

# 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 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 2004 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, 2005.**

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

## 2006 Partners in Transformation Awards Program

### APPLICATION FOR CATEGORY 3 PROGRAMS (Services Addressing Deep Pockets of Poverty)

NOTE: *The Partners in Transformation awards in Category 3 will go to winning faith-based organizations (FBOs) that operate a social service program that (a) is showing tangible, positive results (outcomes) in strengthening individuals, families, or neighborhoods in distressed, low-income communities and (b) is operated through a meaningful collaboration with some organization(s) OUTSIDE the faith community (for example, schools, government agency, police, Chamber of Commerce, secular nonprofit). This application asks you to tell us about a specific program you are doing 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:

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

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3. When did this program start (month and year of its launch)? \_\_\_\_\_ mo. \_\_\_\_\_ year

4. Category 3 is for FBOs operating collaborative services addressing "deep pockets of poverty." In this category, we are looking for entrants whose programs primarily target residents of historically low-income communities struggling with high instances of poverty, joblessness, crime, single-parent-headed households, discrimination, under-performing schools, and other indicators of distress. Please identify (a) the community(ies) your program targets and (b) why you think this community(ies) qualifies as a "deep pocket of poverty." (You may attach statistical data or other relevant information to indicate the level of need in your target community.)

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5. Approximately how many participants have you served through this program in the past 12 months?

\_\_\_\_\_ total participants served in past 12 months

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

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7. What specific services does this program provide?

- |   |   |
|---|---|
| <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"/> IDAs   | <input type="checkbox"/> crime prevention                     |
| <input type="checkbox"/> youth leadership/life skills development         | <input type="checkbox"/> entrepreneurship                     |
| <input type="checkbox"/> youth mentoring                                  | <input type="checkbox"/> family mentoring                     |
| <input type="checkbox"/> ESL  | <input type="checkbox"/> immigrant services                   |
| <input type="checkbox"/> teen pregnancy prevention                        | <input type="checkbox"/> youth violence prevention            |
| <input type="checkbox"/> substance abuse prevention/treatment             | <input type="checkbox"/> ex-offender reentry                  |
| <input type="checkbox"/> youth education                                  | <input type="checkbox"/> health care                          |
| <input type="checkbox"/> other (please describe) _____                    |   |

7a. Which of these services does your faith-based organization provide? \_\_\_\_\_

7b. Which of these services does your (non-faith-based) partner(s) provide? (NOTE: *If your partner(s) does not provide specific services for this program, then tell us what support they do provide to the program – such as financial aid, participant referrals, gifts-in-kind, volunteers, etc.*)

8. Approximately what is the annual budget for this program? \$ \_\_\_\_\_/year (again, just the program budget, not your whole organization's budget)

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

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Daily                         | <input type="checkbox"/> Few times a week | <input type="checkbox"/> Once a week          |
| <input type="checkbox"/> Couple times per month        | <input type="checkbox"/> Once a month     | <input type="checkbox"/> Less than once/month |
| <input type="checkbox"/> Other (please describe) _____ |   |   |

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

10a. If yes, on average, how many volunteers do you have helping in this program in any given month?

\_\_\_\_\_ volunteers on average per month



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

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*d) 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:

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## SECTION TWO: PROGRAM RESULTS

13. The judges will be looking to see that your program has 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 you are attempting to achieve, what outcomes you have achieved so far, and how you specifically measure those outcomes. This is the most important question in the application! Please be clear and specific about your program's accomplishments. (*For example, if it's a tutoring program and you are monitoring kids' grades or reading scores, tell us specifically the outcomes participating kids have achieved, such as "75% of participating children have improved their reading skills by one grade level."* Or, *if you are operating a job training program, your report might be "65% of our graduates are now working full-time jobs with an average wage of \$9/hour or more."* Or, *if your program's focus is on community transformation, your report might be: "violent crime in our community has decreased by 25% since our program began."*

<b>Desired Outcome</b>	<b>Outcome Achieved</b>	<b>Measures that Demonstrate Achievement</b>
<u>Example:</u> To assist 25 low-income adults in our program in obtaining their GED	<u>Example:</u> 25 low-income adults in our program passed their GED	<u>Example:</u> test records; school records
1.	1.	1.
2.	2.	2.
3.	3.	3.
4.	4.	4.

14. Please tell us about one “success story” from your program. Use the space provided or attach your response. **Please limit your description to no more than one typewritten page.**

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### SECTION THREE: COLLABORATION RESULTS

15. Please explain the role your non-faith-based partner(s) play in this program. Describe your level or cooperation -- for example, describe what role if any your partner(s) play in sharing program costs or program planning, decision-making, implementation, or evaluation responsibilities.)

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

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

17. 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. Then 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: \_\_\_\_\_

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

                                          

Comment: \_\_\_\_\_

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not very accurate    somewhat accurate    very accurate

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: \_\_\_\_\_  
\_\_\_\_\_

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