

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 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 of the application. 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 for more contest details and FAQs.

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APPLICATION FOR CATEGORY #2 (Long-Term Community Recovery/Rebuilding Services)

NOTE: *The Partners in Transformation awards in Category 2 will go to winning faith-based organizations (FBOs) that operate social service programs that (a) demonstrate tangible, positive results (outcomes) in assisting individuals, families, or neighborhoods to recover and rebuild following a disaster (e.g., terrorist attack, natural calamity such as a hurricane or mudslide, massive fire, etc.); (b) do an excellent job of mobilizing and stewarding resources; and (c) operate through meaningful collaborations with some organization(s) OUTSIDE the faith community (for example, schools, government agency, police, secular nonprofit). This application asks you to tell us about a specific program your FBO is operating in collaboration with a non-faith-based partner(s) that you want to nominate for consideration. 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 the Partners in Transformation Award:

2. Briefly describe the purpose and goals of this program: (not the organization's mission statement, just the mission/purpose/goals of this program)

3. When was this program launched? _____ month _____ year

4. Considering ONLY this program, in what community(ies) are your program services conducted? (provide city/county and state)

5. Approximately how many individuals in total have you served through this program since it began?

_____ individuals since program began

6. Approximately how many individuals in total have you served through this program in the past 12 months?

_____ individuals served in the past 12 months

7. Approximately what is the annual budget for this program? (Again, not the organization's budget, just the budget for this program)

\$ _____/year for this program

8. What specific services does this program provide? (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> housing redevelopment | <input type="checkbox"/> financial literacy training |
| <input type="checkbox"/> financial assistance (e.g., mortgage assistance) | <input type="checkbox"/> referrals to social service agencies |
| <input type="checkbox"/> community development | <input type="checkbox"/> adult education |
| <input type="checkbox"/> job training and/or occupational re-training | <input type="checkbox"/> counseling |
| <input type="checkbox"/> youth education | <input type="checkbox"/> other (please describe) |

9. About how often do you have contact with each program participant?

- | | |
|---|---|
| <input type="checkbox"/> Daily | <input type="checkbox"/> Couple times per month |
| <input type="checkbox"/> Few times a week | <input type="checkbox"/> Once a month |
| <input type="checkbox"/> Once a week | <input type="checkbox"/> Less than once/month |

Other (please describe) _____

10. Do volunteers serve in this program? YES NO (*circle one*)

10a. If yes, approximately how many total volunteers have served in this program since it began?

_____ total volunteers since program began

10b. Approximately how many volunteers on average do you currently have helping in this program in any given month?

_____ current volunteers on average each month

11. Describe the type and amount of in-kind donations your program has been able to obtain for your clients. (For example, "We received two truckloads of household goods donated by Sears for hurricane victims").

12. Following are several statements describing characteristics of programs. Read each statement and then choose the response that best applies to or “fits” this program. Then, briefly explain why you chose that response.

a) *The program is relational (it emphasizes the development of face-to-face, personal relationships between program staff/volunteers and the participants served).*

- Program is not very relational Program is somewhat relational Program is very relational

Briefly provide information about your program that explains why you chose this response:

b) *Program resources and supports are made available to participants in ways that are individualized (that is, flexible and responsive to the unique needs of the participant).*

- Program is not very individualized Program is somewhat individualized Program is very individualized

Briefly provide information about your program that explains why you chose this response:

c) *Program resources and supports are made available to participants in ways that maximize clients’ control over and decision-making power regarding the services they receive.*

- Clients have little input Clients have some degree of input Clients have much input

Briefly provide information about your program that explains why you chose this response:

13. Now consider this statement about program character and indicate whether it is “not very true of this program,” “somewhat true of this program,” or “very true of this program,” and then explain why you chose your response:

In this program, we gather information about participants’ level of need (e.g., income status) and target assistance first to individuals/families that are the most in need.

- Not very true of this program Somewhat true of this program Very true of this program

Briefly provide information about your program that explains why you chose this response:

16. Now we'd like to know a little about the organization that is overseeing this program. Please circle "yes" or "no" for each statement below and provide a brief comment as needed.

a) *The organization has a written mission statement.* YES NO

Comment: _____

b) *The organization has a written strategic plan that we are currently following.* YES NO

Comment: _____

c) *The organization has a written fund-development/fund-raising plan.* YES NO

Comment: _____

d) *The organization has previous experience & expertise in operating community recovery/rebuilding programs.* YES NO

Comment: _____

e) *The organization has a formal Board of Directors (or Advisors) that meets at least four times per year.* YES NO

Comment: _____

SECTION TWO: PROGRAM COLLABORATION

17. With what organization(s) OUTSIDE the faith community are you collaborating with in this program?

18. Please describe the role your non-faith-based partner(s) play in this program. First, tell us what services they provide. Second, describe the level of cooperation—for example, Do you both share program costs? Do you share program planning, decision-making, implementation, or evaluation responsibilities?)

19. How often do you communicate with your partner(s) regarding this program?

Daily

Once/week

Once/month

Couple times/week

Few times/month

Less than once/month

20. The judges also want to understand how the partnership your FBO has with an organization(s) OUTSIDE the faith community has strengthened this program. Please read the following statements and indicate the degree to which the statement describes your program. Provide a brief comment explaining your response:

not very accurate somewhat accurate very accurate

a. The collaboration made the program possible – without it, we would not be operating this program.

Comment: _____

b. Because of the collaboration, the program is able to serve more people than we could have without the collaboration.

Comment: _____

c. Because of the collaboration, our program offers program participants/clients more services or program components than we could have without the collaboration.

Comment: _____

d. Because of the collaboration, we can offer services to clients for longer time periods than we could have without the collaboration.

Comment: _____

e. Because of the collaboration, more staff or volunteers have been involved in helping to operate the program than would have been the case without the collaboration.

Comment: _____

f. Because of the collaboration, our FBO has been able to focus on the service components of the program that we were good at delivering, while our partner(s) focus on the parts that are best suited to their capabilities/capacities.

Comment: _____
