|  |  |  |  |
| --- | --- | --- | --- |
| **C-1** | **Program Name:**  Click here to enter text. | | **Community Impact Category:**  **Education  Health/Safety  Income** |
| **Program Goal & Target Population:**  Click here to enter text. | | | |
| **Total Program Cost: $ \_\_\_\_\_\_\_** | | **United Way Funds Requested for this Program: $ \_\_\_\_\_\_\_** | |
| **Section 3: Outcomes** | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Desired Outcome**  Results you intend to achieve as a direct result of this program. These may relate to knowledge, skills, attitudes, values, behaviors, condition, or status. | **Indicator**  Specific items of information that track a program’s success on outcomes. | **Target**  Outcome goals for FY 2014 program | **Data Source**  What you are using to measure your data, i.e. survey, staff observation |
| *Example: Students will improve their academic achievement* | *# & % of students that show improvement in test scores* | *Of the 100 students, 80/80% will show improvement in their test scores* | *Test scores*  *Youth survey* |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

***(Use additional sheets labeled C-2, etc.. for each program)***

***Additional Program Sheets can be downloaded at: www.unitedwayenid.org/?***