

2015 HKUW OPPORTUNITY FUNDING

Program Name:

Primary Contact:

Address:

E-Mail Address:

Phone Number(s):

Identified HKUW Priority:

Justification for Program and Funding.

Provide a detailed description of program implementation and operations. Be sure to include information as to how the program will address the identified priority.

Indicate if this is a one-time request or if there is a potential to request funding long-term (i.e. through Community Investment Process).

Outcome Measurement

Provide a detailed description as to how you will know the program is successful and making a difference in the lives of those it serves. Indicate data you will provide to demonstrate the desired improvements in the target population.

Amount of Request:

RFP: How Will Funds Be Used?

Description	Amount
TOTAL	

Please submit proof of non-profit status as a separate attachment.

Will this effort be financially supported by other means? Please provide specific information.

Provide any additional information which will support your proposal.

Non-Profit Status

Please submit proof of non-profit status as a separate attachment.

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