



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

From the Mentoring Support Guidelines document, please select one or more of the Elements your organization will address: _____

What is your agency's operating budget? \$

What is your mentoring program's operating budget? \$

Amount Requested: \$

REQUEST HISTORY

Have you applied for Mentoring Capacity Building 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:

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 April 18, 2025.

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 (current subgrantee)* ☐ *Network Affiliate (no subgrantee status)* ☐ *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. 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. If applicable, 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 Capacity Building
Project Budget

Program Name:

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