CHILDREN'S SERVICES COUNCIL/UNITED WAY OF PALM BEACH COUNTY
CONTINUOUS IMPROVEMENT INITIATIVE APPLICATION

CONTACT INFORMATION

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

CURRENT REQUEST

Which Category of Assistance are you requesting?

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

What is your agency's operating budget? $	Amount Requested: $

REQUEST HISTORY

Have you received a Continuous Improvement Initiative grant in the past 12 months?   Yes   No

SPONSOR AFFILIATION

Who provides annual funding to your agency?

   CSC   Name of Program(s):   CSC Contract Manager:

   UWPBC   Name of Program(s):   UWPBC Contract Manager:

APPLICATION CHECKLIST

REMINDER! Applications that fail to meet the criteria below will be automatically disqualified from the review and approval process.

In order for any application to be considered for funding, it must:
1) Meet the specific criteria for each funding category set forth in the guidelines.
2) Include a completed and signed application cover page. Application must be signed by Executive Director.
3) Provide complete, specific, and adequate answers to all questions.
4) Include all required supporting documents (e.g., computer inventory, quotes, IT plan, action plan, Nonprofits First Accreditation Self-Assessment, etc.).

Applications for the following categories of assistance must also include the following:
- Organization Development Supports: See Section 4A of the guidelines for required attachments
- Agency Accreditation: See Section 4B of the guideline for required attachments
- IT Infrastructure: See Section 4C of the guideline for required attachments

SIGNATURE

The CEO/Executive Director's signature below indicates the organization's commitment to following the guidelines, purchasing the resources requested in this application, and providing a Project Completion Report:

Name: _____

Signature: _____

Date: _____

SUBMISSION INSTRUCTIONS

Application and attachments must be submitted as a single PDF document.
Email completed application to:
Tamara Worley, United Way's Contracts & Initiatives Manager at TamaraWorley@unitedwaypbc.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. All questions <u>must</u> be answered regardless of category of assistance. Please reference the Guidelines for eligible and ineligible expenses by category of assistance before submitting your application.

Incomplete Applications will automatically be disqualified from the review and approval process.

1. (A) Provide a brief overview of the resources/supports needed and the anticipated impact of requested supports.

    (B) Explain any efforts your organization has already made in this area.

2. Provide a numbered list of the resources/supports being requested and identify the staff that will benefit from these supports/resources. If supports/resources requested will be utilized by specific staff provide their name and title.

3. Provide an implementation plan for the requested resources using the following table:

Timeframe for each Task (Months/Weeks/Hours)	Hardware, Software, or Service	Task (Purchase, Install, Train, etc.)	Responsible for Task (Vendor/Staff)

4. (A) Narrative:

Explain which vendor/consultant your agency has chosen and why.

If applicable, describe how the agency will fund the difference for any request greater than the maximum funding allowed for that category of assistance and/or how the agency will cover the cost of any annual subscription beyond year one.

(B) Provide a budget for the requested resources, using the table below. For more information on how to complete this question and the required attachments see the following sections of the Guidelines: Organization Development Supports - Section 4A; Agency Accreditation - Section 4B; IT Infrastructure - Section 4C.

Budget for the requested resources (only include the vendor chosen):

Qty	Hardware, Software, or Service	Description	Vendor/ Manufacturer	Staff Title of Recipient	Unit Price	Total
NOTE: If total exceeds category request limit, explanation must be provided in narrative Q.4A.					**TOTAL**	