Part 1: Budget Narrative: This is your opportunity to explain any item in the budget that will help the reviewers better understand your program and your need for Core, General Supported Services, Frail Elderly, and/or United Way funding.

For programs requesting United Way Funding Only: In the box below please answer each of the following questions: (If you are not applying for United Way funds please enter N/A as your responses to this question.) 1) How will this program use United Way program funding? 2) What changes will be made to the program if it were to receive 75% or 50% of the amount requested? 3) How will these changes affect program outcomes?

For programs requesting County Funding Only: In the box below please answer each of the following questions: (If you are not applying for COUNTY funds please enter N/A as your response to this question.) 1) How will this program use county funding? 2) What changes will be made to the program if it were to receive 75% or 50% of the amount requested? 3) How will these changes affect program outcomes?

Will you utilize United Way, Core, General Supported Services, and/or Frail and Elderly dollars to match or leverage additional resources? If yes please explain the source and amount of the leverage funds expected. What changes would receiving less or no funding for this program have on the agency's plan to leverage additional funds?

Please use this text box to explain any major projected variances (greater than 10%), anomalies, areas of potential question in your 2017-2018 Proposed Program Budget. (If no explanation is needed please enter n/a)

Please use the text box to explain in detail any of the following 2017-2018 Proposed Program Budget lines: Line 25-Total Client Assistance; Line 28-Payment to Affiliated Organizations; and/or Line 2801 Consultants/Professional Services and all other indirect expenses. (Please enter N/A if you do not have any dollars entered on the above said budget lines)

In-Kind Support: Please explain the details of any in-kind support i.e. janitorial, attorney, accounting services, facilities/space, volunteers, transportation, etc. (If this program does not have any in kind support please enter n/a as the response to this question.)
Special Events: Please list all agency and program special events and fundraisers and the expected event date (Include details: place, number of volunteers, transportation needed, etc).

Miscellaneous: Please explain any budget item that you have not yet explained above if you feel it could cause concern about this program or your agency's viability. (Please enter n/a if you do not have anything more to explain)

TOTAL PROGRAM UNIT OF SERVICE INFORMATION: What is this program's projected 2017-2018 TOTAL PROGRAM unit cost? This unit cost must be based on the 2017-2018 Proposed Program Budget. To find your TOTAL program unit cost: 1) Enter Total Expenses from the 2017-2018 Proposed Program Budget. 2) Divide by the Total number of Units the Program will deliver in 2017-2018. 3) Enter the result of this calculation. This is your Total Program Unit Cost.

1. What is your Total Program's 2017-2018 proposed unit of service definition?  
   (Example: 1 hour of counseling, 1 face to face contact, 1 meal, etc.)
2. What is the Total Expense from the 2017-2018 Proposed Program Budget? $0.00
3. What is the total number of Units the program will deliver in 2017-2018? (Total Program) 0
4. What is the proposed Unit of Service Cost per unit for the total program:  
   2017-2018 Proposed Program Budget total expense divided by total number of units proposed to be delivered in 2017-2018.) $0.00
5. Total Number of Clients the Program will serve from July 1, 2017 - June 30, 2018: 0
6. Proposed client cost per client: (Total expense divided by the total number of clients) $0.00
7. Number of Full Time Employees for the Total Program: 0