**MAY 2016 APPLICATION FOR GRANT AWARD OF 2017  
Shawnee County Service Social Service Programs**

|  |  |
| --- | --- |
| **Applicant Agency** | Applicant Agency. |
| **Agency Director** | Agency director |
| **Street Address** | Street address |
| **City, State, Zip** | City, State, ZIP |
| **Phone and Email** | Phone and Email |
| **IRS Employer ID Number** | IRS Employer ID Number |

Funding and Program Name(s) (by program):

|  |  |  |
| --- | --- | --- |
| 1 program name | $ amount | $ amount |
| 2 program name | $ amount | $ amount |
| 3 program name | $ amount | $ amount |
| **Total Request** | **$ amount** | **$ amount** |

Briefly summarize the program. Identify the cost changes which account for the difference between current funding and requested funding in 60 words or less.  
Click here to enter text.

|  |  |  |
| --- | --- | --- |
|  | **Form** | **Page** |
| **Agency Summary** | **1** | number |
| **Agency Responsibility – Board List (Please attach)** | **2** | number |
| **Current Services Revenues by Natural Account** | **3** | number |
| **Current Services Expenditures by Natural Account** | **4** | number |
| **Copy of Audited Statement of Financial Position** | **5** | number |
| **Copy of Latest Audited Statement of Activities** | **6** | number |
| **Profit and Loss Statement** | **7** | number |
| **Schedule of Salary Expenses – 2015** | **8** | number |
| **Schedule of Salary Expenses – Proposed Budget** | **9** | number |
| **Program Beneficiary Statistics** | **10** | number |
| **Programs Info for Which Funding is Requested** | **11** | number |
| **Programs Info for Which Funding is Requested** | **11A** | number |
| **Programs Info for Which Funding is Requested** | **11B** | number |
| **Programs Info for Which Funding is Requested** | **11C** | number |
| **Programs Actual Budget (2015)** | **11D** | number |
| **Programs Proposed Budget (2016)** | **11E** | number |
| **Schedule of Positions and Salaries** | **11F** | number |
| **Programs Results - 2015** | **12** | number |
| **Strategic Plan** | **13** | number |

Cover Page 2016

**FORM 1  
AGENCY SUMMARY**

1. What is the agency's total budget request contributed by this source as compared to the total agency revenue?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Year** | **2014** | **2015** | **2016** | **2017** |
| **% of Budget** | percent | percent | percent | percent |

1. What is has been the average board attendance percentage over the last 3 years?

|  |  |  |  |
| --- | --- | --- | --- |
| **Year** | **2013** | **2014** | **2015** |
| **% of Attendance** | percent | percent | percent |

1. What is the program's total budget request contributed by this source as compared to the total program revenue.

|  |  |  |  |
| --- | --- | --- | --- |
| **Year** | **2015** | **2016** | **2017** |
| **Program 1** | amount | amount | amount |
| **Program 2** | amount | amount | amount |
| **Program 3** | amount | amount | amount |
| **Program 4** | amount | amount | amount |
| **Program 5** | amount | amount | amount |
| **Program 6** | amount | amount | amount |

1. Please calculate your management/fundraising percentage rates from your Form 990. To Calculate ADD Part IX, column (C) line 25 (mgt. and general) to Part IX, column (D), line revenue). and DIVIDE this total by Part I, line 12 (total25 (fundraising)

|  |  |  |
| --- | --- | --- |
| **Year** | **2015** | **2016** |
| **% of** | percent | percent |

1. What is the percentage rate of the agency’s total budget request contributed by all funding sources?

|  |  |
| --- | --- |
| **Sources** | **% of Budget** |
| **Fee For Service** | percent |
| **County** | percent |
| **State** | percent |
| **City** | percent |
| **Federal** | percent |
| **United Way** | percent |
| **Donation** | percent |
| **Special Events** | percent |
| **Misc. Grants** | percent |
| **Other** | percent |

Agency Summary Form 1 2016

**FORM 2  
AGENCY RESPONSIBILITY – BOARD CONTROL**

1. Submit a list of current officers and members of the Board of Directors, including name, address, and position on board.

Enter current officers and members of the board of directors including name, address and position on board

1. Board Composition:

How is the Board representative of community and of people served by your agency? Indicate number of board members in each of the following categories:

|  |  |  |
| --- | --- | --- |
|  | **No.** | **Pct.** |
| **Men** | Number | number |
| **Women** | number | number |
| **Black** | number | number |
| **Hispanic** | number | number |
| **Native American** | number | number |
| **White** | number | number |
| **Asian** | number | number |
| **Persons with Disabilities** | number | number |
| **Other** | number | number |
| **Total** | number | number |

1. Average percentage of board membership attending meetings in the past 12 months.

Percentage

1. Evaluation of Agency:   
   Has this local program been evaluated by a national affiliate of the agency or has it completed a Self-Evaluation process within the past three years?  
   Choose yes or no

**BUDGET Form 3   
CURRENT SERVICES EXPENDITURES BY NATURAL ACCOUNT**

Choose an item.

**AGENCY NAME**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Agency Name | **2014 Audited Actual** | **2015 Audited Actual** | **2016**  **Projected**  **Actual** | **2017 Proposed Budget** | **Foot**  **note** |
| **Contributions** | amount | amount | amount | amount | note |
| **Net Proceeds Special Events** | amount | amount | amount | amount | note |
|  | amount | amount | amount | amount | note |
|  | amount | amount | amount | amount | note |
| **Other Funds (list)** | amount | amount | amount | amount | note |
|  | amount | amount | amount | amount | note |
|  | amount | amount | amount | amount | note |
|  | amount | amount | amount | amount | note |
|  | amount | amount | amount | amount | note |
| **United Way of Greater Topeka** | amount | amount | amount | amount | note |
| **Fees and Grants from Government Agencies (list)** | amount | amount | amount | amount | note |
|  | amount | amount | amount | amount | note |
|  | amount | amount | amount | amount | note |
|  | amount | amount | amount | amount | note |
|  | amount | amount | amount | amount | note |
|  | amount | amount | amount | amount | note |
|  | amount | amount | amount | amount | note |
|  | amount | amount | Amount | amount | note |
|  | amount | amount | amount | amount | note |
| **Membership Dues** | amount | amount | amount | amount | note |
| **Program Income** | amount | amount | amount | amount | note |
| **Sales** | amount | amount | amount | amount | note |
| **Investment Income** | amount | amount | amount | amount | note |
| **Miscellaneous** | amount | amount | amount | amount | note |
| **TOTAL SUPPORT/REVENUE DIRECT** | amount | amount | amount | amount | note |
| **Percent increase from this source** | amount | amount | amount | amount | note |
| **Percent increase all other sources** | amount | amount | amount | amount | note |
| **TOTAL EXPENDITURES (from Form 3b)** | amount | amount | amount | amount | note |
| **Percent increase in Expenditures** | amount | amount | amount | amount | note |
| **SUBTOTAL – Revenue minus Expenditures** | amount | amount | amount | amount | note |
| **Inter-fund Transfers & Other Reconciling Items\*\*** | amount | amount | amount | amount | note |
| **Total Increase (Decrease) in Net Assets\*** | amount | amount | amount | amount | note |
| **Net Assets – Beginning Bal.\*** | amount | amount | amount | amount | note |
| **Net Assets – Year-End Bal.** | amount | amount | amount | amount | note |

\*Net Assets include both unrestricted and temporarily restricted funds (For cash balance see Form 3b)

Budget Form 3 2016

Click here to enter text. Enter date

Chief Volunteer Officer/Board Chair Date

Click here to enter text. Enter date

Chief Executive Officer Date

**BUDGET Form 4**

**CURRENT SERVICES EXPENDITURES BY NATURAL ACCOUNT**

**AGENCY NAME**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Agency Name | **2014 Audited Actual** | **20145**  **Audited Actual** | **2016**  **Projected Actual** | **2017 Proposed Budget** | **Footnote** |
| **EXPENDITURES FOR CURRENT SERVICE OPERATIONS**  **Salaries:** | number | number | number | number | note |
| **Professional Staff (Form 10)** | number | number | number | number | note |
| **Clerical Staff (Form 10)** | number | number | number | number | note |
| **Maintenance Staff (Form 10)** | number | number | number | number | note |
| **Other (Form 10)** | number | number | number | number | note |
| **Employee Health & Retirement Benefits** | number | number | number | number | note |
| **Health Insurance** | number | number | number | number | note |
| **Retirement** | number | number | number | number | note |
| **Other (specify)** | number | number | number | number | note |
| **Employee Taxes, etc.** | number | number | number | number | note |
| **FICA** | number | number | number | number | note |
| **Unemployment Insurance** | number | number | number | number | note |
| **Contractual Services (Audit, etc.)** | number | number | number | number | note |
| **Supplies** | number | number | number | number | note |
| **Office** | number | number | number | number | note |
| **Other (specify)** | number | number | number | number | note |
| **Telephone** | number | number | number | number | note |
| **Postage and Shipping** | number | number | number | number | note |
| **Occupancy** | number | number | number | number | note |
| **Rent of Space** | number | number | number | number | note |
| **Utilities** | number | number | number | number | note |
| **Site Maintenance/Repair** | number | number | number | number | note |
| **Other Occupancy Costs** | number | number | number | number | note |
| **Outside Printing, Art Work, etc.** | number | number | number | number | note |
| **Local Transportation** | number | number | number | number | note |
| **Conferences, Workshops, etc.** | number | number | number | number | note |
| **Subscriptions & Reference Publications** | number | number | number | number | note |
| **Direct Assistance to Clients** | number | number | number | number | note |
| **Insurance/Bonding** | number | number | number | number | note |
| **Organization Dues/Memberships (other than Acct. 5000)** | number | number | number | number | note |
| **Equipment & Other Fixed Assets** | number | number | number | number | note |
| **Equipment Maintenance, Repair and Rental** | number | number | number | number | note |
| **Other (specify)** | number | number | number | number | note |
| **Miscellaneous** | number | number | number | number | note |
| **TOTAL SERVICE EXPENDITURES** | number | number | number | number | note |
| **Dues Support Payments to National Cover 2015** | number | number | number | number | note |
| **TOTAL EXPENDITURES (to Form 3a)** | number | number | number | number | note |

Budget Form 3b 2016

**Budget Form 5**

**Audited Statement of Financial Position**

**Please replace this page with a copy of your last year’s audited Statement of Financial Position. If this is unavailable, please replace with you year-end unaudited Statement of Financial Position.**

**Budget Form 6**

**Audited Statement of Activities**

**Please replace this page with last year’s audited Statement of Activities. If this is unavailable, please replace with your year-end unaudited Statement of Activities.**

**Budget Form 7**

**Profit and Loss Statement**

**Please replace this page with the most recent unaudited Profit & Loss Statement.**

**Form 8**

**SCHEDULE OF SALARY EXPENSES  
Agency Staff  
2016******

**Double click on the above spreadsheet to populate.**

Please provide a position list for program salaries and indirect salaries.

**FORM 9**

**SCHEDULE OF SALARY EXPENSES  
Proposed Budget for Agency Staff  
2017**  


**Double click on the above spreadsheet to populate.**

Please provide position list for program salaries and indirect salaries.

**Budget Form 10**

**PROGRAM BENEFICIARY STATISTICS  
Actual Data for 2015/2016**

**AGENCY NAME**

Agency Name

**Characteristics** **Program Names**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Enter Characteristics | name | name | name | name | name |  |  |
| 1. Unduplicated Count of Program Beneficiaries   (TOTAL) | number | number | number | number | number | TOTAL | Foot Note |
| 1. AGE GROUP |  |  |  |  |  |  |  |
| 2a. | number | number | number | number | number | number |  |
| 2b. | number | number | number | number | number | number |  |
| 2c. | number | number | number | number | number | number |  |
| 2d. | number | number | number | number | number | number |  |
| 2e. | number | number | number | number | number | number |  |
| 1. SEX | number | number | number | number | number | number |  |
| 3a. Male | number | number | number | number | number | number |  |
| 3b. Female | number | number | number | number | number | number |  |
| 1. ETHNIC BACKGROUND | number | number | number | number | number | number |  |
| 4a. White | number | number | number | number | number | number |  |
| 4b. Black | number | number | number | number | number | number |  |
| 4c. Hispanic | number | number | number | number | number | number |  |
| 4d. Native American | number | number | number | number | number | number |  |
| 4e. Asian American | number | number | number | number | number | number |  |
| 4f. Not known | number | number | number | number | number | number |  |
| 1. Location of Residence List by Zip or Census Tract | number | number | number | number | number | number |  |
| 5a. | number | number | number | Click here to number text. | number | number |  |
| 5b. | number | number | number | number | number | number |  |
| 5c. | number | number | number | number | number | number |  |
| 5d. | number | number | number | number | number | number |  |
| 5e. | number | number | number | number | number | number |  |
| 5f. | number | number | number | number | number | number |  |
| 1. INCOME LEVEL | number | number | number | number | number | number |  |
| 6a. Below 50% of\* Median Income | number | number | number | number | number | number |  |
| 6b. Above 50%/Below 80%\*\* | number | number | number | number | number | number |  |
| 6c. All Others | number | number | number | number | number | number |  |
| 6d. Income Unknown | number | number | number | number | number | number |  |

Budget Form 12 2016

**PROGRAMS FOR WHICH FUNDING IS REQUESTED Form 11  
PROGRAM(S) INFORMATION**

AGENCY NAME: Agency Name  
PROGRAM NAME: Program Name  
FULL ADDRESS(S) WHERE PROGRAM OCCURS: Full Address

**(PLEASE COMPLETE THIS FORM FOR EACH PROGRAM FOR**

**WHICH FUNDING IS REQUESTED)**

1. Program Name:

Program Name and description, including months of operation if not year round

1. Program description as you would want the program described to consumers

Click here to enter text.

1. Licensure, Accreditation and/or Certification (Complete if required for program’s operation)
   1. By whom: Click here to enter text
   2. As what: Click here to enter text.
   3. Date renewed: date renewed
2. Number of years of continuous operation, and anticipated termination date of program (if applicable).

Click here to enter text.

1. Number of year this program had received funding capacity.

Click here to enter text.

1. Program Utilization (see instructions)

|  |  |  |
| --- | --- | --- |
|  | Unduplicated Count | Capacity |
| 1. Number of unduplicated individuals served in 2015 | number | number |
| 1. Estimate for 2016 | number | number |
| 1. Projected for 2017 | number | number |
| 1. Number not served (on waiting list) | number | number |

1. Actual use (daily census) participation rate for the most recent four quarters:

Choose date range

**Form 11A Program(s) Information Continued**

1. Fee structures/scales (please attach if applicable).
2. What community problem(s) or need(s) does this program address?

Click here to enter text.

1. Who are your client populations?

Click here to enter text.

10a. What are the program outcome goals? (What difference will your program make for participants or the target population?)

Click here to enter text.

10b. What measure(s) or units will be used to compute cost per successful program outcomes?

Click here to enter text.

10c. Specify the cost per unit for program outcomes.

Click here to enter text.

1. Provide justification for the proposed unit costs for outcomes.

Click here to enter text.

**FORM 11B Program(s) Information Continued**

1. List the specific program activities that help the client reach their outcome or goal.

Click here to enter text.

1. Give examples of how client outcome results are used to change or improve the program.

Click here to enter text.

1. Please list community organizations with whom this program collaborates and give examples of how this program works with these organizations to deliver the services efficiently and effectively.

Click here to enter text.

1. What donated goods and/or volunteer services do you receive that add value to this program?

Click here to enter text.

**FORM 11C Program(s) Information Continued**

1. Tell why the program needs the requested support. Summarize the program and cost changes which account for the difference between current funding and the request, if any. Describe how the requested funding relates to program performance and client outcomes.

Click here to enter text.

1. Describe unit of service used to compute unit cost of this program. This is different than outcome cost. Be sure to list total unit cost in the proposed budget by program Form 6 (at the bottom of page).

Click here to enter text.

1. Program Line Item Budget – ACTUAL (see next actual budget page).

Click here to enter text.

1. Program Line Item Budget – PROPOSED (see next proposed budget page).

Click here to enter text.

**ACTUAL BUDGET BY PROGRAM(S) 2016 Form 11D**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **REVENUE FOR THIS PROGRAM**  **(SHAWNEE COUNTY**  **SOCIAL SERVICES GRANT)** | Program 1 | Program 2 | Total for Programs Funded by This Source | All Other Programs & Expenses Not Funded by Source | Footnote |
| **INCOME & REVENUE** |  |  |  |  |  |
| Request from Source | number | number | number | number | note |
| Contributions Unrestricted | number | number | number | number | note |
| Contributions Restricted | number | number | number | number | note |
| Fund Raising & Special Events | number | number | number | number | note |
| Contributed by Associated Orgs. | number | number | number | number | note |
| Allocated by United Way | number | number | number | number | note |
| Government Income (other than this) | number | number | number | number | note |
| Program Generated Support | number | number | number | number | note |
| Other Earned Income | number | number | number | number | note |
| **TOTAL REVENUE** | number | number | number | number | note |
| **PERCENT THIS SOURCE** | number | number | number | number | note |
|  |  |  |  |  |  |
| **EXPENDITURES FOR THIS PROGRAM** | number | number | number | number | note |
| Salaries (see Form 8 & use footnotes) | number | number | number | number | note |
| Employee Health & Retirement Benefits | number | number | number | number | note |
| Employee Taxes, etc. | number | number | number | number | note |
| Audit and Contractual Services | number | number | number | number | note |
| Supplies | number | number | number | number | note |
| Office | number | number | number | number | note |
| Other (specify) | number | number | number | number | note |
| Telephone | number | number | number | number | note |
| Postage & Shipping | number | number | number | number | note |
| Occupancy | number | number | number | number | note |
| Rent of Space | number | number | number | number | note |
| Utilities | number | number | number | number | note |
| Site Maintenance/Repair | number | number | number | number | note |
| Other Occupancy Costs | number | number | number | number | note |
| Outside Printing, Art Work, etc. | number | number | number | number | note |
| Local Transportation | number | number | number | number | note |
| Conferences, Workshops, etc. | number | number | number | number | note |
| Subscriptions & Reference Publications | number | number | number | number | note |
| Direct Assistance to Clients | number | number | number | number | note |
| Insurance/Bonding | number | number | number | number | note |
| Organization Dues/Memberships | number | number | number | number | note |
| Equipment & Other Fixed Assets | number | number | number | number | note |
| Equipment Maintenance, Repair & Rental | number | number | number | number | note |
| Other (specify) | number | number | number | number | note |
| Miscellaneous | number | number | number | number | note |
| **SUBTOTAL PROGRAM EXPENDITURES** | number | number | number | number | note |
| **INDIRECT COSTS** |  |  |  |  |  |
| Dues Support Payments to National Parent Organization | number | number | number | number | note |
| Fund Raising Expense | number | number | number | number | note |
| All Other Indirect Expenses | number | number | number | number | note |
| **Cover 2016** | number | number | number | number | note |
|  |  |  |  |  |  |
| **Unit of service** | number | number | number | number | note |
| **Unit cost 2016 Budget Year** | number | number | number | number | note |

Program Budget Form 13D 2016

**PROPOSED BUDGET PROGRAMS(S) 2017 Form 11E**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **REVENUE FOR THIS PROGRAM**  **(SHAWNEE COUNTY**  **SOCIAL SERVICES GRANT)** | Program 1 | Program 2 | Total for Programs Funded by This Source | All Other Programs & Expenses Not Funded by This Source | Footnote |
| **INCOME & REVENUE** |  |  |  |  |  |
| Request from Source | number | number | number | number | note |
| Contributions Unrestricted | number | number | number | number | note |
| Contributions Restricted | number | number | number | number | note |
| Fund Raising & Special Events | number | number | number | number | note |
| Contributed by Associated Orgs. | number | number | number | number | note |
| Allocated by United Way | number | number | number | number | note |
| Government Income (other than this) | number | number | number | number | note |
| Program Generated Support | number | number | number | number | note |
| Other Earned Income | number | number | number | number | note |
| **TOTAL REVENUE** | number | number | number | number | note |
| **PERCENT THIS SOURCE** | number | number | number | number | note |
|  |  |  |  |  |  |
| **EXPENDITURES FOR THIS PROGRAM** | number | number | number | number | note |
| Salaries (see Form 8 & use footnotes) | number | number | number | number | note |
| Employee Health & Retirement Benefits | number | number | number | number | note |
| Employee Taxes, etc. | number | number | number | number | note |
| Audit and Contractual Services | number | number | number | number | note |
| Supplies | number | number | number | number | note |
| Office | number | number | number | number | note |
| Other (specify) | number | number | number | number | note |
| Telephone | number | number | number | number | note |
| Postage & Shipping | number | number | number | number | note |
| Occupancy | number | number | number | number | note |
| Rent of Space | number | number | number | number | note |
| Utilities | number | number | number | number | note |
| Site Maintenance/Repair | number | number | number | number | note |
| Other Occupancy Costs | number | number | number | number | note |
| Outside Printing, Art Work, etc. | number | number | number | number | note |
| Local Transportation | number | number | number | number | note |
| Conferences, Workshops, etc. | number | number | number | number | note |
| Subscriptions & Reference Publications | number | number | number | number | note |
| Direct Assistance to Clients | number | number | number | number | note |
| Insurance/Bonding | number | number | number | number | note |
| Organization Dues/Memberships | number | number | number | number | note |
| Equipment & Other Fixed Assets | number | number | number | number | note |
| Equipment Maintenance, Repair & Rental | number | number | number | number | note |
| Other (specify) | number | number | number | number | note |
| Miscellaneous | number | number | number | number | note |
| **SUBTOTAL PROGRAM EXPENDITURES** | number | number | number | number | note |
| **INDIRECT COSTS** |  |  |  |  |  |
| Dues Support Payments to National Parent Organization | number | number | number | number | note |
| Fund Raising Expense | number | number | number | number | number |
| All Other Indirect Expenses | number | number | number | number | number |
| **Cover 2016** | number | number | number | number | note |
|  |  |  |  |  |  |
| **Unit of service** | number | number | number | number | note |
| **Unit cost Budget Year 2017** | number | number | number | number | note |

Program Budget Form 13E 2016

**SCHEDULE OF POSITIONS AND SALARIES Form 11F**

1. Program Positions and Salaries

**Supporting Actual Expenditures and Budget Estimates for Agency Staff**

Use this form to list all positions for the proposed program and the percent of time each is costing to the program. If you have only one program and all positions are listed on Form 6, you may omit this form.

**PROGRAM NAME**Program Name

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | 2015 | 2016 | 2017 |  |  |  |
| Acct. No. | Classification  (List Individual Positions) | Audited Actual | Projected Actual | Overall Total Amount Proposed | 2017 Percent Charged to Social Program | Dollar Increase or (Decrease) Over Prior Year | Footnote |
| 2110 | Professional Staff: |  |  |  |  |  |  |
|  |  | number | number | number | number | number | note |
|  |  | number | number | number | number | number | note |
|  |  | number | number | number | number | number | note |
|  |  | number | number | number | number | number | note |
|  |  | number | number | number | number | number | note |
|  |  | number | number | number | number | number | note |
|  |  | number | number | number | number | number | note |
|  |  | number | number | number | number | number | note |
|  | Subtotals | number | number | number | number | number | note |
|  |  |  |  |  |  |  |  |
| 2150 | Clerical Staff: |  |  |  |  |  |  |
|  |  | number | number | number | number | number | note |
|  |  | number | number | number | number | number | note |
|  |  | number | number | number | number | number | note |
|  |  | number | number | number | number | number | note |
|  |  | number | number | number | number | number | note |
|  |  | number | number | number | number | number | note |
|  | Subtotals | number | number | number | number | number | note |
|  |  |  |  |  |  |  |  |
| 2170 | Maintenance Staff: |  |  |  |  |  |  |
|  |  | number | number | number | number | number | note |
|  |  | number | number | number | number | number | note |
|  |  | number | number | number | number | number | note |
|  |  | number | number | number | number | number | note |
|  |  | number | number | number | number | number | note |
|  |  | number | number | number | number | number | note |
|  | Subtotals | number | number | number | number | number | note |
|  |  |  |  |  |  |  |  |
| 2190 | Other Staff: |  |  |  |  |  |  |
|  |  | number | number | number | number | number | note |
|  |  | number | number | number | number | number | note |
|  |  | number | number | number | number | number | note |
|  |  | number | number | number | number | number | note |
|  |  | number | number | number | number | number | note |
|  |  | number | number | number | number | number | note |
|  | Subtotals | number | number | number | number | number | note |
|  | Totals | number | number | number | number | number | note |

**Form 11F 2016**

**RESULTS FORM 12**

**Program Results 2016**

**Outputs: Number of Activities**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Measure** | **Proposed Last Year 2015** | **Actual Last Year 2015** | **Projected This Year 2016** | **Proposed New Year 2017** | **Footnote** |
| Example: # of counseling sessions | 200 | 250 | 190 | 200 |  |
| Click here to enter text. | number | number | number | number | note |
| Click here to enter text. | number | number | number | number | note |
| Click here to enter text. | number | number | number | number | note |
| Click here to enter text. | number | number | number | number | note |
| Click here to enter text. | number | number | number | number | note |
| Click here to enter text. | number | number | number | number | note |

**How have you used the output data to improve your program?**  
Click here to enter text.

**Outcomes: Client Benefits**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Outcome and Indicator** | **Proposed Last Year 2015** | **Actual Last Year 2015** | **Projected This Year 2016** | **Proposed New Year 2017** | **Footnote** |
| Example: “90% of the children graduation from the program will be able to demonstrate all skills in the Ready to Learn Checklist” | 79.0% | 70.0% | 75.0% | 80.0% |  |
| Click here to enter text. | percent | percent | percent | percent | note |
| Click here to enter text. | percent | percent | percent | percent | note |
| Click here to enter text. | percent | percent | percent | percent | note |
| Click here to enter text. | percent | percent | percent | percent | note |
| Click here to enter text. | percent | percent | percent | percent | note |
| Click here to enter text. | percent | percent | percent | percent | note |

**How have you used the outcome data to improve your program?**  
Click here to enter text.

Program Results – 2016 Form F – Grant Year 2017

**Strategic Plan Form 13**

**Please replace this page with a copy of your most current strategic plan.**