all potential clients.

Previous Funding

Has this program been funded by United Way of Acadiana within the last two years?

Staffing

Describe the staffing for the program, including the number of staff dedicated to the program, staff/client ratio for the program, and qualifications of program staff.

Volunteers

Does the program make use of volunteers? If so, please explain the role that volunteers play in the program and provide an estimate of the number of volunteers and the total number of hours served by those volunteers. (If you answered yes, do you use the United Way of Acadiana’s Volunteer Center to manage volunteers?)

Resources

List any resources necessary to achieve the program objectives. They may include volunteers, facilities, equipment, curricula, and money.

Fee Structure

If fees are a significant part of the funding for this program, describe the fee structure. Include subsidies available to clients who are unable to pay for services or ineligible for third-party subsidies.

Licensing or Accreditation

Has the organization secured any kind of licensing or accreditation in order to provide the services of this program? If so, please describe.

Community Relationships

Please describe any relationships with organizations who provide similar services, particularly as it relates to the goals of the program in this application. When applicable, describe the organization’s relationships with other providers working to meet the goals of the program, either collaboratively or through collective impact strategies.

Program Activities

What is the organization’s capacity to execute the strategies identified? Include a description of activities, previous work and successes relating to the strategies. (500 word limit)

Program Target Population

Please describe the individuals served by this program. In particular, discuss whether or not the program targets the ALICE population and/or persons of color. Please describe how this program seeks to close equity gaps related to health, financial stability, and/or education.

Program Evaluation

What methods will be used to consistently and accurately track data related to the strategies selected? In your answer, please identify sample metrics from the RFP as well as other metrics your program uses to address the strategy. Describe any collaborative efforts with similar service providers to collect impact data on the target population served.

Demographic Estimated Percentages

Male / Female % (Total 100%)

Male: %

Female: %

Age (Total 100%)

Under 5 years of age % -

5-12 years % -

13-18 years % -

19-24 years % -

25-59 years % -

60 years or over % -

Unknown Age % -

Race/Ethnicity (Total 100%)

Hispanic % -

Black % -

White % -

Asian % -

Native American % -

Other % -

Location (Total 100%)

Acadia Parish % -

St. Martin Parish % -

Vermilion Parish % -

Lafayette Parish % -

Other Demographic Information

ALICE % -

Below the Federal Poverty Line % -

Budget Narrative

Explain what makes up your funding and expenses, include proposed UWA funding and list any other program funding sources and details of their funding.

Program Budget Pace / Partial Funding

If UWA was unable to provide full funding for this application, would partial funding allow the proposed project to move forward?

Partial Funding Explanation

What else would you like us to know about your program?

Do you have a second program?

Additional Documents

* Upload your agency budget
* Upload your most recent 990
* Upload your 501c3
* Upload your Board of Directors list
* Letter of Support #1
* Letter of Support #2
* Letter of Support #3

Additional Comments Below: