

# 2006 Partners in Transformation Awards Program

## COVER SHEET

**Instructions:** Complete the cover sheet and application thoroughly. Type it (no smaller than 11 point font, please) or hand print it legibly in black ink. Please read the [Eligibility Guidelines](#) posted on [www.FASTENnetwork.org](http://www.FASTENnetwork.org) prior to selecting which category to apply in and prior to completing any application. Be sure to sign the waiver statement. If submitting by mail, send TWO (2) copies. If you have questions about how to complete the application, please contact FASTEN staff at 434-293-5656.

### CONTACT INFORMATION

1. Name of your faith-based organization: \_\_\_\_\_
2. Your organization's full mailing address: \_\_\_\_\_  
\_\_\_\_\_
3. Your organization's telephone number: \_\_\_\_\_ Fax # \_\_\_\_\_
4. Your organization's Web site \_\_\_\_\_
5. Name of person completing this application: \_\_\_\_\_
6. Your title: \_\_\_\_\_
7. Your email address: \_\_\_\_\_

### WAIVER STATEMENT

Through our organization's submission of this application to the 2006 Partners in Transformation Awards Program and by my signature, I acknowledge that FASTEN is free to publish information about the program being nominated and about its sponsors. I further acknowledge that by this submission, our organization grants permission to be listed in the FASTEN Directory, an on-line, geographically organized database of faith-based social service organizations, for the purposes of peer-to-peer networking and learning. It is understood that this entry will be reviewed by the judging committee for a Partners in Transformation Award and that applying organizations may be asked to supply additional information in support of their applications. It is further understood that all decisions by the judging committee are final; FASTEN reserves the right to disqualify applications that are deemed ineligible by the judging committee for any reason.

\_\_\_\_\_  
Name (Printed)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

**REMINDER: Applications must be received by FASTEN by midnight March 1, 2006.**

Visit [www.FASTENnetwork.org](http://www.FASTENnetwork.org) for more contest information & FAQs.

# 2006 Partners in Transformation Awards Program

## APPLICATION FOR CATEGORY 1 PROGRAMS

*(Short-term Emergency Disaster Response Services)*

NOTE: *The Partners in Transformation awards in Category 1 will go to winning faith-based organizations (FBOs) that operated a quick-response, effective, creative, resourceful program for individuals affected by a disaster, and conducted that program in collaboration with some organization(s) OUTSIDE of the faith community (e.g., FEMA, Red Cross, businesses, local government, public schools, police). This application requests information about a specific disaster response program your FBO conducted (or may still be operating). If you wish to nominate more than one program for consideration, please complete a separate application for each program.*

### SECTION ONE: PROGRAM INFORMATION

1. Name of the social service program (or community outreach program or ministry program) that you are nominating for a *Partners in Transformation* award:

\_\_\_\_\_

2. What was the event (natural disaster, fire, terrorist attack, etc.) that prompted the initiation of this program? (please be as specific as possible)

\_\_\_\_\_

3. On what date did this event occur? (Please be as specific as possible. If you do not know the exact date, provide the month/year.) \_\_\_\_\_ month \_\_\_\_\_ year

4. Within how many days of the disastrous event was this program up and running?

Within \_\_\_\_\_ days

5. Is this program still currently operating? YES NO (circle one)

**IF YOUR PROGRAM IS STILL CURRENTLY OPERATING, PLEASE ANSWER QUESTIONS 6 THROUGH 10. IF YOUR PROGRAM IS NO LONGER OPERATING, PLEASE ANSWER QUESTIONS 11 THROUGH 14.**

#### PROGRAM IS STILL OPERATING

6. Approximately how many individuals were served during the first three months of your program?

\_\_\_\_\_ individuals

7. Approximately how many individuals are currently being served?

\_\_\_\_\_ individuals

#### PROGRAM IS NO LONGER OPERATING

11. For how long did this program operate?

\_\_\_\_\_ weeks

12. Approximately how many individuals in total did this program serve?

\_\_\_\_\_ individuals









**SECTION THREE: PROGRAM OUTCOMES**

25. The judges will be looking to see that your program accomplished concrete results. Tell us about your **outcomes** (defined as benefits for your targeted population). *Outcomes are changes or improvements in attitudes, knowledge, skills, behaviors or life condition or life status that occur during or after participating in program activities.* State what outcomes your program tried to achieve, what outcomes it did achieve, and how specifically you measured those outcomes. Please be clear and specific about your program’s accomplishments.

Desired Outcome	Outcome Achieved	Measures that Demonstrate Achievement
<u>Example:</u> To provide replacement Rx medicines to 75% of all program clients in need of such replacements within 30 days	<u>Example:</u> 80% of program clients in need of replacement Rx medicines received them within 30 days	<u>Example:</u> Program records (e.g., client intake forms; Rx medicine distribution records )
1.	1.	1.
2.	2.	2.
3.	3.	3.
4.	4.	4.

26. Please tell us about one “success story” from your program. Use the space below or attach your answer. Please keep your description to no more than a single typewritten page.

---



---



---



---



---



---



---



---



---

*Thank you for entering the 2006 Partners in Transformation competition. Submit the cover sheet and 2 copies of the application to: FASTEN, c/o Sagamore Faith in Communities, 757 King St., Charlottesville, VA 22903.*