

## 2019 PROGRAM NARRATIVE

### A. Program Name:

1. Program Name:
  
2. Sponsoring Municipality/Implementing Agency:

### B. Program Description:

- 1.) The number of youth to be served:
  
- 2.) Who is eligible to participate:
  
- 3.) Where (location) and when (days of the week, hours of the day) the program or services are provided:
  
- 4.) Describe your program. Feel free to attach a program brochure if one is available.

C. Outcomes:

What benefits are expected for the young people participating in the program? Include what you hope to accomplish or change through participation in the program as well as opportunities your program provides to build and develop strengths, skills or talents:

D. Youth Voice:

Please describe how youth are included in program design and determining activities:

E. Funding:

1.) How much funding are you requesting:

2.) What will the funding be used for:

3.) List all other sources of funding used to support the program, (i.e. grants, United Way, Tobacco Settlement Funds, donations, fundraising, municipal taxes, etc.)

(Attach a separate sheet if needed)