**United Way of Loudon County 2024-2025 Funding**

Section 3A

**Indicate**

**County: LOUDON COUNTY**

**Program Overview: For Fire & Rescue Agencies, Only**

**Agency Name:**

1. **Provide a description of the service(s) or equipment that funding will be used for.**
2. Please provide the number of employees and number of volunteers involved with this agency.
   1. No. Employees in program
   2. No. of Volunteers in program
3. What areas of the county do you serve (city, town and or communities):
4. Are fees or subscriptions charged for any services provided? Yes No If yes, explain.
5. If so, how are fees/subscriptions determined?
6. Do you provide assistance to other Fire & Rescue or other agencies? Yes No Which agencies:
7. For this program, please estimate the number of services provided:

|  |  |  |
| --- | --- | --- |
|  | Most Recent Fiscal Year | Next Fiscal Year  (projected) |
| a. How many fire calls responded to |  |  |
| b. How many rescues responded to |  |  |
| c. How many assists to other agencies |  |  |
| d. OTHER (note) |  |  |
| **e. TOTAL Services Provided** |  |  |

1. How has the agency been proactive in improving services while addressing emerging issues in the community served?
2. To what extent will any funds provided by United Way leverage other funding or resources?
3. Does this program receive any external quality review or accreditations? If so, explain.
4. **PROGRAM SUCCESS STORY AND IMPACT (Selected impacts may be highlighted in UWLC materials)**

Reflecting on clients served by your program over the past 12 months, please share how the program changed to continue to provide services and to meet clients’ needs. What has been the overall impact on your client’s lives? 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.