**Program Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Section 4: Program Finances**

**(2 pages maximum not including budget narrative attachments for Question #9)**

1. **Describe specifically how United Way funds will be used to achieve the**

**Program’s stated outcomes.**

2. List the number of employees and volunteers involved with this program.

# of Employees\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# of Volunteers\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Please estimate the number of Sevier County individuals served by this program:

|  |  |  |  |
| --- | --- | --- | --- |
|  | Most Recent  Fiscal Year |  | **Next Fiscal**  **Year (projected)** |
| # of people receiving one-time services |  |  |  |
| # of people receiving multiple/ongoing services |  |  |  |
| **Total # of people receiving services** |  |  |  |

4. Provide a rationale for any increase in requested United Way funding compared

to the previous year.

5. Are fees charged for program services? Why or why not? If so, how are fees

determined?

6. Discuss any potential sources or scenarios in which United Way funds may be

matched or leveraged. Provide source and amount matched.

7. Describe any anticipated financial constraints during your funding year (e.g., state and/or federal cuts, end of grant or matching funds, etc.).

8. What % of budgeted income has been secured for the upcoming year?

9. Please attach a budget narrative including the following information:

1) A narrative explanation of all program budget line items (both expense and

revenue) in Section 6 that increase/decrease in excess of 10% [Note: Any

variance of 10% but under $500 need not be explained.];

2) An explanation of all miscellaneous expenditures in the Program Budget

(Section 5, line item 9400);

3) An explanation of any surplus funds

4) An explanation of agency reserves for both capital expenditures and operation

expenses.