



FORM 2 A – PROGRAM INFORMATION – PAGE 1

Complete this form for **EACH** program you are submitting for funding. (Use a separate form for EACH program.)

AGENCY NAME:				
PROGRAM NAME:		CATEGORY:		
UWWC FUNDING REQUESTED FOR PROGRAM:		PROGRAM BUDGET:		
DID THIS PROGRAM RECEIVE FUNDING IN THE LAST FUNDING CYCLE FROM UWWC?				
IF FULL AMOUNT REQUESTED CANNOT BE FULFILLED, WHAT IS THE MINIMUM AMOUNT NEEDED TO SUSTAIN PROGRAM? INCLUDE ANY IMPLICATIONS TO SERVICES.				
EXPLAIN THE NEED FOR PROGRAM USING LOCAL DATA:				
WHAT IS YOUR PROGRAM CAPACITY:				
DO YOU HAVE A WAITING LIST FOR THIS PROGRAM:	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
IF YES, WHAT IS YOUR AVERAGE NUMBER OF CLIENTS ON LIST AND AVERAGE LENGTH OF TIME ON LIST:				
PROGRAM DESCRIPTION Must include: * Specifics of program (activities/care provided, how often does program occur, dates, time, etc.) * Who does your organization most often serve? (e.g. adults, youth, adults w/ disabilities, etc.)				

FORM 2 A – PROGRAM INFORMATION – PAGE 2

Complete this form for EACH program you are submitting for funding. (Use a separate form for EACH program.)

AGENCY NAME:			
PROGRAM NAME:		CATEGORY:	
<p>OVERALL PROGRAM GOAL(S) What do you plan to accomplish in this program in the next FY?</p>			
<p>PROGRAM OBJECTIVES How will you meet your goal(s)?</p>			
<p>PROGRAM EFFECTIVENESS/SUCCESS How is this measured?</p>			
HOW OFTEN ARE THE PROGRAM'S PERFORMANCE OBJECTIVES AND OUTCOMES REVIEWED, AND BY WHO?			
<p>PROGRAM ACHIEVEMENTS List & explain your program achievements. *Be specific.</p>			

FORM 2 B – DEMOGRAPHIC INFORMATION

Complete this form for EACH program you are submitting for funding. (Use a separate form for EACH program.)

AGENCY NAME:			
PROGRAM NAME:		CATEGORY:	

NUMBER OF WILL COUNTY RESIDENTS SERVED BY PROGRAM & CORRESPONDING DEMOGRAPHICS

BY UW FUNDING YEAR	Projected 2018 (7/1/17 – 6/30/18)		On Target 2017 (7/1/16 – 6/30/17)		PROVIDE EXPLANATION FOR ANY % OF CHANGE \geq/\leq 10%
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BY CALENDAR YEAR	2016 (1/1/16 – 12/31/16)		2015 (1/1/15 – 12/31/15)		PROVIDE EXPLANATION FOR ANY % OF CHANGE \geq/\leq 10%
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#S SERVED IN CALENDAR YEAR 2016	
MALE	
FEMALE	
TOTAL	

RACE		
	NUMBER	PERCENTAGE
WHITE		
BLACK		
HISPANIC		
OTHER		
TOTAL		100%

**ECONOMICALLY DISADVANTAGED		
	NUMBER	PERCENTAGE
WHITE		
BLACK		
HISPANIC		
OTHER		
TOTAL		

**\$24,300 annual income per family of four
<https://aspe.hhs.gov/poverty-guidelines>

PLEASE USE ATTACHMENT NAMED **SIMPLE EXCEL CALCULATOR** TO DETERMINE TOTAL VALUES AND PERCENTAGES. THEN, TAKE THAT DATA FROM THE CALCULATOR AND ENTER HERE.



FORM 2 C – MUNICIPAL BREAKDOWN OF CLIENTS SERVED BY PROGRAM
Complete this form for EACH program you are submitting for funding. (Use a separate form for EACH program.)

AGENCY NAME:	
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PROGRAM NAME:	
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Instructions:

1. Enter the number of individuals served by stated program during Calendar Year 2016. Count each individual only once.

Municipality	Individuals Served
Beecher	
Bolingbrook	
Braidwood	
Channahon	
Crest Hill	
Crete	
Custer Park	
Elwood	
Frankfort	
Green Garden	
Homer Glen	
Joliet	
Lockport	
Manhattan	
Minooka	
Mokena	
Monee	
Naperville (Will County only)	
New Lenox	
Peotone	
Plainfield	
Rockdale	
Romeoville	
Shorewood	
Steger	
Tinley Park (Will County only)	
University Park	
Wilmington	
Other	
TOTAL	