



UNITED WAY OF PALM BEACH COUNTY MENTORING CAPACITY BUILDING 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?

<input type="checkbox"/> Mentor/Mentee Recruitment	<input type="checkbox"/> Screening
<input type="checkbox"/> Training	<input type="checkbox"/> Matching
<input type="checkbox"/> Monitoring and Support	<input type="checkbox"/> Match Closure

What is your agency's operating budget? \$	Amount Requested: \$
What is your mentoring program's operating budget? \$	

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?
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SUBMISSION INSTRUCTIONS

Email this completed application and proof of general liability insurance to:
Mentoring Team, United Way's Mentoring at Mentoring@UnitedWayPBC.org

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

Completed application, project budget and any additional materials must be submitted via email by 5:00pm (EST) on March 15, 2024.

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*)

<input type="checkbox"/>	Written Application	<input type="checkbox"/>	Phone Interview
<input type="checkbox"/>	Motor Vehicle Record check	<input type="checkbox"/>	Face-to-Face Interview
<input type="checkbox"/>	State Criminal Background check	<input type="checkbox"/>	Personal and/or Professional references
<input type="checkbox"/>	Federal Criminal Background check	<input type="checkbox"/>	Home Visit
<input type="checkbox"/>	National Sex Offender Registry search	Other:	
<input type="checkbox"/>	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	\$	