**Please ask chairperson to fill out for each individual program. Due date for these forms is Feb. 21, 2020.**

Chapter \_\_\_\_\_Albany\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Program \_\_School Supply Drive \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chairperson \_\_\_Cathy Brennan\_\_\_\_\_\_\_\_\_\_\_\_\_\_email \_\_\_ Cathy Brennan <cbrennan@smsparish.org>>\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Timing, duration, frequency of program**

When does the program occur (eg monthly; annually from August-December; once per year)?\_\_\_August each year\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many times per your fiscal year does the program occur? \_\_\_\_\_\_\_\_once\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Fiscal Information**

Budgeted expense total for program last year\_\_\_\_\_\_\_$0

Value of in-kind donations (estimated total) \_\_\_$2,400 in cash. No in-kind donations due to pandemic

**Partnerships**

Do you partner with another organization/agency for this program? **Yes**  No

If yes, list name(s) of all partner(s) \_\_\_ ConcernsU, Hilltowns Community Resources, Circles of Mercy and Works of Mercy Initiative) for distribution \_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What role does your partner(s) have in the program? \_ \_\_\_\_\_Four agencies distribute the school supplies after determining need\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Clients**

Number of children/families served your last fiscal year\_\_\_\_\_estimate 200\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age range of clients served \_\_\_\_\_K-12 grade\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Volunteers**

How many volunteers participate in this program (planning and working) \_\_\_\_1\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What roles do the volunteers have in this program? \_this year just wrote four checks and then the four agencies shopped and delivered \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Program Description**

Circle or highlight the term that best defines the **kind of program** this is:

**Educational in general**  Family empowerment

Reading/ Literacy Self-esteem building for children

Providing Basic Needs Motherhood support

**Program Description**

Overall goal of this program \_\_

\_Provide school supplies for children so they have what they need and what their peers have when starting school in September\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What service/materials do you provide to your clients? Funds for school supplies and back packs\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Write a **1-2 paragraph description** of what happens in your program (planning/purchasing, activities, process…)

School supplies are collected at St. Madeleine Sophie church for four weeks. The supplies are then sorted and brought to 4 local agencies (ConcernsU, Hilltowns Community Resources, Circles of Mercy and Works of Mercy Initiative) for distribution. Thank you notes are sent to the people who donated cash. All donors are thanked in the St. Madeleine Sophie Church bulletin.”\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_