

2023 COMMUNITY INVESTMENT APPLICATION

PROGRAM ADJUSTMENT FORM

Organizations applying at Tier 1 and Tier 2 may request to have the program considered at the next lower Tier. In order to receive consideration, organizations must select “yes” on the application AND submit a completed Program Adjustment Form, describing adjustments to program service delivery and/or program outcomes that will be necessary if funding is awarded at the lower Tier.

Program Adjustment Form MUST be submitted with the original application submission.

Programs requesting consideration at the next lower level will be evaluated using the adjusted data/information.

Completion of the Program Adjustment Form is NOT a guarantee of funding.

Name of Program

Program Coordinator/Manager

Phone Number

Title

Email

Select the alternate Funding Tier for which this program should be considered.

Tier 2 (\$20,000)

Tier 3 (\$10,000)

Please describe adjustments to the program service delivery that will be necessary if awarded funding at this level (i.e., reduced hours, days, reduced coverage area, reduced overall services, etc.). Be as specific as possible.

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Please describe adjustments to the number of individuals served that will be necessary if awarded funding at this level. Be as specific as possible.

Please describe adjustments to the program outcomes that will be necessary if awarded funding at this level (i.e., reduced impact to the community, outcomes are not as deep or broad, etc.). Be as specific as possible.

UWCGA values programs that serve all segments of the population. However, with limited resources, we must direct our resources to those service recipients who are most in need. UWCGA defines 'most in need' as children, youth, families, and individuals living at or below 200% of the Federal Poverty Guidelines. Describe how the program adjustments would alter the services provided to individuals and families who are most in need.

With these program adjustments, would the program still meet the eligibility criteria set for this Tier (i.e., 75% or more of those served are living below the Federal Poverty Guidelines)?

- Yes No

Will the program continue if you don't receive the amount requested?

- Yes No



United Way
of Coastal Georgia, Inc.

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Please share anything else you would like the committee to consider when evaluating this request.

I do hereby certify that all of the information and statements submitted in this form are true and correct to the best of my knowledge, and that all responses to the questions are full and complete, omitting no material information.

Executive Director (Print Name)

Executive Director Signature

Date