

3. What is the vision for this program?

4. What is the strategy for achieving this vision and where are you in the process?

5. A. How are the results measured for this program? Please provide last year's measurements/evaluation. **You may attach your agency results report if available.**

B. What are the measurable outcomes (benefits or changes for program participants) for this program? Please list specific examples for each of the following as applicable for the program:

Short-term Outcomes (3-12 months):

Mid-term Outcomes (12-24 months):

Long-term Outcomes (24-36 months):

6. What is the profile of the program's client population (age, gender, race, income level) and what is the target population for this program?

7. What are the eligibility requirements for being served by this program, if any?

8. Are fees charged for the program services? Yes_____ No_____

9. If yes, how are fees determined?

10. From what city or general location within the county are the services delivered (Countywide, Lenoir City, Loudon, Greenback, Philadelphia or other)

Please provide number of clients served per location: (Must Include in application)
Lenoir City (37771 & 37772)_____ Loudon 37774)_____ Greenback (37742)_____
Philadelphia (37846)_____

11. What specific needs within the general context of **education, self-sufficiency**, and/or **health** are not being met and/or delivered in Loudon County?

12. For this program, please estimate the number of individuals (**Loudon County residents, Only**) in the following categories:

Number of Service Requests	Most Recent Fiscal Year	Next Fiscal Year (projected)
a. The number of people receiving ONE TIME services		
b. The number of people receiving MULTIPLE/REPEATED services Do not include people from question A. Unduplicated.		
TOTAL		

13. How has the agency been proactive in improving services while addressing emerging issues (external and internal, such as changes in TennCare, Medicare, funding resources and make-up of your clients and community)?

14. How does the service provided by this program relate to other services available to the target population (reference question no. 6), whether provided by the applicant or any other agency?

- a. Is this program a complement to another program? Yes _____ No _____
- b. Does it duplicate all or part of any other program? Yes _____ No _____

Please explain.

15. Which of the following is the primary focus of your program? Check all that apply.

- Intervention Services Educational Services
- Prevention Services Health Services
- Emergency Services

16. Has the Agency for this program pursued collaborative efforts with other service providers? If so, please describe the success of the collaboration and/or partnership in meeting the needs of Loudon County's residents. Yes _____ No _____ If yes, explain.

17. Will any funds provided by United Way be used to leverage other funding or resources? Yes _____ No _____ If yes, please explain.

18. Does this program receive any external quality review or accreditations?

Yes _____ No _____ If yes, explain.

19. PROGRAM SUCCESS STORY AND IMPACT DURING COVID PANDEMIC (Selected impacts may be highlighted in UWLC materials)

Reflecting on clients served by your program over the past 12 months and on the impact of the COVID pandemic on your agency, please share how the program changed to continue to provide services and to meet clients' needs. What steps did your agency take to ensure that the program continued in a safe environment? What has been the overall impact on your client's lives? How has this changed your agency (services, focus, approach to goals). Will changes be permanent? What did you learn from your clients and what did you learn about your agency?

Must be provided. Report may extend beyond 1 page, but no more than 2.