

# CHILDREN'S SERVICES COUNCIL/UNITED WAY CONTINUOUS IMPROVEMENT INITIATIVE APPLICATION

## CONTACT INFORMATION

|          |                  |
|----------|------------------|
| Agency:  | Contact:         |
| E-mail:  | Phone: (    )    |
| Address: | Title:           |
| City:    | State:    , Zip: |

## CURRENT REQUEST

Which Category of Assistance are you requesting?

- Organization Development Supports     
  IT Infrastructure     
  Agency Accreditation (Nonprofits First)

What is your agency's operating budget? \$

Amount Requested: \$

## REQUEST HISTORY

Have you applied for Continuous Improvement Initiative funding in the past two years?  Yes  No

If yes, please answer the following questions:

When did you apply?

Were you approved for funding?

What category(ies) of assistance?

## SPONSOR AFFILIATION

Who provides funding to your agency? \_\_\_\_\_ CSC    \_\_\_\_\_ United Way    \_\_\_\_\_ Both

CSC Funded Agencies: Name of Program Officer(s) or Lead Agency (if subcontractor)

United Way Funded Agencies: Name of Community Impact Staff

## APPLICATION CHECKLIST

**REMINDER!** Applications must be complete and include all requested information in order to be considered.

- Application Cover Page
- Application Questions

Applications for the following categories of assistance must also include the following:

- Organization Development Supports: Copy of Action Plan/Proposed Scope of Work and 2 Quotes from Vendors
- IT Infrastructure: Technology Plan and 2 Quotes from Vendors
- Agency Accreditation: Nonprofits First Invoice

## SIGNATURE

*Your signature below indicates your commitment to follow through with the resources you have requested in the application and to provide a Project Report at the completion:*

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## SUBMISSION INSTRUCTIONS

**Email completed application to:**

Tamara Worley, United Way's Contracts & Initiatives Manager at [TamaraWorley@unitedwaybbc.org](mailto:TamaraWorley@unitedwaybbc.org)

**Subject line of the email should read:**

Continuous Improvement Initiative Application – Name of Your Organization

**DIRECTIONS:** Answer the following questions and be as specific and succinct as possible.

1. Provide an overview of the supports/resources needed and why you believe these are needed. Please indicate any efforts your organization has already made in this area.

2. Describe the anticipated impact of requested supports/resources.



