

WOMEN UNITED GRANT: FISCAL YEAR 2023-2024

Program Overview

Program Name:

1. Program Description

- a.** Is this an existing or new program?
 - i.** If new, clearly articulate the plan for implementation and strategy to attain clients.
 - ii.** If existing, clearly articulate the plan for expanding services or increasing clients.

- b.** Describe the primary activities and objectives of the program:

2. Community Need

a. Describe your target population and/or targeted geographic area:

b. Describe the need for the program:

3. Funding Overview

a. How will this funding be used to support your work?

3. Funding Overview Continued

b. List any additional funding/resources that will be used to supplement this work:

c. Describe the plan to sustain the program long-term:

4. Collaboration

a. Describe how the program collaborates with other organizations to enhance the quality of service for clients and reduces duplication of service across the county:

5. Measurable Results

a. How will data and assessments be used to inform your work?

b. Provide the quantifiable goals and outcomes that will be measured by this program:

c. How will you define program success?

5. Measurable Results Continued

- d.** What method(s) will you use to evaluate your results? (If existing program, please provide measures from the previous 2 years if applicable).