UNITED WAY OF PALM BEACH COUNTY
MENTORING SUPPORT OPPORTUNITY APPLICATION

CONTACT INFORMATION

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

CURRENT REQUEST

For which program area(s) are you requesting assistance?

☐ Mentor/Mentee Recruitment ☐ Screening

☐ Training ☐ Matching

☐ Monitoring and Support ☐ Match Closure

What is your agency's operating budget? $

What is your mentoring program's operating budget $

Amount Requested: $

REQUEST HISTORY

Have you applied for Mentoring Support Opportunity funding in the past 12 months? ☐ Yes ☐ No

If yes, please answer the following questions:

When did you apply? Were you approved for funding?

SUBMISSION INSTRUCTIONS

Email this completed application and proof of general liability insurance to:
Sydney Congdon, United Way's Mentoring Outreach Coordinator at SydneyCongdon@UnitedWayPBC.org

Subject line of the email should read:
Mentoring Support Opportunity Application – (Name of Your Organization)

All applications and additional materials must be submitted via email by 5:00pm (EST) on August 27, 2018

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

1. What is your current Mentor Center Network status? (*check one)*

   ☐ *Network Member*   ☐ *Network Affiliate*   ☐ *Program is not affiliated with the Network*   ☐ *Unsure*

2. Program's current match capacity

3. Current total number of active mentoring matches in your program

4. Current total number of mentees on your wait list

5. Please provide a brief overview of your program model; including average length of time matches are active, frequency and method of match meetings, and how your program monitors and supports matches.

6. Which of the following practices does your program use when screening potential mentors? (*Check all that apply)*

	Written Application	Phone Interview
	Motor Vehicle Record check	Face-to-Face Interview
	State Criminal Background check	Personal and/or Professional references
	Federal Criminal Background check	Home Visit
	National Sex Offender Registry search	Other:
	Child Abuse Registry Check	

7. Does your mentoring program have specific outcomes? If so, how are they measured and what tools are you using to measure them? If not, please explain.

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

9. Describe the anticipated impact on your program's youth if the supports/resources requested are awarded.

10. If applicable, please indicate the approximate number of matches this grant will allow your program to make.

11. Please detail which area(s) of the county this funding would help you increase your mentoring matches in.

12. How will this funding support underserved populations in pursuing post-secondary credential attainment?

13. Please provide a timetable for your use of these funds as it relates to your application.

Timeframe	Task	Person Responsible

Mentor Support Opportunity

Project Budget

Agency Name:

Program Name:

Project Budget	Amount Budgeted	Budget Narrative
Marketing/Advertising		
Materials/Supplies		
Printing		
Events		
Food/Refreshments		
Training		
Background Checks/Screenings		
Monitoring/Evaluation		
Other: (Please explain)		
Total Amount Requested	$	