



Providing Basic Needs and Responding to Crisis Program Information

From the following list please select the **(1)** priority that this program addresses.

Legal Services	Emergency Food	Utility Assistance	Shelter
<input type="checkbox"/> Tenants rights and Evictions	<input type="checkbox"/> Food	<input type="checkbox"/> Heating Assistance	<input type="checkbox"/> Transitional Housing
<input type="checkbox"/> Homelessness	<input type="checkbox"/> Onsite Meal Program	<input type="checkbox"/> Electric Assistance	<input type="checkbox"/> Vouchers Temporary Shelter
<input type="checkbox"/> Legal Advice Seniors		<input type="checkbox"/> Advocacy	

1. What are the community/participant problems, issues and challenges being addressed by this program. Cite sources to support your statement. (County sources most helpful when available.)

2. How does this program specifically address the impact issue(s) chosen above?

3. Describe the goals of this program: (Consider the problem and what impact you want to have on the problem.)

4. Target Population: Describe, as specifically as possible, the clientele this program is serving.

Number of individuals/clients served in the:

Current budget year: _____ proposed budget year: _____

5. Specify the geographic area this program will serve:

6. Provide specific information on your degree of success in meeting the program outcomes including numbers and percentages, presented in last year's packet. Please restate outcomes. (if this program was not funded by UWCMC last year, please still indicate the program's success)

7. Describe a unit of service for this program: (i.e. a client, session, phone call)

8. Provide the number of units of service provided in the current budget year _____ and the proposed budget year _____.

9. Describe how the program will be accessible to the target population. (i.e. location(s), transportation, hours of operation, mobile services, etc.)

Is the program location handicap accessible? Yes No

10. Please list and describe any collaborative efforts the agency and program actively participates that directly contribute to the achievement of the outcomes listed.

11. Are there fees charged for this program? Yes No
If yes, what is the agency's policy regarding individuals who cannot pay?

12. Describe volunteer involvement in the program including the number of volunteers and the general functions they perform. If volunteers are not utilized, why not?

13. Does another program in Cape May County provide a similar service? If yes, why is there a need for more than one program? How is your program unique?

14. Within two paragraphs please provide additional information, if any, you feel is pertinent to this program that may not have been addressed by the previous questions.

Please complete the following: Does the agency have a website? Yes No
If yes, does the site include links to: United Way of Cape May County?